

# Registered pharmacy inspection report

**Pharmacy Name:** Konnect Pharmacy, Unit 13, Radway Industrial Estate, Radway Road Shirley, SOLIHULL, West Midlands, B90 4NR

**Pharmacy reference:** 1107407

**Type of pharmacy:** Closed

**Date of inspection:** 22/10/2019

## Pharmacy context

This is a distance selling pharmacy located in an industrial unit in Solihull, West Midlands. It dispenses NHS prescriptions predominantly to residents in care homes. And it also supplies medicines in multi-compartment compliance packs to a small number of people living at home. The pharmacy is closed to the public and medicines are delivered to people via delivery drivers.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards not all met	3.1	Standard not met	The pharmacy is untidy and cluttered. And this may increase the risk of dispensing errors or accidents.
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy's stock medicines are not well organised. And some stock medicines have been removed from their original containers and are not labelled with batch numbers or expiry dates. This increases the possibility of supplying a medicine that is not safe or fit for purpose.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, members of the pharmacy team follow safe practices. They keep the records required by law to ensure medicines are supplied safely and legally. The pharmacy keeps people's private information securely. And members of the team understand how they can help protect vulnerable people. The pharmacy has written instructions to help make sure its services are safe. But these have not been reviewed recently so some information contained within them may be out of date. Members of the pharmacy team record their mistakes. But the lack of detail or ability to review some of this information may mean they miss opportunities to learn and improve from these events.

### Inspector's evidence

The pharmacy had a range of written standard operating procedures (SOPs) which were originally issued in 2013 and were last reviewed in 2015. Members of the pharmacy team had read and signed the SOPs. And their roles and responsibilities had been defined within the SOPs. They were aware of the tasks they could not undertake in the absence of a pharmacist.

At the time of the inspection, the responsible pharmacist (RP) notice was not on display. The superintendent pharmacist (SI) said that the RP details were available on the website and because members of the public could not visit the pharmacy, he didn't think that the pharmacy needed to display the RP sign. This was addressed with the SI and the situation was rectified immediately.

The pharmacy had SOPs about dealing with dispensing errors and near misses. Members of the pharmacy team recorded their mistakes. The SI explained that he had weekly meetings with staff to discuss any errors so that learning points and any emerging trends could be identified. But there was little evidence of a formalised review of the near misses record. The SI gave examples of recent incidents involving the incorrect supply of simvastatin and pregabalin which had been recorded and reported to the National Reporting and Learning System. Various strengths of simvastatin and pregabalin had been separated to prevent recurrence.

Members of the pharmacy team were aware of 'look-alike' and 'sound-alike' (LASA) medicines and they alerted each other if they noticed items with similar packaging when putting stock away. The SI shared examples of recent medicines received from wholesalers that had very similar packaging such as losartan and levothyroxine folic acid and bendroflumethiazide, and furosemide. There was evidence to show that LASA medicines had been marked and separated on the shelves.

The pharmacy had current professional indemnity insurance in place. Records about RP, controlled drugs (CDs) and unlicensed medicines were kept in line with requirements. Running balances of CDs were kept and audited periodically. Two CD balances were checked and found to be correct. The pharmacy had not dispensed any private prescriptions and emergency supplies were not made as prescriptions were obtained before the medicines were supplied.

The pharmacy was registered with the Information Commissioner's Office. Members of the pharmacy team, including the pharmacy's four part-time delivery drivers, had all signed confidentiality agreements but had not yet completed training about the General Data Protection Regulation (GDPR). The SI said that he had briefed the team about the GDPR when the regulation was first introduced in May last year, and he had completed the GDPR tool kit. Confidential waste was separated in the

pharmacy and collected by a specialist waste contractor for secure disposal. Members of the pharmacy team were using their own NHS smartcards to access electronic prescriptions. The pharmacy's computers were password protected.

The SI, the pharmacist and the accuracy checking technician had all completed Level 2 safeguarding training. The rest of the team had read and signed the safeguarding SOPs. The details of local safeguarding agencies for escalating safeguarding concerns were available in the pharmacy. And members of the pharmacy team could explain what to do or who they would make aware if they had any concerns about the safety of a vulnerable person.

The delivery drivers had not yet undertaken any safeguarding training and the SI agreed that it was vital that the delivery drivers have some awareness about protecting vulnerable people and to report any concerns back to the pharmacy. He said that he would arrange a training session for all his drivers.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Members of the pharmacy team work well together and are supportive of each other. They have the right skills and qualifications to deliver pharmacy services safely and effectively. And they have some resources to help keep their skills and knowledge up to date.

### Inspector's evidence

At the time of the inspection, the SI, the director (a pharmacist), a qualified accuracy checking technician, four qualified dispensers and two recently recruited apprentices who had qualified abroad as pharmacists were working. The SI was aware that the apprentices had to be enrolled on an accredited training programme upon successful completion of their probation period. Regular locum pharmacists were employed to cover the SI's and the director's annual leave. The team appeared to work well together and were supportive of each other. And they were managing their workload comfortably. A whistleblowing policy was in place and it had been signed by members of the pharmacy team. The dispenser said that she had worked for the pharmacy for many years and would have no hesitations in raising any concerns with the SI.

The SI said that the team had access to trade magazines and journal articles to help keep their skills and knowledge up to date. But training records were not routinely kept. Members of the pharmacy team had informal performance appraisals and were given regular feedback from the pharmacists about their performance. There were no targets or incentives set.

## Principle 3 - Premises Standards not all met

### Summary findings

The pharmacy doesn't do enough to make sure its overall organisation and tidiness allow safe working. Apart from this, the pharmacy's premises are secure and adequate for the services it provides.

### Inspector's evidence

The pharmacy was in an industrial unit and it was closed to the public. The unit had various rooms but the main dispensary was very small, cluttered and congested for the current volume of work undertaken. The storage and bench space in the dispensary was very limited and medicines were not tidily organised. There were some bulky items stored on the floor and floor spaces were obstructed. This could increase the risk of slips or falls. The superintendent pharmacist agreed that the state of the premises needed improving to allow safe working. There was adequate lighting throughout but the natural ventilation was only through the main door which was kept locked most of the times. There were a couple of portable heaters available to maintain ambient temperatures in the premises. At the time of the inspection, the room temperature was comfortable and appropriate for the storage of medicines.

The sink for the preparation of medicines was clean and had a supply of hot and cold running water. The staff had access to adequate hygiene facilities. Anti-bacterial hand-wash and hand-sanitising gels were available. The premises were secure against unauthorised access when it was closed.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy gets its stock medicines from licensed wholesalers but it does not always store them in an organised way or in appropriately labelled containers. And this could increase the possibility of supplying a medicine that is not fit for purpose. When dispensing prescriptions, members of the pharmacy team do identify higher-risk medicines. And they provide appropriate advice to people receiving these so they can use their medicines safely.

### Inspector's evidence

The pharmacy's services were accessible remotely via the internet, fax or telephone. Its current activity was predominantly dispensing NHS prescriptions to care homes. It was not linked with any online prescribers and it did not sell or supply any medicines from its website. The pharmacy's opening times and information about the services it offered were posted on its website. The website also included information about the complaints procedure and how people could provide feedback about the quality of services received from the pharmacy. The pharmacy did not provide any advanced services such as Medicines Use Reviews but the SI said he or the director visited the care homes at regular intervals to carry out any audits or support carers with medicines management and record keeping training.

The system used for dispensing medicines in multi-compartment compliance packs consisted of individually labelled pods which were removable. Each pod was labelled with the person's details and medicines contained within it. The lid cards were printed with the pharmacy's details, the person's photograph, medicines contained within each pod, the start date, and any allergies that the carer needed to be aware of. The workflow in the pharmacy was adequately organised. Baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Owing' notes were issued to provide an audit trail when the prescription could not be fully supplied. 'Dispensed by' and 'checked by' boxes were initialled on the dispensing labels to provide an audit trail of which members of staff had been involved in these stages.

Prescriptions for care home residents were either ordered by the care home or by the pharmacy depending on the agreement with each care home. When the pharmacy ordered the repeat prescriptions, members of the pharmacy team contacted the care home staff to confirm items required before requests were sent to the GP. Most prescriptions were received electronically. The pharmacy had the facility to upload any discharge forms or any amendments that may have been requested by carers or GPs to maintain an audit trail. The SI said that he routinely communicated with care homes regarding hoarding of medicines especially medicines liable to abuse or liquid medicines such as lactulose or creams. The pharmacy kept a chart with details of people who were on higher-risk medicines such as warfarin, and INR levels were documented on the person's medication chart. And the pharmacy provided patient information leaflets for medicines to the care homes so staff had ready access to this information. Carers or people receiving compliance packs could also call the pharmacy if they required counselling or had queries about their medicines.

Members of the pharmacy team were aware of the valproate pregnancy prevention programme (PPP) and knew which patient groups need to be provided with advice about valproate's contraindications

and precautions. Patient information leaflets and cards were available in the pharmacy. The pharmacy did not currently have any people in the at-risk group taking valproate. All CDs including Schedule 4 CDs were marked with CD stickers. Some medicines with variable doses such as methotrexate, alendronic acid, warfarin and 'when required medicines' were not dispensed in compliance packs but supplied as original packs.

The SI was aware of covert administration of medicines and said that the GP would authorise carers to administer medicines covertly to people when necessary. And carers would then contact the pharmacy to discuss the suitability of certain medicines to be crushed or mixed in food or drink as this could alter the therapeutic properties and effects. For example, sustained release formulations should not be crushed as this would alter the drug's release rate or statins should not be mixed with grapefruit juice.

The pharmacy had four part-time delivery drivers and they kept records of signatures obtained from recipients when medicines were delivered. This provided assurances that medicines had reached their intended recipients. The pharmacy did not use a third-party courier service to deliver medicines. At the time of the inspection, the pharmacy was not yet fully compliant with the Falsified Medicines Directive (FMD). Although the appropriate SOPs were in place, the system was not up and running. The SI said that the pharmacy was working towards being FMD compliant.

Medicines were obtained from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Medicines were not tidily organised on the shelves and there were quite a few blisters of loose tablets and cartons containing mixed batches found on the shelves. Expiry date checks on stock medicines were carried out at regular intervals, and a record of checks was available in the pharmacy. Short-dated medicines were highlighted for removal at an appropriate time. Liquid medicines with limited stability were marked with opening dates.

Medicines requiring refrigeration were stored appropriately between 2 and 8 degrees Celsius. Fridge temperatures were checked and recorded each day. All CDs were stored in line with requirements. Designated bins were used available to store waste medicines and denaturing kits were available to denature waste CDs safely. The pharmacy had a process in place to deal with safety alerts and recalls. Records of these and the actions taken by the members of the pharmacy team was written down and kept in the pharmacy.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides.

### Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and confidential waste was appropriately managed. All electrical equipment appeared to be in good working order. A range of clean crown-stamped glass measures were available. And equipment for counting loose tablets and capsules was clean, with separate equipment reserved for cytotoxic drugs to prevent cross contamination.

### What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.