

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: Community

Date of inspection: 19/08/2020

Pharmacy context

This is a distance selling pharmacy located in an industrial unit in 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. The inspection was undertaken during the Covid-19 pandemic.

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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	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.
4. Services, including medicines management	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.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has procedures in place for the services it offers. It keeps the records it needs to by law, to show that medicines are supplied safely and legally. Team members keep people's private information safe. And, they know how to protect vulnerable people. Members of the pharmacy team generally manage risks to help ensure its services are delivered safely and effectively. But they don't routinely review the mistakes that they correct during the dispensing process. So, they may be missing opportunities to learn from their mistakes.

Inspector's evidence

The pharmacy had made some progress since the last inspection. But the improvement actions, coupled with the stresses of the pandemic, had not been sustained in the pharmacy. As found during the previous inspection, the pharmacy's standard operating procedures had been last reviewed in 2015. The SI gave assurances that the SOP's will be reviewed imminently. Members of the pharmacy team had read and signed these SOPs. At the time of the inspection, the Responsible Pharmacist (RP) notice was not on display. The superintendent pharmacist (SI) said that the notice had been misplaced.

The pharmacy's business continuity plan had not been updated to reflect any adjustments in working practices required during the pandemic. And the workplace risk assessments had not yet been completed. This was discussed with the SI during the inspection. The SI said that the pharmacy's working practices hadn't changed much during the pandemic.

The SI explained the process members of the pharmacy team would follow to record any mistakes they made during the dispensing process. Mistakes that were detected before the medicines left the pharmacy (near misses) were recorded and discussed with team members to identify any emerging trends. Mistakes that had reached patients (dispensing errors) were recorded and submitted to the National Reporting and Learning System (NRLS). The near miss records examined during the inspection showed that the recording of these had been consistent. But there was very little evidence to show that any formal review undertaken to identify any learning points and actions taken to prevent similar incidents from happening again. The SI discussed a recent dispensing error involving a CD that had been appropriately recorded and reported.

The pharmacy had appropriate insurance arrangements in place for the services it provided. The RP records were appropriately maintained. The records about the supply of unlicensed medicines and private prescriptions were in order. The pharmacy's controlled drug (CD) registers were kept in line with requirements. But the registers' running balances were audited periodically.

The pharmacy's computers were password protected and members of the pharmacy team, including the pharmacy's four part-time delivery drivers, had all signed confidentiality agreements. Confidential waste was separated and collected by a specialist waste contractor for secure disposal. Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions.

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 safeguarding SOP. The details of local safeguarding agencies for escalating safeguarding concerns were available in the pharmacy. The delivery drivers had

been recently enrolled on Buttercups training, but the SI said some of them were finding it hard to complete the required assessments.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team work well together and can manage their current workload adequately. And they have access to some training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, the SI, the director (pharmacist), a qualified accuracy checking technician (ACT), a dispenser, a trainee dispenser, and a recently recruited apprentice who had qualified abroad as a pharmacist, were working. The SI was aware that the apprentice had to be enrolled on an accredited training programme upon successful completion of their probation period. Regular locums were used 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 adequately. A whistleblowing policy was in place and it had been signed by team members. The accuracy checking technician 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. There were no targets or incentives set.

The SI was aware about the expectations and duties of reporting cases of Covid-19 transmission that may have occurred in the workplace, to the Health and Safety Executive. But none of the team members had been affected by Covid-19 to date.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy's premises are secure and just about adequate for the services it provides. But it doesn't do enough to make sure its overall organisation and tidiness allow safe working. The work benches and storage spaces are cluttered and untidy. This reduces the efficiency of the dispensing process and may increase the risk of errors.

Inspector's evidence

The pharmacy was in an industrial unit and it was closed to the public. The unit had various rooms and all of them were cluttered. The dispensary was small, cluttered and congested for the current volume of work undertaken. The storage and bench space in the dispensary were very limited and medicines were not tidily organised. Bulky items were stored on the floor and floor spaces were obstructed. The floor in the dispensary was stained and cracked. There was a lot of defunct equipment stored throughout the premises. On the previous inspection, the premises had also been very untidy. This had been addressed at the time, but the improvements had not been sustained. The SI agreed that the size and the state of the premises needed improving to allow safe working.

There was adequate lighting throughout the premises, but the natural ventilation was only through the main door which was kept open at the time of the inspection. The sink for preparing medicines was clean and had a supply of hot and cold running water. Members of the pharmacy team had access to adequate hygiene facilities. And the premises could be secured against unauthorised access when it was closed.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy's stock medicines are not well organised or stored appropriately. The pharmacy stored its medicines haphazardly in the dispensary. And some medicines are not stored in their original containers. This increases the risk of making a dispensing mistake or supplying a medicine that is not safe or fit for purpose. Otherwise, the pharmacy largely provides its services safely. It gets its medicines from licensed wholesalers. And it takes the right action in response to safety alerts and recalls.

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. But since the pandemic, the pharmacy was supplying via Amazon and e-Bay, surgical scrubs, dressings, compliance aids and loratadine tablets. The SI confirmed that no other pharmacy-only medicines or prescription-only medicines were sold online. And the pharmacy was not linked with any online prescribers. The pharmacy had not implemented any social distancing measures as it was not interacting with members of the public. It had enough supplies of personal protective equipment (PPE) and PPE had been issued to the delivery drivers. Members of the pharmacy team were not wearing any facial masks at the time of the inspection. The SI said that he didn't think it was necessary for staff to wear PPE as they were not interacting with members of the public. The ACT was wearing gloves when dispensing and checking medication.

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 care workers with medicines management procedures and record keeping.

The pharmacy employed four part-time delivery drivers. And due to the pandemic, the delivery drivers were not obtaining signatures from recipients for deliveries, except for CDs. But a delivery sheet was annotated accordingly for delivery of all medicines to keep an audit trail.

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. A pack checked during the inspection included the initials of the staff who had assembled and checked it.

Repeat 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, a member of the pharmacy team contacted the carers to confirm items required before

the 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 GPs to maintain an audit trail. The SI said that he routinely communicated with care homes regarding hoarding of medicines especially 'when required medicines' (PRN) such as lactulose or creams.

Members of the pharmacy team were aware of the valproate Pregnancy Prevention Programme and knew about providing additional advice and warning cards to people in the at-risk group. The pharmacy did not currently have any people in the at-risk group being supplied with valproate. Patient information leaflets and cards were available in the pharmacy. Medicines with variable doses such as methotrexate, alendronic acid, warfarin and PRN medicines were supplied as original packs. The pharmacy had a few patients who were prescribed warfarin. But the status of their therapeutic monitoring was not recorded on their electronic medication record. Prescriptions for all CDs, including those that did not require storage in the CD cabinet, were marked with a 28-day expiry date.

Medicines were obtained from recognised wholesalers and specials were sourced from specials manufacturers. No extemporaneous dispensing was carried out. Medicines were haphazardly stored on the shelves. And there were quite a few blisters of loose tablets not stored in their original cartons. The SI said that the apprentice had recently date-checked all stock medicines. But the records of most recent checks had not been kept. Medicines were checked at random and no date-expired stock was found. 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 pandemic had posed quite a few challenges and he hadn't gotten around implementing the system in the pharmacy yet.

Medicines requiring cold storage were kept in refrigerators and these were stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were recorded daily. All CDs were stored in line with requirements and the pharmacy had denaturing kits to dispose of waste CDs safely. The pharmacy had received a lot of waste medicines recently and these were stored in large bin bags. The SI said that members of the pharmacy team were in the process of sorting these and transferring them in the designated bins. The pharmacy had a process to deal with safety alerts and medicines recalls. Records of these and the action taken by the team were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide its services safely. It maintains its equipment adequately.

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 measures were available to measure out liquid medicines. 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.