

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: 08/04/2021

Pharmacy context

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

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Members of the pharmacy team record and review their mistakes so that they can learn and improve from these events. They keep the records required by law to show that medicines are supplied appropriately. And they know how to respond to concerns about vulnerable people. The pharmacy has written instructions to help make sure its services are delivered safely and effectively. And it keeps people's private information securely.

Inspector's evidence

The pharmacy had made significant progress since the last inspection. The premises had been refitted to a good standard. The workflow in the pharmacy was organised and members of the pharmacy team were coping with their workload comfortably. The pharmacy had completed its health risk assessments for each staff member. Members of the pharmacy team were wearing personal protective equipment (PPE) and were using hand sanitisers frequently. The pharmacy had Covid-19 self-test kits (Rapid Antigen Test) available for team members to test themselves twice weekly.

The pharmacy had a range of current standard operating procedures (SOPs) and these had been read and signed by team members. The director (pharmacist) explained how team members would record any mistakes they made during the dispensing process. Mistakes that were detected before the medicines left the pharmacy (near misses) were recorded and reviewed each month 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 pharmacy was recording these consistently. The pharmacist said that team members had monthly meetings to discuss any dispensing incidents that may have occurred so that learning points could be identified. Members of the pharmacy team were aware of 'look-alike' and 'sound-alike' (LASA) medicines and these had been well separated on the shelves. The pharmacist discussed a recent dispensing error involving Adcal d3 that had been recorded, reviewed and reported to the NRLS.

A Responsible Pharmacist (RP) notice was displayed in the pharmacy. The superintendent pharmacist (SI) was the RP on the day of the visit. Members of the pharmacy team were able to describe what action they would take in the absence of the RP and they were clear about the tasks they could not undertake in such situations. The pharmacy had appropriate insurance arrangements in place for the services it provided. Records about RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were kept in line with requirements. Running balances of CDs were kept and audited regularly. The recorded balance of one randomly selected CD was checked during the visit and was correct.

The pharmacy's computers were password protected and members of the pharmacy team, including the 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 SOPs. The details of local safeguarding agencies for escalating any safeguarding concerns were available in the pharmacy. The pharmacy's delivery drivers had all been briefed about safeguarding requirements and knew who to alert in the event of any untoward incidents they came across during their delivery rounds.

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 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 locum pharmacist, an accuracy checking technician (ACT), three trainee dispensers and a trained dispenser were working. The team appeared to work well together and were supportive of each other. A whistleblowing policy was in place and it had been signed by all team members. The ACT said that she had worked for the pharmacy for many years and felt comfortable to raise any concerns she may have with the SI or the director. The SI said he was very grateful that all team members had kept well throughout the pandemic and none had been affected by Covid-19 to date.

All members of the pharmacy team had completed or were completing the accredited training relevant to their roles and had access to journal articles, trade magazines and other training material to help keep their skills and knowledge up to date. And they had recently revisited the pharmacy's updated SOPs and had completed Covid-19 training. There were no targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises have been refitted to a good standard and the pharmacy team keeps them clean and tidy. The premises are secure from unauthorised access.

Inspector's evidence

The pharmacy is in an industrial unit and it had been recently refitted to a good standard. It was tidy, bright and clean. Additional storage space had been created and medicines were tidily organised. The floor covering was in good order throughout and it was clear of any obstructions. A separate room dedicated as a checking area was used by the ACT. This helped minimise any distractions when checking prescriptions. A clean sink with hot and cold running water was available for preparing medicines. The room temperature was appropriate for storing medicines and there was good lighting throughout the premises. Members of the pharmacy team had access to hygiene facilities and the premises could be secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services safely to help make sure that people receive appropriate care. The pharmacy sources, stores and manages medicines appropriately, to ensure that all medicines it supplies to people are fit for purpose.

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, information about its services and information about how people could provide feedback or complain about the quality of services provided from the pharmacy, was included on the website. The pharmacy did not offer any services defined as 'advanced' under the NHS contract. The pharmacist said that since the start of the pandemic, it has not been possible to support care home staff with any medicine management training or visit homes to carry out any audits. But the team were planning to deliver some training via the Zoom platform.

The pharmacy employed four part-time delivery drivers. And to minimise infection risks during the pandemic, the delivery drivers were not obtaining signatures from recipients for deliveries of medicines, except for CDs. They annotated the delivery sheet accordingly to keep an audit trail.

The workflow in the pharmacy was well-organised. Dispensers used baskets 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 prescriptions could not be fully supplied. The pharmacy labelled multi-compartment compliance packs appropriately, making sure labels included the persons' details, dosage instructions and details about the medicines contained within the packs. And the lid cards included the pharmacy's details, the person's photograph, the start date, and any allergies that the carer needed to be aware of.

The pharmacy had the facility to upload any hospital discharge forms and it kept records of any interventions made on repeat prescriptions. The pharmacist was able to show how these were documented. Most repeat prescriptions were ordered by the pharmacy. Members of the pharmacy team contacted the carers to confirm items required before the requests were sent to the GPs. However, it was noticed during the inspection that the pharmacy received back huge quantities of waste medicines.

Members of the pharmacy team were aware of the safety guidelines about supplying valproate and had appropriate literature to supply to people when dispensing valproate. The pharmacist said most valproate packs now included warnings and the pharmacy did not currently have any people in the at-risk group. Medicines with variable doses such as methotrexate and warfarin, weekly dosing such as alendronic acid, and 'when required' medicines were supplied as original packs. The pharmacy had a handful of people who took warfarin. But the status of their therapeutic monitoring was managed by the care homes and any changes were communicated to the pharmacy. Prescriptions for all CDs, including those that did not require storage in the CD cabinet, were marked with a 28-day expiry date.

The pharmacy got its medicines from licensed wholesalers and stock medicines were stored tidily on the shelves. Medicines requiring cold storage were kept in refrigerators and 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 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 the equipment and facilities it needs to provide its services safely.

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. 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.