

# Registered pharmacy inspection report

**Pharmacy Name:** Homeground Care Pharmacy, 75 B S S House,  
Cheney Manor Industrial Estate, SWINDON, SN2 2PJ

**Pharmacy reference:** 1110030

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 12/06/2024

## Pharmacy context

This is a pharmacy which is based on an industrial estate in Swindon. It serves its local population which is mixed in age range and background but includes a significant number of elderly people. The pharmacy opens five days a week. The pharmacy mainly provides medicines in multi-compartment compliance aids for people to use while living in their own homes and in care homes. Most of these compliance packs are prepared with the assistance of a dispensing robot. The premises are normally not open to the public to visit in person.

## Overall inspection outcome

✓ Standards met

**Required Action:** None

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

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

### Inspector's evidence

Processes were in place for identifying and managing risks. The pharmacy manager reported that near miss mistakes were recorded and reviewed when they occurred, and the pharmacist would discuss the incident with the members of the dispensary team. Examples of these had been recorded and these were kept in the dispensary. 'Sound alike' and 'look alike' medicines such as tramadol and trazodone had been separated on the dispensary shelves. A process was in place to record dispensing errors, and this included an analysis of what had happened as part of the error investigation. Most of the multi-compartment compliance aid dispensing activity was carried out by an automated dispensing robot. The superintendent pharmacist explained how bar-code technology was used so that medicines were scanned when they were de-blistered into canisters that were then placed into the dispensing robot. The compliance aids were then prepared by the dispensing robot and clinically and accuracy checked by a pharmacist and assembled for delivery. The pharmacist explained that the barcode system helped mitigate the risk of selection errors as error messages would appear if the incorrect medicine was scanned when de-blistering into each canister. The superintendent pharmacist kept a log of any incidents that occurred with the automated dispensing robot.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and the superintendent pharmacist planned to review these annually. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team encouraged people who used their services to submit feedback online. A certificate of public liability and indemnity insurance was displayed and was valid and in date until the end of December 2024.

Records of controlled drugs (CD) and patient-returned controlled drugs were kept. The CD balances were generally checked monthly. A responsible pharmacist (RP) record was kept, and the RP notice was displayed in pharmacy. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked regularly. Short-dated stock had the date of expiry marked. The private prescription and emergency supply records were retained and were in order. The specials records were retained but

some records omitted the prescriber's details.

Confidential waste was separated from general waste and disposed of appropriately. An information governance policy (IG) was in place. Staff were aware of the signs to look out for that may indicate safeguarding concerns in vulnerable adults. Local contact details to raise safeguarding concerns were displayed in the dispensary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

There was one pharmacist and seven dispensing assistants present during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles or were currently undertaking an appropriate training course.

The staff reported that they had completed training and had regular updates to their knowledge and understanding of the services and medicinal products provided. The pharmacy team used third party materials, such as pharmacy magazines, as reading material to learn from. Recently, the superintendent pharmacist had put some of the pharmacy team on training courses and was supporting them to complete their work in a timely manner. The pharmacy staff demonstrated how a training package had been used to facilitate the team's safe use of the automated dispensing robot.

The pharmacy team reported that they would hold meetings on an ad-hoc basis and advise all staff of any new developments in relation to pharmacy service provision or patient safety issues. Staff explained that they felt comfortable with raising any concerns they had with the superintendent pharmacist. There were no formalised targets in place at the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects people's private information. The pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy was based in room on an industrial estate and was not open to the public. The pharmacy was secured from unauthorised access. It had two levels, and the dispensary was on the ground level. The pharmacy was spacious and it had a logical workflow. It was clean, generally well organised, and well maintained. There was a sink available in the dispensary with running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical order.

There was a consultation room which had recently been renovated. It appeared professional and was well soundproofed and signposted. It was inside the pharmacy near to one of the entrances of the dispensary. The pharmacy team explained that they would use mobile screens when accompanying people to the consultation room if necessary to ensure people's confidential information was safeguarded. The pharmacy website included contact information for the pharmacy. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

### Inspector's evidence

Information about the services provided was displayed on the pharmacy website. The pharmacy was closed to the public. The pharmacy team liaised with care homes to generate business. The pharmacy team did not do any advanced or enhanced services at the time of the inspection.

The pharmacy team dispensed multi-compartment compliance aids (MCAs). The MCAs were organised and managed using the patient medical record system and the automated dispensing robot. One compliance aid was examined and audit trails to demonstrate who had checked it were present. Descriptions were provided for the medicines contained within the compliance aids. The pharmacist reported that Patient information leaflets (PILs) were also supplied to people regularly. The superintendent pharmacist said that if a compliance aid was to go to people's home addresses, two deliveries were attempted. There was a safeguarding policy in place and the pharmacy team were aware of what to do if they were not able to deliver a multi-compartment compliance aid.

The pharmacy team deblistered medicines and left these in canisters to be loaded in the automated dispensing robot. Each deblistered medicine container was endorsed with batch numbers and expiry dates. The pharmacist was able to give assurances that he had considered the timescale of medicine stability outside of their original packaging. The pharmacy team gave examples of medicines which were unsuitable for deblistering.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking highly effective contraception. The team were also aware of the new regulations requiring valproate medicines to be supplied in original packs. A valproate warning poster was displayed in the dispensary.

The pharmacy used recognised wholesalers such as AAH, Phoenix and Alliance Healthcare to obtain medicines and medical devices. Specials were ordered via Colorama specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was not available at the time of the inspection. The pharmacist agreed to address this.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridges were in good working order and the stock

inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacy team explained that these were actioned appropriately. But the pharmacy team did not keep audit trails to verify this.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the core services it offered. It is not clear that facilities are used in a way that suitably protects people's confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Amber medicines bottles were capped when stored. A counting triangle and a capsule counter were available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access. Up-to-date reference sources were available in the dispensary and the consultation room, including a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources. The pharmacy automated dispensing robot had regular maintenance and the company support could be contacted to resolve any issues if necessary.

There were two fridges in use which were in good working order. The maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected and patient information was safeguarded.

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

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.