General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Pharmacy Care Matters, 197 Alcester Road, Moseley, BIRMINGHAM, B13 8PX

Pharmacy reference: 1110888

Type of pharmacy: Internet / distance selling

Date of inspection: 12/05/2021

Pharmacy context

This is a distance-selling pharmacy situated in a large residential property in Moseley, Birmingham. The pharmacy dispenses NHS prescriptions to residents in care homes. And it also supplies medicines in multi-compartment compliance packs to community patients. Other services offered include seasonal flu vaccinations to care homes and the Discharge Medicine Service (DMS). The pharmacy is closed to the public and medicines are delivered to people via delivery drivers. And it does not supply any medicines online. 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	4.1	Good practice	The pharmacy is good at making sure that its services are accessible and meet the needs of the people it serves.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy identifies and manages the risks associated with its services well. Members of the pharmacy team keep the records required by law to show that medicines are supplied safely. 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 a range of current standard operating procedures (SOPs) and these had been read and signed by team members. The superintendent pharmacist (SI) 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. The SI said that the team had a brief meeting each morning to discuss any dispensing incidents, concerns, and the day's tasks to be achieved. The SI further commented that since the installation of a dispensing robot, dispensing errors had drastically reduced. There were hardly any dispensing errors or near misses to record. Members of the pharmacy team were aware of medicines which looked alike or had similar sounding names and these had been well separated and highlighted on the shelves. Many posters highlighting various such medicines like azathioprine, azithromycin, carbimazole, carbamazepine, propranolol and prednisolone were displayed in the pharmacy. These posters alerted members of the pharmacy team not only to select these medicines with care but also provided information on what these medicines were used for, dosage and their side effects.

The NHS SOPs relating to Covid-19 were in place and the SI confirmed that workplace risk assessments for Covid-19 had been completed at the start of the pandemic last year. Members of the pharmacy team had access to personal protective equipment (PPE) and were seen observing social distancing in the pharmacy. There were notices displayed throughout the premises encouraging team members to undertake regular hand washing, maintain social distancing, wipe down pharmacy's surfaces and wear a face mask. The pharmacy had Covid-19 self-test kits available for team members to test themselves bi-weekly and it was also a distribution site for lateral flow test kits. The SI said that the pharmacy's delivery driver offered test kits to people when delivering their medicines.

The pharmacy had appropriate insurance arrangements in place for the services it provided. Records about the responsible pharmacist, unlicensed medicines, controlled drugs (CDs) and private prescriptions were kept in line with requirements. A register for patient-returned CDs was up to date. Members of the pharmacy team kept running balances of CDs and these were audited each month. A recorded balance of a randomly selected CD checked during the inspection, matched the stock held in the cabinet. Obsolete CDs were clearly marked and stored separately from in-date stock.

The pharmacy had an information governance policy and it was registered with the Information Commissioner's Office. Members of the pharmacy team including the delivery drivers had all signed confidentiality agreements. Confidential waste was separated and normally shredded in the pharmacy.

But the SI said that the shredder was currently broken, and he was in the process of arranging a collection by a specialist waste contractor. Members of the pharmacy team were using their own NHS smartcards to download electronic prescriptions. The pharmacy's computers were password protected

The SI, locum pharmacist and technicians had all completed Level 2 safeguarding training. The rest of the team had all completed Level 1 training and had read safeguarding SOPs. The SI said that he had briefed the pharmacy's delivery drivers about safeguarding requirements, and they did report back concerns about delivery patients where appropriate.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has the right skill mix to manage its workload safely. Members of the pharmacy team work well together and are supportive of each other. They have appropriate skills and qualifications to deliver pharmacy services safely. And they have access to training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, the SI, a regular locum pharmacist, two pharmacy technicians, four qualified dispensers and an apprentice were working. All team members had completed the required training relevant to their roles. The apprentice was undertaking an accredited training with a local college. The team members appeared to work very well together and were managing their workload comfortably. A whistleblowing policy was in place and a technician demonstrated a good understanding of how she would raise a concern. The SI said that all team members were supported with on-going training and they had access to training modules from various providers. The technicians completed their own continuing professional development. Members of the pharmacy team had all completed training on the DMS, Covid-19 and Pharmacy Quality Payment Scheme. Records of completed training were made available during the inspection. There were no targets or incentives set.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, secured from unauthorised access and it is suitable for the services it provides.

Inspector's evidence

The pharmacy was fitted to a good standard and it was situated in a large residential property. There were approximately seven rooms and there was enough space for staff to maintain safe distance when working. The main dispensary was clean, and the workflow was well organised. A cleaning rota was kept. There was more than enough space to store medicines safely. The room temperature in the pharmacy was suitable for storing medicines and there was good lighting throughout the premises. A clean sink with hot and cold running water was available for preparing medicines. 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 is good at making its services accessible to people. And it takes extra steps to make sure that they are accessible to people in their own homes. Overall, the pharmacy provides its services safely and manages them well. It gets its medicines from reputable sources and stores them properly. It takes the right action in response to safety alerts, so that people get medicines and medical devices that are fit for purpose. Members of the pharmacy team identify higher-risk medicines and provide appropriate advice to help people 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 a handful of care homes and to people living in their own homes. The pharmacy was not linked with any online prescribers and it did not sell or supply any medicines from its website. For people based in the community, most of the referrals to the pharmacy came via people's GPs, social care teams, mental health units, carers and nurses. People new to the pharmacy would be visited in their own homes by the SI, and normally a next of kin or a carer would be present. A community pharmacy assessment form would be completed to establish the level of care and support a person would need. Previously completed assessment forms were made available to the inspector. The pharmacy took steps to adapt its services to the needs of the people using its services. For example, a choice of whether to supply the person's medicines in multi-compartment compliance packs or an automated pill dispenser was dependent on the person's dexterity, the complexity of their medication regime, medical conditions and mental health. The SI had also taken steps to make it easier for people to contact him out of hours if needed. He explained that his mobile telephone number was made available to all the people using the service and he was accessible to them seven days a week.

The pharmacy used a robot to assemble multi-compartment compliance packs. Medicines were mechanically de-blistered into plastic tubs. Each tub had a barcode which identified the batch number, date it was de-blistered and the expiry date of the medicine. Records of de-blistered medicines were kept by maintaining an audit trail. The SI said that consideration was routinely given to how long a medicine could remain outside its original container which included the time in both the plastic tub and the compliance pack. And members of the pharmacy team aimed to only de-blister the medicines that were required for that specific month. Hygroscopic medicines such as dispersible aspirin or sodium valproate were not routinely de-blistered but kept in their original packs. In some instances, depending on the person's specific needs and at the discretion of their GP, such medicines were added in the packs by hand, to help their adherence and safety. Compliance packs checked during the inspection included barcodes and were labelled appropriately. And the packs included the colour and shape of the medicine and the initials of the person who had checked the pack. Patient information leaflets were routinely supplied. Prescriptions for people were generally ordered by the pharmacy and most prescriptions were received electronically. A 'patient and prescription audit record' form was completed monthly for each person to keep a robust audit trail from start to finish. The pharmacy had the facility to upload discharge forms or any amendments that may have been requested by carers or GPs to keep an audit trail. The SI said that care homes were visited annually to carry out medicines management audits. And he routinely communicated with staff regarding the inappropriate storing of excessive stock especially 'when required medicines' such as lactulose or creams.

The workflow in the pharmacy was well-organised. And baskets were used during the dispensing process to help prioritise workload and minimise the risk of prescriptions getting mixed up. Members of the pharmacy team were aware of the safety guidelines when supplying valproate to people in the at-risk group and had the necessary patient literature available. The SI said that the pharmacy did not currently supply anyone in the at-risk group with valproate. Most of the people receiving valproate were elderly and male. The pharmacy had a handful of care home residents who took warfarin. The status of their therapeutic monitoring was managed by the care homes and INR levels were communicated to the pharmacy before a new prescription was requested for the person. Medicines with variable doses such as warfarin were not included in compliance packs and were generally supplied as original packs. However, the SI said that if a person in the community was not coping with the dosage regimen, he would recommend the person's GP to switch over to a safer and easier to manage alternative such as apixaban.

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. The records showed that the temperatures had remained within the required range. All CDs were stored in line with requirements and the pharmacy had denaturing kits to dispose of waste CDs safely. Waste medicines were stored in designated waste bags and these were collected by a waste contractor every few weeks. 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 for the services it provides. And it maintains these appropriately.

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 all other electrical equipment appeared to be in good working order. The pharmacy robot was under an annual maintenance contract and regularly serviced. A range of clean crown-stamped glass measures were available for measuring 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.