

# Registered pharmacy inspection report

**Pharmacy Name:** Care Services Pharmacy, Unit 1A, 154 Bordesley Green Road, BIRMINGHAM, B8 1BY

**Pharmacy reference:** 1112147

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

**Date of inspection:** 30/07/2019

## Pharmacy context

This is a pharmacy which offers its services to people through its website. People cannot visit this pharmacy in person. It has an NHS distance selling contract and is situated on a small business park in the Bordesley Green area of Birmingham. The pharmacy specialises in dispensing weekly multi-compartment compliance packs to care homes.

## 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's working practices are safe and effective. The team follows written instructions to make sure it works safely. It protects people's private information and keeps the records it needs to by law. People can give feedback and make a complaint about the services.

### Inspector's evidence

A range of up-to-date standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs had been implemented by the superintendent (SI) and reviewed the SOPs annually. The SI had amended the SOP templates to reflect the services offered by the pharmacy. There were some SOPs that were not relevant to the services carried out at the pharmacy and some additional detail could have been added to the SOPs that described the services that were offered. Signature sheets were used to record training and staff were seen to have signed SOPs relevant to their job role. Roles and responsibilities of staff were highlighted within the SOPs.

Near miss logs were used and the dispenser involved was responsible for recording and correcting their own error to ensure they learnt from the mistake. A dispenser explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. Different dispensers were involved in different stages of the dispensing process and they informed each other if there were any mistakes, such as picking the wrong medicine to be dispensed, and this was also recorded on the log. The pharmacists reviewed the logs informally but did not record the review to analyse the effectiveness of any changes that they had made. Dispensing incidents were recorded using the NHS National Reporting and Learning System (NRLS) form and reported to the SI. An example of a previous dispensing error was discussed and the RP gave examples of how the error had been used as a learning opportunity.

The RP explained that he thought that the SI had undertaken some research as to which medicines were suitable for dispensing into the multi-compartment compliance packs. Some oro-dispersible, dispersible and medicines that were not usually removed from manufacturer's packaging were being dispensed into the monthly packs. The research and/or any related risk assessments were unavailable for reference by the RP.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispenser answered hypothetical questions related to Responsible Pharmacist (RP) absence correctly.

The RP explained that feedback from care homes was dealt with as it occurred and explained how a complaint involving a dispensing error had been investigated. An annual CPPQ survey was carried out as an NHS contractual requirement. The pharmacy telephone number and email address were available on the pharmacy website. The care homes were telephoned after their monthly deliveries had been supplied to ask if there was any feedback. Each care home had slightly different preferences for how

they liked their medicines and associated paperwork to be supplied and these were recorded on the pharmacy computer to ensure continuity of the service.

The pharmacy had up to date professional insurance arrangements in place. The RP notice showed the correct details and was clearly displayed in the dispensary and the RP log was compliant with requirements. Two random controlled drug (CD) balance checks matched the balances recorded in the register. A patient returned CD register was used. Private prescriptions were occasionally supplied and were recorded in a record book. Specials records were maintained with an audit trail from source to supply. Home delivery records were signed by the recipient as proof of delivery and a separate form for controlled drug deliveries was used.

Confidential waste was stored separately and shredded for destruction. The pharmacy was registered with the ICO. The RP could access NHS Summary Care Records (SCR) provided people had given their verbal consent. The RP confirmed that passcodes were not shared. The privacy policy was available on the pharmacy's website and the SI completed The Data Security and Protection Toolkit as an NHS contractual requirement. The pharmacy professionals had completed Centre for Pharmacy Postgraduate Education (CPPE) training on safeguarding. Other members of the pharmacy team were required to read the SOP on safeguarding. The safeguarding procedure and local contacts were available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members plan absences so they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of two regular pharmacists (including the superintendent), a dispensing assistant, two trainee dispensing assistants, two apprentices and two delivery drivers. It was unclear whether one of the trainee dispensing assistants was currently enrolled on an accredited training course. The RP explained that she had been enrolled but had not completed the course before going on maternity leave. The dispensing assistant's training certificate was displayed in the pharmacy as evidence of completion. Both pharmacists were company directors.

The pharmacists had reviewed the staffing budget for the pharmacy and had recruited several new members of staff since the last inspection as the workload had almost doubled. Requests for annual leave were made in advance and rotas were changed to cover annual leave. The minimum staffing level had been identified by the pharmacists and holiday would only be approved if this minimum could be met. As both pharmacists were directors of the company they worked additional hours to ensure there was adequate cover and covered holiday for each other.

Members of staff that were enrolled on apprenticeships attended college for ongoing training. The dispensing assistant was enrolled on the NVQ3 dispenser training and had allocated training time every Friday afternoon. Pharmacy staff had annual appraisals with one of the pharmacists. During the appraisal they discussed personal performance, goals and development needs were discussed.

The pharmacy team worked well together during the inspection and were observed helping each other. As the pharmacy team worked closely together they discussed any pharmacy issues were discussed on an ongoing basis and had regular 'huddles' to discuss the workload. If a member of the pharmacy team ever felt unable to raise a concern with the RP they could speak to the Superintendent or contact the GPhC. The dispenser was aware of process for whistleblowing.

The RP was observed making himself available to discuss queries with care homes on the telephone. No targets were set for professional services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

### Inspector's evidence

The pharmacy used a basic website to promote some of the services it offered. The website contained details of the pharmacy such as premises address, services offered, operating hours and contact details for the pharmacy. The website address was [www.careservicespharmacy.co.uk](http://www.careservicespharmacy.co.uk) and sales of medicines from the website were fulfilled by a third-party pharmacy.

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to landlord or to local contractors. The pharmacy was clean and tidy with no slip or trip hazards evident. It was cleaned by pharmacy staff. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap available.

The dispensary was an adequate size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a large stock room, kitchen and staff toilets upstairs.

The pharmacy was heated with portable heaters and the windows were opened in the summer for ventilation. Lighting was adequate for the pharmacy services offered. Ambient temperature was monitored as the pharmacy had a MHRA wholesale dealers' licence.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages its services and supplies medicines safely. The pharmacy team supports care homes by dispensing medicines into multi-compartment compliance packs and it has well managed system in place. The pharmacy gets its medicines from licensed suppliers, and the team members make sure that it stores medicines securely and at the correct temperature, so that they are safe to use.

### Inspector's evidence

Prescriptions were dispensed into large baskets so that medication and paperwork was kept separate. Staff signed the dispensed and checked boxes on compliance pack labels, so there was a dispensing audit trail for prescriptions.

The pharmacy dispensed interims/acute and monthly prescriptions a large number of people residing in nursing and residential homes. The care homes ordered their monthly prescriptions and the pharmacy telephoned the care home to check they had been ordered. The monthly prescriptions were dispensed, checked and delivered to the home in accordance with a weekly plan. Any interim/acute prescriptions were delivered on the same day as long as the item was in stock. The pharmacy telephoned the care home if they did not have the item for an interim/acute prescription to discuss alternative options.

The monthly care home dispensing administration was managed by a dispenser and he recorded each stage of the process on a weekly sheet displayed on the wall. Care homes were telephoned to check that they had ordered their prescriptions. Prescriptions received from the surgery were checked against the patient medication record (PMR) and ordering sheet from the home so that any missing items or changes could be queried with the home. Prescriptions labels were generated so that the stock was ordered. The dispenser picked the stock for each patient and put the medicine, prescriptions, labels/paperwork and patient record sheet in a tray for another dispenser to assemble.

Care homes were contacted every month to check the current details, such as dose and INR, for people that were prescribed NPSA high risk medicines. The RP was aware of the counselling required for ladies that were prescribed sodium valproate. Whilst several people that had their prescriptions dispensed at the pharmacy fulfilled the criteria for additional counselling, the RP did not think the care homes had been contacted to check that a pregnancy prevention plan (PPP) was in place. But, they agreed to follow this up and provide the relevant patient literature.

A new date checking matrix had started in May 2019 and the team had checked some stock sections since then. But there were some out of date medicines on the shelves. Some medicines with a short expiry date were listed and removed when they were close to their expiry date. Split liquid medicines were clearly marked with their date of opening. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Medicines were obtained from a range of licensed wholesalers. The RP was aware of Falsified Medicines Directive (FMD) requirements, but the pharmacy was not yet compliant. The pharmacy had been registered with SecureMed and the scanners had been ordered. The SOPs had not been updated for FMD. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts. Each alert was printed and annotated to show it had been actioned and

stored in a drug recall folder.

There was a fridge used to store stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner. Temperature records were maintained and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius. The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. The CD keys were in the possession of the pharmacist and secure procedures for storing the key overnight were in place.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services it offers.

### Inspector's evidence

The pharmacy had a range of up to date reference sources, including BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. Screens were not visible to the public as members of the public were excluded from the pharmacy premises. A range of clean, crown stamped measures were available. Various plastic beakers were available and had previously been used to put liquids into special multi-compartment compliance packs that held liquids. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines. Pharmacy staff wore nitrile gloves for dispensing.

### 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.