General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Medwin Pharmacy, Unit A10, Meadowbank Industrial Estate, Harrison Street, ROTHERHAM, South Yorkshire, S61 1EE

Pharmacy reference: 1115386

Type of pharmacy: Internet / distance selling

Date of inspection: 30/05/2019

Pharmacy context

The pharmacy is on an industrial estate. It specialises in supplying medicines to people in care homes. There is no public access to the pharmacy premises. The pharmacy delivers some advanced NHS services such as Medicine Use Review (MURs) by visiting people in the care homes. People receive their medicine through the pharmacy's delivery service.

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

The pharmacy has suitable processes and written procedures to help protect the welfare of people who access its services. It generally keeps the records it must by law. And it appropriately manages feedback it receives relating to its services. But it does not always advertise how people using its services can provide feedback as the pharmacy's website is not always operational. Pharmacy team members keep people's private information safe. And they know what to do to protect the welfare of children and vulnerable people. They discuss mistakes made during the dispensing process and use these discussions to inform changes to help prevent similar mistakes happening again. But, they don't always record all mistakes which occur. So, they may miss out on learning opportunities.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. These had been reviewed in 2019 by one of the company's senior pharmacists. Roles and responsibilities of pharmacy team members were set out within the SOPs. Most pharmacy team members, including locum pharmacists had signed the procedures to confirm that they had read and understood them. One trainee member of the team, who had been working in the pharmacy for over 10 months had yet to sign the SOPs. She explained that she had read them. And she explained different aspects of her job role. The same trainee explained what tasks could not take place if the responsible pharmacist (RP) took absence from the pharmacy.

The dispensary was organised with workflow effectively managed. Pharmacy team members completed labelling and assembly tasks at designated work stations. The RP had protected space available for checking medicines. Acute work was assembled and checked on a side bench in the dispensary and prioritised for delivery the same day when possible. The pharmacy had agreed cut-off times with homes to ensure that the acute workload remained manageable.

There was a near-miss reporting procedure in place. There were some gaps in the 2019 record. Before this, near-miss reporting was consistent. The team explained that the record was misplaced earlier in the year. A dispenser explained how the pharmacist would feedback details of near-misses at the time they occurred. Pharmacy team members were then encouraged to complete the near-miss record. The pharmacy had a dispensing incident reporting procedure in place. And it kept evidence of reporting.

The pharmacy manager was a qualified dispenser. He worked with a senior pharmacist to analyse details of near-misses and incidents. There was evidence of risk reviews taking place following mistakes in the pharmacy. For example, the latest risk review meeting in February 2019 had highlighted concerns with medicines being found in the wrong compartment within multi-compartmental compliance packs. The team had discussed ways to reduce this from happening and a follow up review had been organised for July 2019. The pharmacy had not yet carried out any risk review following the introduction of the GPhC's updated guidance for registered pharmacies providing pharmacy services at a distance, including on the internet.

Near-miss reviews had last been recorded in February 2019. A patient safety report to support the NHS Quality Payment Scheme had been completed for 2018. This identified trends in mistakes and actions taken across the pharmacy to reduce risk. The pharmacy displayed notices and posters to encourage safe practice. For example, the mnemonic "HELP" (H "How much" has been dispensed, E "Expiry date"

check, L “Label” check, P “Product” check) was displayed at the pharmacist’s work station to prompt a thorough final check of the assembled medicine.

The pharmacy had a complaints procedure. But the pharmacy’s website was not operational on the date of inspection or following the inspection. This meant that it was not possible to check if the pharmacy advertised details of its complaint’s procedure on its website. A member of the team explained how she would take details of a concern and escalate it to the manager or pharmacist if she was unable to resolve it herself. The manager explained how the pharmacy team acted swiftly to resolve concerns relating to broken medicine trolleys in care homes.

The pharmacy had up to date indemnity insurance arrangements in place.

The RP had not displayed his own RP notice when starting his role as RP on the date of inspection. Details of another pharmacist were advertised on the displayed notice. This issue was rectified immediately. The pharmacy kept two versions of the RP record; a manual register and an electronic record. The manual record was kept up to date and entries were made in accordance with legal requirements. But sign-out times were often missing from the electronic register.

A sample of the controlled drug (CD) register found that it met legal requirements. The pharmacy maintained running balances in the register. Balance checks of the register against physical stock took place monthly. A physical balance check of MST Continus 5mg tablets complied with the balance in the register. A CD destruction register for patient returned medicines was kept to date. The team entered returns in the register on the date of receipt.

The Prescription Only Medicine (POM) register was held electronically. The pharmacy had not dispensed any private prescriptions since the date of its last inspection. Emergency supplies made at the request of a patient did not always have details of the nature of the emergency recorded.

The pharmacy maintained records for unlicensed medicines in accordance with the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

Records containing personal identifiable information were stored in the dispensary. And there was no public access to the premises. The pharmacy had reviewed arrangements for destroying confidential waste following a risk review in 2018. The pharmacy team held confidential waste in designated bins. A mobile shredding unit attended the pharmacy at regular intervals to destroy the waste. All pharmacy team members had completed learning associated with information governance. A senior pharmacist attended the pharmacy periodically to ensure the team were working in a way which protected people’s private information. The pharmacy had submitted its annual NHS information governance tool kit.

The team had access to procedures and contact details for local safeguarding teams. Some members of the team had completed training associated with recognising and raising concerns about vulnerable people. The pharmacist talked through a hypothetical safeguarding scenario and explained how he would act to report his concerns.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff in place to provide its services. And it reviews staffing levels and skill mix to ensure they remain appropriate. The pharmacy has some processes in place to support its team with continual learning and in providing feedback and raising concerns. The pharmacy team engages in some shared learning following mistakes during the dispensing process. But it does not always record the outcomes of these reviews. So, this may mean that staff not on duty at the time may miss the opportunity to contribute to this shared learning process.

Inspector's evidence

On duty at the time of the inspection was the RP (a regular locum pharmacist), the pharmacy manager, another qualified dispenser and two trainee dispensers. One trainee was enrolled on a level 2 course in pharmacy services and the other on a level 3 apprenticeship. In addition to the team on duty a qualified dispenser was on long-term planned leave and another qualified dispenser was on a day off. Two regular locum pharmacists provided the pharmacy's services alongside the senior management team of three pharmacists. A company employed delivery driver provided the pharmacy's prescription collection and delivery service. The pharmacy used two locum dispensers to help provide cover for leave.

The team were up to date with workload at the time of inspection. They managed the care home services to allow enough time for rectifying queries prior to the dispensing process beginning. The team worked to complete acute work as soon as they received it. This helped ensure that the driver could deliver urgently needed medicines to care homes the same day. The pharmacy did not set any targets for its team members to meet. The team explained that the emphasis was on providing an efficient and safe service.

Pharmacy team members had access to some ongoing training relating to their roles. For example, they had completed 'dementia friend' training in 2019. The manager was enrolled on an accuracy checking assistant course. The apprentice received protected learning time to support his role. And the NVQ level 2 trainee confirmed she felt supported in her training role. Pharmacy team members did not receive documented appraisals. But they explained they felt supported and were aware of how to escalate a concern about the pharmacy or one of its services if needed. The pharmacy had a whistleblowing policy in place to support its team members in raising concerns.

The manager delivered training and support sessions to the team. This included discussing learning from adverse events and safety information issued by the National Pharmacy Association. The manager explained that the meetings took place monthly. But the latest notes available related to a meeting in February 2019.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are clean and secure. They present a professional environment for delivering the pharmacy's services.

Inspector's evidence

The premises were in an adequate state of repair. The team reported maintenance concerns to the pharmacy's senior management team. And local contractors and tradespeople completed repairs. The pharmacy was clean. But some floor space in the foyer of the pharmacy was cluttered with empty cardboard boxes waiting to be taken out to the bins. A large fan heater heated the premises. Lighting was provided by strip lighting to the walls and across beams on the mezzanine level.

The premises consisted of a foyer with access to staff facilities and store rooms. The pharmacy had adapted the first store room to provide a private consultation area. But they had not provided any services which required use of the room to date. The pharmacy stored some equipment for care homes in the store rooms in an orderly manner. The dispensary was through a separate door from the foyer. It was a good size and had a mezzanine level which the team used for storing medicine waste. The stair case up to the mezzanine level was narrow.

The dispensary had workbenches on side-walls and in the centre of the room. An area at the back of the dispensary had a narrow walk-way with access to a sink. Pharmacy team members used the sink for making drinks and reconstituting liquid medicines. The pharmacy had separate hand washing facilities onsite. Hand washing sinks were equipped with antibacterial hand wash and paper towels.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are generally accessible to people. But the pharmacy does not always monitor its website or take prompt action to ensure that it is accessible to people. This means the pharmacy may be limiting access to new people wishing to access the pharmacy's services. The pharmacy supplies some people's medicines in devices to help them take their medicines at the right times. It generally has safe processes in place for doing this. The pharmacy obtains medicines from reputable sources. The pharmacy provides a delivery service. But people are not always not required to sign to confirm they have received their delivery. This may make it difficult for the pharmacy to manage queries relating to the service.

Inspector's evidence

The pharmacy's services were accessible at a distance. This meant that people wanting to access services did so either through the pharmacy's website or by telephone. But the pharmacy's website was not operational around the date of inspection which meant that its services may not have been accessible to all. The team explained that the pharmacy specialised in providing services to care homes. All care homes accessing services had the contact details for the pharmacy. And the team answered the telephone and managed queries during the inspection. The manager explained that a third-party company managed the website. And the pharmacy had no regular monitoring processes in place for the website. The pharmacy team had not engaged in any shared learning relating to the updated guidance published by the GPhC relating to registered pharmacies providing services at a distance, including over the internet.

The pharmacy had some processes in place to identify people on high-risk medicines. But it did not always establish if people on medicines such as warfarin, methotrexate and lithium had regular monitoring checks. The RP on duty explained that he would telephone a care home to establish if a person's INR was in range prior to dispensing warfarin. But the pharmacy team did not record details of these checks on people's medication records. High-risk medicines were not dispensed into multi-compartmental compliance packs. And the pharmacy did supply body maps and warfarin monitoring charts to homes upon request. Pharmacy staff were aware of the requirements of the Valproate Pregnancy Prevention Programme (VPPP). Valproate warning cards and safety information about VPPP was in place. The team explained that they had not dispensed valproate to any people in the at-risk target group to date.

The pharmacy managed acute medicines through either the EPS service or dispensing against a faxed copy of a FP10. Controlled drugs were not dispensed without the original prescription, the driver collected these prescriptions before dispensing took place. Processes were in place for reconciling faxes against prescriptions. The pharmacy team retained original prescriptions and used them throughout the dispensing process when a medicine could not be supplied immediately. The pharmacy team used baskets throughout the dispensing process. This kept medicines with the correct prescription form. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. A delivery audit trail was in place for the prescription collection service. The pharmacy asked care home staff to sign for receipt of controlled drugs. But not for receipt of other

medicines. This meant that it may be difficult for the pharmacy team to manage a query relating to the service.

The pharmacy's care home co-ordinator was on planned long-term leave. Her role was being covered between the pharmacy manager and another qualified dispenser. The pharmacy team had an established process for ordering and checking prescriptions prior to the assembly process beginning. Care home staff ordered prescriptions through re-ordering Medication Administration Record (MAR) sheets which they returned to the pharmacy. The team checked received prescriptions against the MAR to ensure all details were correct. Care homes were notified of queries and missing items via written notes. Changes to medication regimens were generally recorded on people's medication records. This helped inform clinical checks of the prescriptions. Allergy status and special requirements were identified on MAR sheets. Full dispensing audit trails were in place for the service. Patient information leaflets were provided for new medicines, changes to the brand of medicine dispensed or upon request.

The pharmacy used a range of licensed wholesalers and a licensed specials manufacturer to obtain medicines. Invoices were kept onsite and available for inspection. Pharmacy team members demonstrated some awareness of the requirements of the Falsified Medicines Directive (FMD). But the pharmacy had not yet implemented any processes to comply with FMD. The manager explained that a meeting with potential FMD hardware and software providers had been set up with the senior management team. The team recorded date checking and records showed these checks were regularly carried out. A random check of stock across the dispensary found no out of date medicines. Medicines with short expiry dates were highlighted and recorded for monitoring. The pharmacy annotated details of opening dates on bottles of liquid medicines.

The pharmacy stored medicines in their original packaging in an orderly manner in the dispensary on designated shelving. The pharmacy fridge was clean and a good size for the stock and assembled cold chain medicines held. The team kept a record of fridge temperature monitoring. The record confirmed that the pharmacy was storing cold chain medicine between two and eight degrees. Controlled drugs storage arrangements were secure. The pharmacy had some out-of- date controlled drugs waiting for destruction. These were held in a secure cabinet. The pharmacy team needed to contact the NHS CD accountable officer team to arrange destruction of these medicines in the presence of an authorised witness.

Medicines waste bins and CD denaturing kits were available to support the team in managing pharmaceutical waste. There was a lot of waste from care homes returned to the pharmacy. The team had increased the capacity for storing this waste in recent years. And set up additional collections when needed.

The pharmacy received details of medicine and medical device alerts by email. They checked alerts and retained details of alerts on the email system. The team explained that details of 'patient-level' and 'caution in use' alerts would be shared with care homes.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it checks to make sure equipment is in working order. The pharmacy stores people’s private information safely.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up to date clinical information.

Pharmacy team members used a range of crown marked cylinders to accurately measure liquid medication. They also had access to tablet and capsule counters. The pharmacy used single-use equipment for dispensing medicines into multi-compartmental compliance packs. And gloves were available if needed. Portable appliance testing of electrical equipment was last carried out in January 2019. The pharmacy sourced some equipment for the care homes. For example, medicine trolleys. The pharmacy obtained this equipment from reputable suppliers.

Computers were password protected. Pharmacy team members on duty had working NHS smart cards. The pharmacy stored private information in the dispensary. This restricted access to information from visitors and external delivery drivers.

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.