

Registered pharmacy inspection report

Pharmacy Name: Simpill Ltd, Unit 6, South Nelson Road, South Nelson Industrial Estate, CRAMLINGTON, Northumberland, NE23 1WF

Pharmacy reference: 1118750

Type of pharmacy: Closed

Date of inspection: 28/09/2022

Pharmacy context

The pharmacy is on an industrial estate in a Cramlington, Northumberland. It has an NHS distance selling contract so people do not access the premises directly. The pharmacy mainly supplies multi-compartment compliance packs to care homes. It delivers people's medicines to their 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 |
|--|-------------------|------------------------------|------------------|-----|
| 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 adequately identifies and manages the risks with its services. Team members follow up-to-date written procedures and they keep people's private information safe. They understand their role in helping to protect vulnerable people. And they keep the records they must by law.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) relevant to the pharmacy's services, these had been updated in November 2021. The training records indicated that all team members had read and understood the SOPs. Team members demonstrated their understanding of the procedures and were observed working consistently when preparing the multi-compartment compliance packs.

The pharmacy had a comprehensive system for recording errors. It had a SOP relating to incidents and errors and all the current team members had read it. They had paper near miss error logs to use. The Superintendent (SI) had identified that preparing multi-compartment compliance packs carried additional risks so he had put together a near miss recording sheet specifically to record compliance pack errors. The SI confirmed that tablets 'jumping' from one dosage slot to another and tablets being placed in the wrong time slot were the most common errors. When checking, the SI took extra care to check that the administration time hadn't changed since the last dispensing. The SI discussed errors as they occurred and spoke to individuals when near errors were repeated. The SI completed a spread sheet at the end of each month and had an informed discussion with the team. The team discussed the different release formulations, the different strengths, and the similarity of the packaging for Epilim following a recent review. The pharmacy had a complaints policy but this wasn't displayed on the pharmacy's website. It had a complaints SOP and a team member described how they would escalate any concerns to the manager or the SI.

The pharmacy displayed the correct RP notice. It had up-to-date professional indemnity insurance valid until 1 September 2023. It kept up-to-date CD registers in several files for ease of use. The pharmacy completed three monthly checks of the physical quantity against the balance in the register. Two physical balances were checked, both matched the CD register balance. The pharmacy hadn't dispensed any private prescriptions but had a procedure and a private prescription book if required. The pharmacy held paper RP records and the entries were complete. The pharmacy had written information for team members to refer to relating to the General Data Protection Regulation (GDPR) which team members had read and signed at the start of their employment with the company. Team members were aware of the importance of keeping people's private information secure. They separated confidential waste from general waste, and this was shredded on-site. The RP and registered technician had previously completed CPPE level 2 safeguarding. The pharmacy had current local safeguarding contact details in the files. The manager described various incidents when they had contacted the GP practice when concerns had been raised about elderly people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support its services. Team members work well together, and they support each other to manage the workload. They complete ongoing training to keep their knowledge up to date.

Inspector's evidence

The RP was the SI and one of the company directors. The pharmacy opened from 9am to 5.30pm Monday to Friday and the SI routinely covered the hours. The pharmacy had one registered part-time technician and five NVQ 2 qualified dispensing assistants, one of whom was enrolled on the technicians training course. Five part-time drivers delivered medicines to people and to care homes. Drivers completed an induction when they started which involved on the job training, access to a driver's guide and shadowing an experienced driver until they were competent to work on their own. The pharmacy was interviewing for a dispenser to join the team after an upturn in the business. The SI worked after hours to complete tasks and to keep on top of the workload. Team members worked well together and completed the workload in a calm efficient manner. A large majority of the business was the supply of multi-compartment packs to care homes so more team members worked preparing these. The team members were flexible and helped when required to make sure that the deliveries were ready for the drivers.

The manager organised the holiday rota cover to ensure the pharmacy had enough people working. The technician spoke confidently to the inspector describing the process for preparing and racking medicines for care homes. Team members were comfortable suggesting different ways of working. For example, a team member had suggested a monthly medicines query sheet and this was used when there had been a change from the previous month's prescription. The team members had recently completed training on risk management and about look-alike sound-alike (LASA) medicines. The team also received health and safety head office training. The team hadn't received formal appraisals but the manager and SI gave on the spot feedback and had informal discussions with team members when the need arose. The pharmacy also had a social media platform group to share information and held various team building social events. The SI hadn't set any targets for services the pharmacy team strived to provide a good customer service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitably clean, tidy, and hygienic. And they are appropriate for the services provided. The pharmacy has enough space to provide services safely.

Inspector's evidence

People did not have access to the pharmacy premises due to its NHS distance selling contract. The entrance to the pharmacy was at the rear of a unit on an industrial estate and had secure access. The outside door to the pharmacy was locked so people could not access the pharmacy. This generously-sized pharmacy was air-conditioned, bright, secure, and professionally presented. The pharmacy team kept the pharmacy clean and tidy. The pharmacy had separate areas for labelling, dispensing, and checking prescriptions with a large area for assembling and storing multi-compartment compliance packs. The team had access to a staff rest room and toilet with hand washing facilities. And the pharmacy had a sink with hot and cold water for preparing liquid medicines. The pharmacies website provided details about the pharmacy and the services it offered.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages and delivers its services safely and in an organised manner, including the delivery of medicines to people's homes. And people can easily contact the pharmacy to access its services. It mostly stores and manages its medicines appropriately. And it gets its medicines from reputable sources. Members of the pharmacy team carry out checks to make sure the pharmacy's medicines are safe and fit for purpose. And they dispose of people's unwanted medicines properly.

Inspector's evidence

People accessed the pharmacy's services using details from its website, by email and telephone. It delivered medicines to people's homes and care homes. The pharmacy stored medicines awaiting delivery in a separate area of the pharmacy. It allocated the delivery workload by location. The labels on the sealed medication contained delivery details of the recipient along with the last three digits from the prescription reference number. These details were transposed onto the delivery sheet. So that each delivery could be traced back to the original prescription. The driver checked that the prescription reference number matched the delivery sheet reference number when delivering prescriptions. The drivers were vigilant in getting valid signatures for deliveries, including printed names. This is because there had been instances when a care home claimed that a delivery hadn't been made. The SI advised that this was usually because the signing nurse or carer had gone off shift and their replacement couldn't locate the medication. The pharmacy used fridge and CD stickers. They had an up-to-date SOP so that all drivers worked in the same way. This was detailed and gave specific instruction for each step of the delivery process. All delivery paperwork was retained in the pharmacy. Each care home had a separate folder in the filing cabinet so that records did not get mixed up and people knew where to find them.

The pharmacy had separate areas for labelling, dispensing, and checking prescriptions. The pharmacy had a large dispensing area to the back of the premises for dispensing multi-compartment compliance packs to avoid distractions and to keep the workload separate. Pharmacy team members used baskets during the dispensing process, to help reduce the risk of error. The pharmacist had discussed the requirements for dispensing valproate with the team and the team had warning stickers on the shelf edge near the valproate. The pharmacy didn't have any eligible people who would qualify for referral under the pregnancy prevention program (PPP).

The pharmacy dispensed medicines into multi-compartment compliance packs for the vast majority of the prescriptions. There were dedicated team members, including a technician who usually managed this workload. The pharmacy provided a variety of compliance packs depending on personal needs. Team members supplied patient information leaflets (PILs) with the first dispensing only or on request. So, people may not have all the information they need about their medicines.

The pharmacy obtained its medicines from licensed wholesalers. It kept most of its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Team members marked containers of liquid medicines with the date they were opened and the date of expiry if they had a limited shelf life once opened. The pharmacy team members had a date checking procedure, and a matrix to record when the last date check had been completed and the team kept this up to date. A random sample of medicines in different areas in the pharmacy found no out-of-date medicines. The

pharmacy had medical waste bags and CD denaturing kits available to support the team in managing pharmaceutical waste. It stored medicines requiring cold storage in a fridge and kept a paper record of fridge temperatures. The dispenser who had checked the temperatures that morning had noted on the sheet that she informed the SI that temperature was high. The records demonstrated that the fridge temperature had been recorded as being out of range on two previous occasions recently. The SI advised that on rechecking the temperatures it had in fact been within range. But no notes had been made on the sheet to indicate this. The SI thought that the thermometer was unreliable and team members were not zeroing the maximum and minimum readings daily. The SI contacted the inspector later that day to confirm that the thermostat wasn't working properly so they had used another which indicated that the temperature was in range. But because they had the fridge since the pharmacy opened, he had ordered a new fridge. The team members received drug alerts electronically, these were printed out, marked with the date and any actions taken. The pharmacy retained these for future reference.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of glass measures to measure out liquids. And it had equipment for counting loose tablets and capsules. Members of the team made sure they cleaned the equipment they used to measure out or count medicines before they used it. They had access to up-to-date reference sources and to the internet for up-to-date information. The pharmacy had a protective layer on the windows so people couldn't see computer screens. It restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. Team members used their own NHS smart cards to access patient records.

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. |