

# Registered pharmacy inspection report

**Pharmacy Name:** Integro Pharmacy, Unit 4 The Alpha Centre, North Lane, ALDERSHOT, Hampshire, GU12 4RG

**Pharmacy reference:** 1120906

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

**Date of inspection:** 17/06/2022

## Pharmacy context

This is an independent closed pharmacy located in a warehouse unit on an industrial park in Aldershot. It dispenses prescriptions for people in care environments and for a small number of people in the community. It supplies medicines in multi-compartment compliance packs, and it provides a delivery service.

## 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

Generally, the pharmacy has adequate procedures to identify risk. It has written procedures in place to help ensure that its team members work safely. And it has insurance to cover its services. The pharmacy keeps records in the way that it should, and it protects people's private information. The pharmacy's team members understand their role in helping to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy's main service was dispensing prescriptions and delivering them to people who lived in care environments. This included nursing and care homes and the residents of a local school for children with additional caring needs. The pharmacy had standard operating procedures (SOPs) in place, and they were reviewed every two years. The pharmacy kept records showing that the team had read, understood, and agreed to follow the SOPs. Team members were observed to be following the SOP for the dispensing of prescriptions.

The pharmacy recorded its mistakes and reviewed them every month in a staff meeting. The pharmacist stated that all learnings from mistakes, errors and complaints would be shared with the team, and they had an open, no-blame culture in the pharmacy to facilitate this. Minutes from staff meetings were kept in the pharmacy. People could give feedback on the quality of the pharmacy's services and the pharmacy's website gave details of the pharmacy's complaints procedure. And it provided information on how people could contact the team if they had any queries. The team sought feedback from conversations with people as well as staff at the homes and the school it supplied medicines to. The pharmacy had not conducted a formal feedback survey over the last two year due to the pandemic. The pharmacy kept copies of all the feedback it received, and any response provided, or action taken following feedback. The pharmacy's website provided details of the local NHS complaints advocacy service and the Patient Advice and Liaison service (PALS) if necessary.

The pharmacy had professional indemnity and public liability insurance in place. In general, the pharmacy kept its records in the way it was meant to. This included records for emergency supplies, the RP record, and controlled drugs (CDs). The pharmacy kept private prescription records, but they were maintained off-site. The inspector discussed the importance of maintaining the pharmacy's essential records onsite. The RP notice was on display in the pharmacy showing the RPs name and registration number as required by law.

The pharmacy's team members understood the need to protect people's confidentiality. Confidential paper waste was discarded into separate white waste bags which were collected regularly for confidential destruction by a licensed waste contractor. People did not generally enter the pharmacy, so prescription details could be kept secure. The RP and two dispensers had completed appropriate safeguarding training. Other team members had been briefed about safeguarding and knew to report any concerns to the RP or superintendent pharmacist. The team could access details for the relevant local safeguarding authorities online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team manages its workload safely and effectively. Team members support one another, and they are comfortable about providing feedback, so that they can improve the quality of the pharmacy's services.

### Inspector's evidence

At the time of the inspection the superintendent pharmacist was the RP and there were four dispensers, two of whom were qualified and two who were in training. One of the dispensers was due to start the NVQ level 3 course to train to be a pharmacy technician. Team members had all read the SOPs relevant to their role.

The team were seen to be working effectively together and completing tasks methodically and appropriately. The daily workload of prescriptions was in hand and customers were attended to promptly. The superintendent explained that the responsible pharmacist roles were shared between regular locums who understood the pharmacy's processes and they would cover the shifts between them.

The pharmacy had meetings and informal one-to-one discussions to update its team. And its team was comfortable about making suggestions on how to improve the pharmacy and its services. Team members felt able to raise any concerns with the pharmacists and superintendent. The superintendent explained that she would encourage all team members to make professional decisions in the interest of patients.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. They are generally organised. And they are sufficiently clean and secure.

### Inspector's evidence

The pharmacy was in a warehouse unit on an industrial park. It had a delivery shutter and a staff door to the side. The pharmacy had installed an additional panel with a normal door across the delivery entrance for staff and delivery drivers to use. The pharmacy had a large dispensing area and a delivery and collection area. The dispensing area had four separate work benches for dispensing and a separate work surface for accuracy checking. The pharmacy also had a separate room for dispensing urgent prescriptions. And it stored most of its antibiotics here.

The team cleaned the pharmacy regularly to ensure that contact surfaces were clean. And stock on shelves was stored tidily. The pharmacy had staff facilities in a separate area away from the main dispensary. Room temperatures were appropriate to keep staff comfortable and were suitable for the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and makes them accessible for people. The pharmacy team gets its medicines and medical devices from appropriate sources and stores its medicines properly. Team members make the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing.

### Inspector's evidence

The pharmacy's website gave its times of opening. And a description of its services. The pharmacy delivered prescriptions across the UK but the majority of people using its services lived within the local area. It was also able to order people's repeat prescriptions for them.

The pharmacy team used baskets to hold individual prescriptions and medicines during dispensing. It provided multi-compartment compliance packs for people living at home who needed them and for people living in care home and nursing home environments. The compliance packs used for many people in nursing homes and care homes involved the dispensing of medicines into individual pods. Each pod was labelled with the person's name, the name of the medicine and the time and date the medicine was to be taken. The labelling directions on compliance packs gave the required advisory information to help people take their medicines properly. Compliance packs were labelled with a description of each medicine, including colour and shape, to help people to identify them. And patient information leaflets (PILs) were supplied with new medicines and generally with regular repeat medicines. The pharmacist gave people advice on a range of matters and to anyone taking high-risk medicines. Leaflets and information booklets on a range of medicines including sodium valproate were available in the pharmacy. The pharmacy had a small number of people taking sodium valproate medicines. But no-one taking it was in the at-risk group. The pharmacist was aware of the precautions that would need to be taken and the counselling to provide if valproates are prescribed. The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. The team stored its medicines appropriately and in their original containers. Stock on the shelves was generally tidy and organised. The pharmacy team date-checked the pharmacy's stocks every two months and they kept records to help them manage the process effectively. A random sample of stock checked by the inspector was in date. In general, short-dated stock was identified and highlighted. And the team put its out-of-date and patient returned medicines into dedicated waste containers. The team stored items in a CD cabinet and fridge as appropriate. And it monitored its fridge temperatures to ensure that the medication inside was kept within the correct temperature range. The pharmacy responded promptly to drug recalls and safety alerts.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had the appropriate equipment for counting tablets and capsules and for measuring liquids. Team members had access to a range of up-to-date reference sources. And they had access to personal protective equipment. The pharmacy had several computer terminals which had been placed at individual work- stations around the pharmacy. Computers were password protected. And team members understood that they had to use their own smart cards when working on PMRs, so that they could maintain an accurate audit trail and ensure that access to patient records was appropriate and secure.

### 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.