

Registered pharmacy inspection report

Pharmacy Name: B Braun Avitum Ltd, Unit 8 Warehouse, Brookdale Road,, Thorncliffe Park Estate, Chapeltown, SHEFFIELD, S35 2PW

Pharmacy reference: 1122385

Type of pharmacy: Closed

Date of inspection: 04/09/2024

Pharmacy context

The pharmacy is one of two pharmacies on the same B Braun site. The site is in a large industrial park and is closed to the public. It provides a homecare medicines service which involves delivering ongoing medicine supplies directly to people's homes. All the treatments are initially prescribed by prescribers working in hospitals. Some aspects of the pharmacy's services, for example nursing care and the manufacture and wholesale of medicines, are not regulated by the GPhC. Therefore, we have only reported on the registerable services delivered by the pharmacy. This inspection is one of a series of inspections we have carried out as part of a thematic review of homecare services in pharmacy. We will also publish a thematic report of our overall findings across all of the pharmacies we inspected. Homecare pharmacies provide specialised services that differ from the typical services provided by traditional community pharmacies. Therefore, we have made our judgements by comparing performance between the homecare pharmacies we have looked at. This means that, in some instances, systems and procedures that may have been identified as good in other settings have not been identified as such because they are standard practice within the homecare sector. However, general good practice we have identified will be highlighted in our thematic report.

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 suitably identifies the risks associated with its services. It uses regular risk assessments and audits to manage these risks and improve service provision. The pharmacy's team members follow written procedures to support them in working effectively. They record things that go wrong so they can learn from them. And they take action to help prevent their mistakes from happening again.

Inspector's evidence

The pharmacy was owned by a company with specialities including dialysis care and home parenteral nutrition (HPN). The pharmacy occupied a small rectangular area of a warehouse, which was clearly marked to show the registered area. The pharmacy area had storage shelves where products were dispensed and checked but had no work benches or facilities physically fitted within the marked-out area. The pharmacy's activities were an extension of the business of its sister pharmacy, which occupied a separate registered area on the same site. The sole purpose of the pharmacy was to provide an area for dispensing and packing large, bulky items that could not physically be handled by the sister pharmacy. In practice, this involved the bulky items being transferred directly from the warehouse to the pharmacy's shelves, where they were labelled and checked, ready for supply. A pharmacy dispenser and a pharmacist attended the site for a few hours across three days of the week to complete dispensing activity. The team were aware that no dispensing activity could take place if the responsible pharmacist (RP) was not signed into the RP record.

The pharmacy held service level agreements (SLAs) with 38 NHS trusts across the UK. The SLAs outlined the nature of the arrangement between the trusts and the pharmacy and their individual accountabilities. Private prescriptions were received by the pharmacy's sister pharmacy where they were screened and labelled prior to being assembled. Both pharmacies had the same address which facilitated in meeting labelling requirements.

The pharmacy had a comprehensive range of standard operating procedures (SOPs) that were held at the sister pharmacy which was a short walk away. The SOPs covered the pharmacy's services including the unique relationship between the two pharmacies. They were regularly reviewed by the superintendent pharmacist (SI) to ensure they remained up to date. Team members had access to the SOPs via the company's intranet. They were required to read SOPs when they started employment with the pharmacy and when any changes were made to an SOP. They completed training records to confirm they had read and understood those SOPs that were relevant to their role. Each SOP contained a documented version history which summarised the changes made between versions.

The pharmacy had a business continuity plan in place. It maintained a risk register for various aspects of its service. For example, the contingency arrangements when a medicine was in short supply or out of stock. The register outlined the risks that had been identified, along with actions to mitigate the risks. Each risk was given a probability and severity rating. The risk register was periodically reviewed to assess whether the agreed actions were effective.

The pharmacy had an information database that contained information about its specialist products, including product characteristics, patient information leaflets and any correspondence with manufacturers. Additionally, the pharmacy had an internal medicines information team who were

available via telephone to provide support in assessing prescriptions and answering queries. The pharmacy carried out regular audits of various parts of its services to provide assurance that processes and procedures were being followed correctly. The pharmacy assessed its performance periodically against national key performance indicators (KPIs).

The pharmacy advertised its complaints handling procedure on its website, and within a welcome pack and frequently asked questions (FAQs) document that was provided to each new patient. Several members of the pharmacy's customer care team were responsible for managing complaints and dealing with feedback about the quality of its services. The team described a recent example where patients had reported they were missing a product that they were expecting to receive. The team established that patients were sometimes unable to find each product within the packaging due to the way the products had been packed for transit. To help reduce the frequency of such incidents, the team had implemented the use of 'contains multiple items' alert stickers which were attached to the packaging.

The pharmacy kept records of mistakes made across both pharmacies that were identified during dispensing, which were known as near misses. The records did not make clear if the near miss had occurred at the pharmacy or at the sister pharmacy. The pharmacy team discussed each near miss when they happened to help understand the cause and learn from it. The team admitted that they sometimes failed to record details of some near misses, due to team members not always having the time to do so. To help improve, the pharmacy used printed near miss template forms to allow team members to manually capture the detail of each near miss immediately. Team members then added the details recorded on the form onto the digital record. Near miss records were analysed periodically by three team members who had been appointed as patient safety champions (PSC). The PSCs discussed near misses and any identified further learning opportunities during team meetings.

Mistakes identified following the delivery of products to a person were known as dispensing errors. All incidents were recorded, fully investigated, and shared with the associated NHS trust. The customer care team were appropriately trained to support people who reported dispensing incidents. Then the incidents were reported to the pharmacy team for investigation. A recent incident involved the incorrect strength of a magnesium product being supplied. The team agreed that the error had happened due to different strengths of the product being stored close to each other in the dispensary of the sister pharmacy. To help reduce the risk of a similar incident happening again, the different strengths had been moved to different locations.

The pharmacy had current professional indemnity insurance. A responsible pharmacist notice was on display when the pharmacy was operational. The RP record was appropriately maintained. Private prescription details were recorded on the prescription management system, and on the patient medication record. The pharmacy did not supply any schedule 2 controlled drugs.

The pharmacy had information governance policies in place. Members of the pharmacy team had read and signed the policies and had signed confidentiality agreements. Confidential waste was stored separately and destroyed securely by a specialist company. The pharmacy was registered with the Information Commissioners Office and the privacy policy was displayed on the website. The pharmacy had a documented safeguarding policy. Team members including delivery drivers and customer care team members had received safeguarding training. When questioned pharmacy team members understood the importance of safeguarding vulnerable adults and children and knew how to raise any concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a skilled and experienced team to help safely manage its workload. Team members complete ongoing training to help keep their knowledge and skills up to date. They work well together and know how to raise concerns and provide feedback if they need to.

Inspector's evidence

The pharmacy was not operating at the time of the inspection. Pharmacy services were routinely provided by a pharmacy dispenser and an RP. Other team members who primarily worked at the sister pharmacy periodically worked at the pharmacy when required.

The pharmacy team completed a training programme including periodic training on various topics such as manual handling and health and safety. The pharmacy worked alongside an external training provider to provide an internal verification process for pharmacy technicians. Training records were kept showing the training team members had completed.

The company had a whistleblowing policy and team members could raise concerns anonymously. The policy was outlined on several notices displayed throughout the building. Team members described how they were able to raise concerns with their line manager. The teams held regular meetings to discuss work matters and were able to give feedback on ways to improve processes. The pharmacy held regular meetings with trusts and organised ad-hoc meetings following dispensing incidents, dependent on the severity level. A designated pharmacist within each trust was authorised to liaise with the pharmacy team to answer questions and queries. Each trust could contact the pharmacy team directly via telephone, without having to liaise with the customer care team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is organised, clean and well maintained. It is kept secure from unauthorised access.

Inspector's evidence

The registered premises was within a large industrial park. The building included a large warehouse within which the pharmacy was located. Other nearby buildings owned by the company included offices, staff facilities and meeting rooms. There was also a large area used for the aseptic manufacture of products which was regulated by MHRA. The pharmacy's registered footprint was marked out on the floor of the warehouse. Only authorised personnel were allowed access into the warehouse via a door release system.

The pharmacy was kept clean and organised. Toilets and handwashing facilities were available to all team members. There were shelves to support the storage of medicines awaiting packing for delivery. Lighting was sufficient and the temperature was comfortable.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy safely manages the services it provides. The pharmacy appropriately manages its medicines and ancillary products. And the team responds appropriately to any medicine and medical device alerts.

Inspector's evidence

The pharmacy premises was closed to the public and all its services were provided at a distance. People could contact the pharmacy by telephone and would be connected to a member of the customer care team. All new patients were provided with a Patient Charter. This gave clear information about how the service worked, what they could expect from the homecare company and their own responsibilities. The pharmacy had access to a translation service if a patient wished to communicate with the team in another language. Patients were able to nominate an authorised person to communicate with the team on their behalf, for example, a relative or a carer. Details of the authorised person were recorded on the patient's electronic record.

Team members organised the workload for each day. They prioritised the dispensing of prescriptions based on the respective patient's delivery due date. Team members were allocated specific tasks to complete based on the day's workload. Team members explained that there was often a lack of bench space in the sister pharmacy dispensary. And so, bulkier items were moved to the pharmacy for processing. This helped improve available space in the sister pharmacy and therefore reduce the risk of mistakes being made. A full audit trail was kept showing which team member had completed each part of the dispensing process.

The delivery service was provided by two contracted delivery companies. One of the companies had the ability to store cold chain products at its depot should a delivery be unsuccessful. The other company did not have this ability but were contracted to complete more urgent, same-day deliveries. Drivers working for this company returned to the pharmacy any products that were not delivered successfully. All deliveries were tracked throughout the time products were in transit. The customer care team contacted patients to notify them of any failed deliveries and also notified the relevant Trust.

Delivery drivers were trained to carry out checks at the time of delivery to confirm which products patients had remaining in their homes and rotated products to ensure they were used in order of earliest expiry date. The information collected was used to inform the next supply and highlight any concerns to the pharmacy team. The routes drivers took were planned via a delivery management system and proof of delivery was obtained digitally.

The pharmacy did not hold any medicinal stock and all orders were fulfilled by the onsite warehouse. Expiry dates of medicines were checked as part of the dispensing process and arrangements were in place to return items to the warehouse if required. The pharmacy received details of drug alerts and recalls via email from the MHRA and from manufacturers. A complete audit trail was maintained of the action the team took in response to an alert. Team members recorded the batch numbers and expiry dates of the products they supplied to patients. This helped them to efficiently contact people if a product supplied to them had been subjected to a recall.

Principle 5 - Equipment and facilities Standards met

Summary findings




The pharmacy has the appropriate equipment it needs to provide pharmacy services safely. The equipment was fit for purpose and used appropriately to maintain the safety of the pharmacy's team members.

Inspector's evidence

Due to the nature of the pharmacy's operation and layout of the pharmacy premises, there was minimal equipment required for providing services. Forklift trucks were operated by trained warehouse team members. High-visibility vests, safety footwear and other miscellaneous safety equipment were always worn by team members working within the pharmacy.

Access to reference sources and the internet were available at the sister pharmacy.

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.