

Registered pharmacy inspection report

Pharmacy Name: Pinfold Pharmacy Limited, Suite 10, Room 1
Derwent View, Brackenholme Business Park, Selby, North Yorkshire,
YO8 6EL

Pharmacy reference: 9010101

Type of pharmacy: Internet / distance selling

Date of inspection: 23/01/2020

Pharmacy context

The pharmacy provides pharmacy services at a distance, which means people cannot access the pharmacy premises. People can access the pharmacy website and contact the pharmacy by telephone. The pharmacy dispenses NHS prescriptions and it delivers people's medicines to their homes. The pharmacy provides some medicines in multi-compartment compliance packs to help people take their medicines.

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 generally identifies and manages the risks associated with its services. And it keeps the records it needs to by law. The pharmacy has some written procedures for the team to follow. And it has adequate arrangements to protect people's private information. People using the pharmacy can raise concerns and provide feedback. The pharmacy team has some level of training and guidance to respond to safeguarding concerns to protect the welfare of children and vulnerable adults. The pharmacy team members respond when errors happen. They discuss what happened. But they don't fully record the errors. This means the team may miss opportunities to identify patterns and reduce mistakes.

Inspector's evidence

The pharmacy had some up-to-date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of services. The Superintendent Pharmacist was recently in post and was reviewing the existing SOPs. And introducing SOPs that were missing. The Superintendent Pharmacist had developed a SOP signature sheet for the team that consisted of a trainee dispenser and two recently recruited delivery drivers to sign to show they had read, understood and would follow the SOPs. And the team would sign the SOP signature sheet once the Superintendent Pharmacist had completed the review and update of the SOPs. The trainee dispenser understood their role and showed competence in their role. The trainee dispenser would refer queries to the pharmacist when necessary. The pharmacy had up-to-date indemnity insurance.

On most occasions the pharmacist when checking prescriptions and spotting an error asked the team member involved to find and correct the mistake. The pharmacy had a template to record these near miss errors. Only one near miss error had been recorded since the Superintendent Pharmacist had started. The previous inspection on 20 June 2019 found that the pharmacy did not keep near miss records. And it didn't have a SOP to cover the management of near miss errors and dispensing incidents. The Superintendent Pharmacist, as part of the review and update of the SOPs, had developed a SOP. The near miss error recorded involved the dispensing of an ointment rather than the prescribed gel. The Superintendent Pharmacist discussed the error with the trainee dispenser. But the near miss record did not capture what caused the error and the actions the team had taken to prevent the error happening again. The pharmacy had a template to record dispensing incidents. These were errors identified after the person had received their medicines. The Superintendent Pharmacist stated there had not been any dispensing incidents. The pharmacy didn't have a SOP for handling complaints raised by people using the pharmacy. The pharmacy website contained contact details for the pharmacy and provided people with information on how to raise a concern. The pharmacy website displayed the results from a survey undertaken in 2018 to find out what people thought about the pharmacy.

A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy did not regularly check CD stock against the balance in the register. So, may miss errors such as missed entries. The pharmacy recorded CDs returned by people. A sample of Responsible Pharmacist records looked at found that they met legal requirements. Records of private prescription supplies met legal requirements. A sample of records for the receipt and supply of unlicensed products looked at found that they met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA). The trainee dispenser had read information about the General Data Protection Regulations

(GDPR). The pharmacy website displayed a privacy notice. The team separated confidential waste for shredding.

The pharmacy had safeguarding procedures and team members had access to contact numbers for local safeguarding teams. The pharmacist had completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The trainee dispenser had previously worked in a care home and had completed Dementia Friends training in 2017.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team and the team members have the skills to support the pharmacy's services. The team members support each other in their day-to-day work. The pharmacy team members receive little feedback on their performance. So, they may miss the opportunity to set personal objectives or complete training plans to help the safe and effective delivery of pharmacy services.

Inspector's evidence

The Superintendent Pharmacist covered most of the opening hours and had been in post a few months. Locum pharmacists provided support when required. The pharmacy team consisted of a full-time trainee dispenser and two part-time delivery drivers. At the time of the inspection the Superintendent Pharmacist, a regular locum pharmacist and the trainee dispenser were on duty. The previous Superintendent Pharmacist had not signed off the training modules for the trainee dispenser. So, the Superintendent Pharmacist was enrolling the dispenser on to the course again. And arranging with the pharmacy owners for the trainee dispenser to have protected time to complete the course.

The pharmacy didn't provide the team members with formal performance reviews. So, they didn't have a chance to receive feedback and discuss development needs. The Superintendent Pharmacist had arranged a meeting with the Human Resources team to understand the process of completing formal reviews. The Superintendent Pharmacist gave the trainee dispenser informal feedback. The trainee dispenser and Superintendent Pharmacist worked together to review and update the repeat prescription ordering service. The pharmacy provided some extra training through information from pharmacy magazines. The pharmacy did not set targets for the services offered.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and adequate for the services provided.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. The team kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had enough storage space for stock, assembled medicines and medical devices. The pharmacy didn't have a sink. The team used a shared toilet in the business unit for personal use. And the sink in the upstairs kitchen for water when preparing medicines. The team rarely had to prepare medicines using the water from this sink. But having a portable water containing unit in the pharmacy would ensure the team could appropriately prepare these medicines. The premises were secure and had restricted access to the dispensary during the operating hours.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team members provide basic services that support people's health needs. And they manage the pharmacy services well. The pharmacy team members keep records of prescription requests and deliveries made to people's home. So, they can effectively deal with any queries. The pharmacy obtains its medicines from reputable sources. And it stores and manages medicines appropriately.

Inspector's evidence

The pharmacy was closed to the public which meant that people could not access the pharmacy premises directly. People could access the pharmacy website and the contact details were on the dispensing labels for people to ring the team. The pharmacy provided multi-compartment compliance packs to help 16 people take their medicines. The team kept a list of people who used the service. This detailed if the supplies of the packs were weekly or monthly. The pharmacy provided packs with twice daily dose compartments or packs that had compartments for doses up to four times a day. The team usually ordered prescriptions one week before supply. This allowed time to deal with issues such as missing items. And the dispensing of the medication in to the packs. Each person had a record listing their current medication and dose times. The team checked received prescriptions against the list. And queried any changes with the GP team. The team recorded the descriptions of the products within the packs. And supplied the manufacturer's patient information leaflets. The pharmacy received copies of hospital discharge summaries. The team checked the discharge summary for changes or new items.

The team members provided a repeat prescription ordering service. The Superintendent Pharmacist had adapted the system set up by the previous Superintendent Pharmacist. The pharmacy kept a list of people the team ordered the repeat prescriptions for. The list included the medicines prescribed for the person, and whether the person had the medicines delivered or they collected their medicines from the GP surgery. The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The team members referred to the prescription when selecting medication from the storage shelves. The team members used this as a prompt to check what they had picked. The pharmacy team had completed checks to identify patients that met the criteria of the valproate Pregnancy Prevention Programme (PPP). And the people prescribed valproate who met the criteria were on a PPP. The pharmacy had the PPP information leaflets to supply to people when required.

The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample looked at found that the team completed the boxes. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. And kept a separate one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. This included a signature from the person receiving the medication. The delivery vehicle had a cool box for storing medicines that required cool temperatures during transportation. The pharmacy also obtained signatures from people collecting their medicines from the GP surgery. When the pharmacist wanted to speak to the person about their prescription the pharmacist attached a note to the bag asking the person to contact the pharmacy.

The pharmacy team checked the expiry dates on stock. And kept a record of this. The last date check was on 20 January 2020. The team highlighted medicines with a short expiry date. No out-of-date stock was found. The team members recorded the date of opening on liquids. This meant they could identify products with a short shelf life once opened. And check they were safe to supply. The team recorded fridge temperatures each day. A sample looked at found they were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. And it stored out-of-date and patient returned controlled drugs (CDs) separate from in-date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs.

The pharmacy had equipment and a computer upgrade to meet the requirements of the Falsified Medicines Directive (FMD). And the team were scanning FMD compliant medicines. The pharmacy obtained medication from several reputable sources. And received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team printed off the alert, actioned it and kept a record.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and it has facilities to help protect people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used CE equipment to accurately measure liquid medication. The pharmacy had a fridge to store medicines kept at these temperatures. The computers were password protected and access to people's records restricted by the NHS smart card system.

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.