

# Registered pharmacy inspection report

**Pharmacy Name:** I-Meds, Kartar Farm, New Road, Swindon, South Staffordshire, DY3 4PP

**Pharmacy reference:** 9010172

**Type of pharmacy:** Community

**Date of inspection:** 11/04/2019

## Pharmacy context

This is an online pharmacy and members of the public are not able to enter the premises. Pharmacy services can be accessed by telephone or via the website. The pharmacy provides a collection and delivery service for patients of local GP surgeries. Medicines are dispensed in multi-compartment compliance aids for residents of a care home and also for a number of other patients. The superintendent pharmacist and another regular pharmacist share the working hours of the pharmacy between them.

## 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

Staff follow written instructions to help make sure they work in a safe and effective way. The pharmacy team record mistakes they make so that they can learn from them. And action is taken to help stop the same sort of mistakes from happening again. The pharmacy keeps most of the records that are required by law. But not all information is present in some registers and for the records of emergency supplies, so the pharmacy team cannot show whether supplies have been made correctly.

### Inspector's evidence

The pharmacy had a range of written SOPs in place which had been reviewed in March 2018 and were next due to be reviewed in April 2019. There were training logs with staff signatures recorded after each SOP to say that they had read and understood them.

The pharmacist explained how dispensing errors were handled and said that they were reported to him or to the superintendent. Records of previous dispensing errors were kept filed. An example of a dispensing error that had been reported was where risperidone tablets had been labelled with the incorrect dosage instructions (one to be taken twice daily instead of two to be taken twice daily). In light of this both pharmacists had resolved not to self-check and to ensure medicines were dispensed and checked, where possible, by two different members of staff.

A near miss record was available which both the pharmacists completed. The pharmacist confirmed the near miss record was reviewed regularly, to identify common trends, and the reviews were recorded. A trend that had been identified was the selection of as the incorrect form e.g. aspirin enteric coated tablets instead of aspirin dispersible tablets, and ramipril tablets instead of ramipril capsules. These medicines were highlighted with stickers attached to the medicines shelves as a reminder to select them with care.

A responsible pharmacist (RP) notice was prominently displayed in the dispensary area. A complaints and suggestions procedure was in place and details were displayed on the website and in the practice leaflet. A current professional indemnity insurance certificate was available.

RP records were available and were in order. CD records were available. But, there were headers missing in more than five CD registers. Balances were recorded and were audited at the time of dispensing and receipt of stock. A patient CD returns register was available and in use. Records of private prescriptions were available. Emergency supplies were available but the reasons for supply were not recorded. No specials obtained had been supplied.

An information governance policy had been updated in March 2019. The pharmacists had completed GDPR training provided by NHS digital. Confidential waste was shredded regularly. There were two computer terminals which were user name and password protected. The pharmacists had EPS smart cards which were in use and kept safely at the end of the working day. Patients obtaining their medication from the pharmacy had previously signed consent forms and others had provided verbal consent. There was no public access to the pharmacy premises.

There was a safeguarding and child protection SOP in place. Both pharmacists had completed CPPE

safeguarding training packs. The other member of staff was provided basic training. A list of local safeguarding contacts was available in a designated folder.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are two pharmacists who work core hours and this is sufficient because the pharmacy has very little activity. The two regular pharmacists and the availability of another member of the pharmacy team means that the workload is managed appropriately.

### Inspector's evidence

There were two regular pharmacists who shared the hours that the pharmacy operated; usually working on alternate days. The pharmacist normally worked alone but there was also a dispenser who worked one or two days a week on a zero hours contract.

The pharmacist was alone during the inspection but appeared able to comfortably manage the low volume of work. The pharmacist said he had regular discussions with the other pharmacist and also with the dispenser about any important matters, such as prescription queries.

Both pharmacists and the dispenser had signed up to an online training provider. They had completed training on Falsified Medicines Directive in February 2019. The pharmacist said both pharmacists shared any learning with the dispenser, especially if they had read material in trade magazines that were of interest.

The pharmacist said that they hoped to increase the number of prescriptions they dispensed but specific performance targets were not set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy environment is safe and appropriate for the services provided.

### Inspector's evidence

The pharmacy was clean and bench space appeared reasonably tidy and was adequate for the volume of dispensing. The cleaning was shared between the two pharmacists and the dispenser. There was adequate lighting throughout the premises. The ambient temperature was adequately maintained.

Repairs and maintenance were arranged by either of the two pharmacists. There was a dispensary sink for medicines preparation which had hot and cold running water. There were no toilets in the pharmacy but staff were able to use the staff area and toilet facilities in the golf club next door.

The pharmacy premises were not open to the public so there was no face to face contact with patients, all services were provided remotely. There was a consultation room available, but no other services had been commissioned so it was not in use and instead was being used as a stock room.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of services and takes steps to make sure they are accessible. The pharmacy manages its services to make sure they are provided safely. It obtains its medicines from reputable suppliers.

### Inspector's evidence

The pharmacy operated under an NHS internet pharmacy contract so it was not able to allow any public access to the premises. People could access services by telephone or by using the pharmacy website. The pharmacist said that most contact was received by phone and patients would normally telephone if they required advice or help.

Patients could access services via the pharmacy website which used an encrypted portal to ensure data security. Information about the services the pharmacy provided could be found on the website. This included details of the pharmacy opening hours and who to contact when the pharmacy was closed.

The pharmacy website offered over-the-counter medication for sale via a third party. This was not made clear to patients on the website so they may not realise that their information is being shared. Patients had to complete a questionnaire before purchasing over-the-counter medication to ensure that it was suitable. The MHRA logo was present on the website but related to the third-party pharmacy that sold the medicines. The pharmacist was aware of the need to signpost patients requiring services not available at the pharmacy.

All dispensed medicines were supplied via a delivery service which the pharmacist undertook, usually after the pharmacy working hours. Signatures were obtained when medicines were delivered, and a separate signature was also obtained to confirm receipt of any CDs. The pharmacist normally telephoned the patient before making a delivery to ensure they were available to receive their medication.

Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing. When dispensing medication, the pharmacist or the dispenser initialled the dispensing labels and these baskets were left to one side for the other pharmacist to check the following day. The pharmacist said that the workload was low volume, so this allowed sufficient time for dispensed medicines to be accuracy checked by the other pharmacist. He could not recall the last time medication was requested urgently but said on the rare occasions this happened the dispensed medicine was double checked by another member of staff.

When a fridge line or CD was prescribed, it was indicated with a fridge or CD sticker so that this could be added just before delivery. Prescriptions with any queries were segregated so that the pharmacist could resolve the query prior to delivery.

The pharmacy provided medication for patients in a 30 bed care home. MARR charts were issued for each patient to monitor when they were taking their medication. Prescriptions were ordered directly by the care home and if there were any queries relating to patients' medication, these would be raised

directly with the care home and checked with the GP.

The pharmacist confirmed that community patients' compliance aids were labelled with descriptions so that the individual medicines could be identified. Any changes to the patient's medication in compliance aid trays or for patients in the care home were documented on the individual's notes, stored in designated folders.

The pharmacist confirmed that patient information leaflets (PILs) were supplied with all medicines. Medicines were obtained from licensed wholesalers and specials were obtained from a specials manufacturer. Stock medicines were stored in an orderly fashion in the dispensary.

Expiry date checks of dispensary stock were carried out quarterly and documented and there were stickers in use to highlight short dated medication.

The pharmacist said that he was aware that patients prescribed sodium valproate should be counselled about the pregnancy prevention programme. Educational material was available to provide to patients and he was aware that this should be issued with each supply. The pharmacist said he did not believe that the pharmacy had any patients who may become pregnant who were prescribed valproate.

Staff had completed some training about the Falsified Medicines Directive (FMD) but the pharmacist said they were not yet complying with it. This is now a legal requirement.

The medicines fridge was equipped with a thermometer and temperatures were checked and recorded daily. The records showed the temperatures had remained within the required range.

Waste medication was disposed of in designated bins for storing waste medicines, which were collected every two months. The pharmacy received drug alerts from MHRA by email. These were printed out and actioned. Records were kept for reference.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The necessary equipment and facilities are available.

### Inspector's evidence

A range of crown stamped conical measures were available, which were all cleaned after use. A counting triangle was available and washed between use. All electrical equipment appeared to be in good working order.

There were reference books in use such as BNF, a Children's BNF and Drug Tariff. The pharmacist also had access to the online BNF and electronic medicines compendium. Patient medication records were username and password protected.

### 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.