

Registered pharmacy inspection report

Pharmacy Name: Quest Healthcare, 14-16 Phoenix Business Park,
Avenue Close, Birmingham, West Midlands, B7 4NU

Pharmacy reference: 9010217

Type of pharmacy: Internet / distance selling

Date of inspection: 22/08/2024

Pharmacy context

The pharmacy provides a homecare medicines service which involves delivering ongoing medicine supplies direct to people's homes. Hospital prescribers initially prescribe all of these treatments. Some aspects of the service, for example nursing care, are not regulated by the GPhC. Therefore, we have only reported on the registerable services provided by the pharmacy. The pharmacy is located in a business park and the premises are not open to the public.

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 continuously assesses the risks associated with its services and takes appropriate steps to manage them. Team members follow written instructions to help make sure they work effectively. They record and review any mistakes they make, so that they can learn from them and improve the way they work. The pharmacy keeps people's private information securely and its team members know how to respond to concerns about vulnerable people.

Inspector's evidence

The pharmacy had a disaster recovery and business continuity plan in place. It had service level agreements (SLAs) with five NHS Trusts to provide homecare services to patients in the community. Under these arrangements the pharmacy currently supplied a limited range of medicines including HIV treatments, Retrovirals and some paediatric treatments.

A responsible pharmacist (RP) notice was on display and RP records were appropriately maintained. The pharmacy's organisational structure consisted of a dispensary team and the customer service team who worked together to deliver the pharmacy services. A range of current standard operating procedures (SOPs) were available. All team members had signed the SOPs relevant to their roles and responsibilities, to confirm they had read and understood them. When asked, all team members could confidently explain their roles and responsibilities and understood the tasks they could not undertake in the absence of a pharmacist.

A range of documented risk assessments were available. These were carried out by the superintendent pharmacist (SI) when the pharmacy was considering introducing a new service or providing a new treatment. Risk assessments had also been completed to review its current services following adverse incidents, such as a patient being supplied with incorrect medication or missed deliveries. The SI said that because the team was relatively small, the risk assessments were carried out as a team activity to ensure everyone responsible for the service was involved and had the opportunity to contribute.

The Pharmacy used Corrective and Preventive Actions (CAPA) system to review its incidents in the pharmacy. This was a methodology for reducing risk, identifying issues at their root cause, implementing solutions to avoid those risks recurring and improving processes overall. Team members routinely recorded any dispensing mistakes including near misses and all incidents were reviewed by RP at the time they occurred. They were discussed with the team members to identify learning points and to agree what action could be taken to prevent similar events from occurring again.

A recent incident involving a patient receiving an incorrect medication had been documented and fully reviewed. The root cause analysis had identified that the incorrect label had been picked and attached to the package but no check had been made by the team member before dispatching the package. Following the incident the relevant SOP had been reviewed and the process had been changed so team members would now not generate delivery labels in advance. In addition to that, the team member involved in the incident had been given further training to ensure they fully understood the process.

The pharmacy's welcome pack explained how patients could make a complaint or provide feedback about the quality of the pharmacy's services. People could also complain via the NHS Trust. The SI had

oversight of all complaints the pharmacy received, but most were resolved by the RP. The RP said that very few complaints were about the pharmacy service, and most were about the delivery service. The RP shared some very positive testimonials the pharmacy had received from patients, thanking the team for the service and support they had received to help them manage their medicines safely.

The pharmacy undertook approximately 10 patient satisfaction surveys each month for each NHS Trust. Patients were selected randomly and sent the questionnaires. Most people who responded had rated their overall experience as good and indicated that staff were very helpful and dealt with queries in a timely manner. There had been a few responses expressing dissatisfaction with the delivery service.

In response, the pharmacy carried out an audit to gather data on failed deliveries with a view to improving the overall delivery service. This had found that 4% of deliveries were unsuccessful, and this was mainly due to patients not being available to accept them. Other reasons included issues with patient's addresses, individual drivers or a parcel going missing. The pharmacy held regular meetings with the courier service provider to discuss delivery standards and raise the issues that had been highlighted. The pharmacy team had also recognised there was a need for improved communication with the Trusts to ensure patient's contact details were up to date. This was discussed during the clinical governance meetings with the Trusts and the SI said that the communication had significantly improved. The pharmacy had also identified that some delivery delays were due to prescriptions not being electronically signed by the prescribers. This meant they had not been transmitted to the pharmacy until team members had queried the delay and subsequently got them signed. The quality control manager said that relevant prescribers were reminded about the need to ensure prescriptions are signed before being transmitted to the pharmacy. And the pharmacy had begun keeping records of the number of unsigned prescriptions transmitted so that this could be discussed during meetings with the Trusts.

The pharmacy held regular governance meetings with the relevant NHS Trusts to discuss overall performance against key performance indicators (KPIs), any issues with stock availability and any other incidents. The meetings were attended by the SI, RP and quality control manager. The SI said that KPIs were normally met, so the meetings were generally very positive, with few issues being raised.

The pharmacy had an information governance policy and was registered with Information Commissioner's Office. It had recently completed the NHS Digital Data Security and Protection Toolkit self-assessment to demonstrate it was practising good data security and handling personal information correctly. All team members completed GDPR training as part of their induction program. Access to the electronic patient medication record was password protected. Confidential waste was managed appropriately. Current professional liability and public indemnity insurance was in place. All team members had completed safeguarding training, relevant to their roles and responsibilities. When asked, a team member was able to explain the signs of concerns they would look for and how to deal with them.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to effectively manage its workload. Team members have defined roles and understand what is expected of them. They are well supported by the pharmacy's senior leadership and they are appropriately trained for the work they do. And they receive regular ongoing training to help keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection, the pharmacy team consisted of the superintendent pharmacist, a responsible pharmacist, four pharmacy technicians who worked as accuracy checkers, one of whom was also the quality control manager, two customer service operatives and one administrator.

Team members appeared to be working well and managing the workload effectively. The workflow in the dispensary was very well organised. Team members were observed working calmly and efficiently and were supporting each other. Most team members were experienced in their roles.

The pharmacy had contingency arrangements for any staff absences which involved using locums when necessary. The SI said that they rarely needed to use locums because the workload in the pharmacy was very predictable and manageable. And it was continuously monitored by the quality control manager. All team members were very complimentary about the support they received from the leadership team and demonstrated a positive attitude towards their work.

The pharmacy had a robust induction plan for new members of staff, and they were required to be signed off against a competency framework. Team members were supported with in-house training program to help keep their skills and knowledge current. They had recently completed training about health and safety at workplace. Training records of all team members were available.

The SI visited the pharmacy on regular basis. Team members said that the senior leadership encouraged open and honest culture in the pharmacy and they would feel comfortable providing feedback or raising concerns with the quality control manager, RP or SI.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and well maintained. And there is enough space for team members to carry out their work safely and efficiently.

Inspector's evidence

The pharmacy premises was in a large unit situated in a business park and was not open to the public. People visiting the pharmacy were required to sign in at the reception. The premises were well lit throughout and the ambient temperatures were suitable for the activities undertaken. The pharmacy was spacious and consisted of a dispensary and a large training room. The dispensary was fitted to a good standard and there was enough space to store medicines and undertake dispensing and dispatch activities safely. Team members had access to suitable hygiene facilities. The premises were lockable and kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services well and it supplies medicines to people safely and on time. It obtains its medicines and medical devices from licensed suppliers and stores them appropriately. Team members support people well to help them take their medicines safely and effectively. And they take the right action in response to safety alerts and recalls so that people get medicines and medical devices that are fit for purpose.

Inspector's evidence

The pharmacy delivered homecare services under SLAs with five NHS Trust to supply people with specialised medicines. It did not have a website and most of its communications with patients and the Trusts was via email, text messages or telephone calls.

The NHS Trusts were responsible for selecting patients who would be suitable to use the pharmacy's services. They obtained consent from the patient, agreeing to use the pharmacy's services, and completed registration forms. They also supplied the pharmacy's welcome pack, which included information about the pharmacy and the services it offered. The Trust's homecare teams then contacted the pharmacy via email to advise them when new patients were going to be using the service. The registration form and the person's first prescription were transmitted electronically to the pharmacy. Once these were received, a member of the customer service team created a patient record on the pharmacy computer and contacted the patient to introduce themselves and explain how the service worked.

Most of the prescriptions sent to the pharmacy were marked to confirm that they had been clinically screened by the Trust's clinical team. The RP said occasionally prescriptions were received that had not been marked to confirm this check. In those instances, the pharmacy would query with the Trust and would not dispense the prescription until the Trust had provided confirmation. Any interventions made by the pharmacy team were recorded on the person's medication record and the Trusts would be contacted for further clarification. Team members expected Trusts to respond to any queries within 48 hours, after which the quality control manager would make a telephone call to the Trust to chase the query, in order to avoid further delays. It was the Trusts responsibility to ensure the pharmacy received completed prescriptions on time.

The pharmacy ordered repeat prescriptions for people by contacting the relevant Trust two weeks in advance. The RP said most prescriptions were received in good time. However, there were some instances when team members had to spend time chasing for prescriptions by either contacting the Trust by telephone or sending chaser emails. Most people had a two-week buffer of stock medicines in case there were any delays in the system or stock availability.

Prescriptions received by the pharmacy were checked by the RP or ACTs to ensure correct quantities and dosages had been prescribed. The dispensing workload was prioritised according to the required delivery dates, and was tracked to make sure it was completed in good time. The pharmacy team initialled 'dispensed by' and 'checked by' boxes on dispensing labels to identify the team member responsible for each task. Trays were used during the dispensing process to keep prescriptions separate and reduce the risk of medicines getting mixed up. When the medicines had been dispensed and

checked, they were sealed in a secure box and labelled for delivery. The pharmacy did not currently dispense any controlled drugs that required secure storage.

The customer service team contacted people a week before to arrange deliveries. The delivery service was provided by a courier company which used vehicles fitted with real time tracking so that pharmacy could monitor the deliveries. The pharmacy kept records of all failed deliveries. Medicines that had not been delivered were returned to the pharmacy and rescheduled with the possibility of a next day delivery. Team members contacted patients to re-arrange deliveries. The quality control manager said that the pharmacy did not have many failed deliveries albeit re-arranging failed deliveries caused extra burden on the team's overall workload. Furthermore, because of higher cost implications, the pharmacy had to seek authorisation from the relevant Trusts to make any urgent deliveries for any acute prescriptions or for prescriptions that had not been received from the Trust on time.

The pharmacy ordered its stock medicines from licensed wholesalers and some specialist medicines were ordered directly from the manufacturers. Team members stored medicines in an organised manner and in their original containers. The pharmacy had date-checking procedures for stock medicines and short-date medicines had been marked for removal at an appropriate time. No date-expired medicines were found amongst in-date stock when checked during the inspection. Waste medicines were stored in designated containers ahead of collection by a specialist waste contractor.

The pharmacy received information about safety alerts and medicine recalls via email from the MHRA. Team members could explain how these were dealt with and records of previously actioned alerts were kept and available in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely and effectively. It maintains its equipment well so that its fit for purpose.

Inspector's evidence

The pharmacy had appropriate equipment for the services it provided. Team members had access to the internet and current reference sources. All electrical equipment was in good working order and it was tested annually to ensure it was fit for purpose. The Pharmacy’s IT system was password protected and a backup server was updated daily. The SI said that the pharmacy’s IT system was maintained by a specialist company and help-desk support was available when needed.

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.