

# Registered pharmacy inspection report

**Pharmacy Name:** Minimax Pharmacy, 6 Carisbrooke Crescent,  
Chandler's Ford, Eastleigh, Hampshire, SO53 2LQ

**Pharmacy reference:** 9010403

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

**Date of inspection:** 18/04/2023

## Pharmacy context

This is a pharmacy located in a residential area of Eastleigh. People are unable to visit the pharmacy in person as it provides its services at a distance. The pharmacy dispenses NHS and private prescriptions, and it supplies some medicines in multi-compartment compliance packs. The pharmacy also provides a delivery service.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not do enough to ensure that the risks associated with its services are identified or managed.
		1.6	Standard not met	The pharmacy does not keep adequate responsible pharmacist or controlled drug records.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards not all met	3.4	Standard not met	The pharmacy is kept unlocked without supervision and it doesn't do enough to safeguard some of its stock from unauthorised access.
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	There is poor management of medicines in the pharmacy and some medicines are stored in unregistered areas where access cannot be controlled. There is an inability to demonstrate how medicines remain fit for purpose and safe for people to take.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not adequately consider or monitor the risks associated with the services it provides. The pharmacy does not keep satisfactory legal records of controlled drugs or the responsible pharmacist. It does have some suitable written procedures in place so that its team knows what to do when providing those services. But the team does not always follow these procedures. Team members are aware of how to keep people's information safe and how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had an NHS distance selling contract and its main service was dispensing prescriptions and delivering them to people in the locality. The pharmacy had standard operating procedures (SOPs) in place, and they had last been reviewed in September 2022. The pharmacy kept records showing that the team had read, understood, and agreed to follow the SOPs. However, the team did not fully follow the SOPs as they were observed dispensing prescriptions from labels and not printing off the prescriptions from the computer. The pharmacist explained that he always checked the electronic copy when checking prescriptions for accuracy.

The pharmacy had a book to record its incidents, but nothing had been recorded. The pharmacy had a complaints procedure in place which was in line with NHS requirements. People could give feedback on the quality of the pharmacy's services and the pharmacy's website included details of how to contact the pharmacy. The pharmacy had not conducted a formal feedback survey recently. The pharmacy had professional indemnity and public liability arrangements in place so it could provide insurance protection for the pharmacy's services and its customers.

The pharmacy kept some records, but not all that are legally required. The responsible pharmacist (RP) records were maintained electronically, but they were not complete and there wasn't always a pharmacist present during the contracted opening hours. Sometimes the pharmacist stated he worked in the evenings, and he explained that he would inform NHS England of the changes in hours. An RP notice was not on display in the pharmacy. Controlled drug records were not complete. The superintendent was told to ensure all CD records were accurate and reflected the balance in the CD cabinet in accordance with the law. The pharmacist stated that he had not dispensed any private prescriptions. The pharmacy kept some records of fridge temperatures. While they were all within the accepted range, the fridge temperatures were not checked daily.

The pharmacist and dispensing assistant understood the need to protect people's confidentiality. The pharmacy had white confidential wastepaper bags which were removed for destruction by an appropriate contractor. However, they were not being used. The pharmacist stated they usually used the shredder. Waste patient labels were seen on the floor in the pharmacy and in the medicine destruction box. People did not generally enter the pharmacy, so prescription details could be kept secure. The pharmacist had completed appropriate safeguarding training. The team could access details for the relevant local safeguarding authorities online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff for the services it currently provides. However, it does not keep adequate records to show how much training it gives its staff for the roles they carry out.

### Inspector's evidence

At the time of the inspection, there was one pharmacist, who was also the superintendent and a dispensary assistant who was the superintendent's wife. On entry into the pharmacy, the pharmacist was not on the premises and the responsible pharmacist record did not reflect this accurately. The Superintendent explained that his wife was a medicines counter assistant, but there was no evidence to show her training. He stated that he was using older NPA training materials to help her with the training and that he was intending to get her onto the NPA dispensing assistant course very soon.

The pharmacist explained that he completed CPD annually and ensured he stayed up to date. There were no financial targets in place in the pharmacy.

## Principle 3 - Premises Standards not all met

### Summary findings

The pharmacy hasn't fully registered its premises to cover all the activities its team carries out. And it doesn't consistently keep them secure enough to stop people coming in when they shouldn't. The premises are large enough for the pharmacy to provide its services. And they provide a suitably professional appearance.

### Inspector's evidence

The registered pharmacy was located in a small building in the rear garden of the pharmacist's home. There was no direct access to the pharmacy without going through the residential property. The pharmacy team had extended the pharmacy by converting the garage of the residential property. However, this was not registered with the GPhC, and the pharmacy team was storing medicines in the new extension and receiving deliveries there. On entry into the pharmacy, there was no one on the premises and the sliding door to the new extension was unlocked. The inspector was able to enter the property with ease. The pharmacy team explained there was CCTV which monitored the converted garage. When there was a delivery, the inspector asked to see how the CCTV covered the garage conversion, but the pharmacist explained it couldn't be viewed at the time. The garage conversion had shutters at the front which could secure it, and there was a glass sliding door to enter the conversion.

The registered part of the pharmacy was a suitable size for the volume of prescriptions being dispensed. There was enough space on the workbenches for the preparation of prescriptions. There was shelving for medicines to be stored and lockable storage for paperwork. However, the pharmacy was very untidy with paperwork over the workbenches and floors. There was a small consultation room in the registered pharmacy, but this was currently used for the storage of medicines and tote boxes.

The garage conversion was cleaner and tidier than the registered part of the pharmacy and included plenty of workbench space, a computer terminal which wasn't currently being used and shelving. The pharmacist explained that they just used it to store medicines for now.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not store all of its medicines in a safe and secure manner away from unauthorised access. Although it stores and manages most of its medicines appropriately, it does have some that are unsuitable for supply. The pharmacy does provide a range of services to support the health needs of the local community, but the responsible pharmacist is not always present during the pharmacy's opening hours. Its team members take the right action in response to safety alerts, so people get medicines and medical devices that are safe to use, but they don't keep any records to show they did this.

### Inspector's evidence

The pharmacy's website gave its times of opening and a description of its services. However, the RP log showed that the pharmacy was not always open during these times and some of the services were not currently being provided. The pharmacist explained that he would normally deliver prescriptions himself once a week on a Saturday afternoon, but if there was anything which was urgent or an acute medicine, he would deliver it immediately. The pharmacist also stated that they used Royal Mail to post some items, but not CDs and items requiring storage in a fridge.

The pharmacist explained that he did not print out prescriptions and would only print the labels and dispense from them. He stated that he would use the prescription on the computer screen to then check the dispensed medicines. The pharmacist stated that the pharmacy assistant would normally be the one who dispensed prescriptions and if he dispensed them, he would take a mental break before checking. The pharmacy team used baskets to hold prescriptions. However, on checking the baskets, it was seen that medicines for multiple people were labelled and held in the baskets. There were also some baskets which just held labels, and there were multiple people's labels in the baskets. When asked about these, the pharmacist stated that they were waiting for the prescriptions to come from the surgery. There was a multi-compartment compliance tray which was being made up and when asked about this, the pharmacist stated that they were making it up in anticipation of the prescription coming to them.

The pharmacy provided multi-compartment compliance packs for people living at home who needed them. The pharmacist stated that they labelled each tray with the descriptions of each medicine, including colour and shape. But there were no complete compliance aids to check and verify this. The pharmacist explained that he was aware of the strengthened warnings to ensure those people taking valproates were counselled appropriately and had the appropriate safeguards in place. But the pharmacy did not have any people in the at-risk group.

The team stored most of its medicines in the registered part of the pharmacy appropriately and in their original containers. Stock on the shelves was generally tidy and organised. However, there were some items found in unlabelled amber bottles and there was a freezer bag filled with carbocysteine 375mg capsules on the shelf of the dispensary behind the computer terminal. When asked about it, the pharmacist stated it had been returned from a patient who had their medicines in compliance aids.

On entry into the garage conversion, there were large tote boxes which had recently been delivered by a licensed wholesaler. However, the dispensing assistant explained that they had not been there when

the delivery was made and they sometimes left the door open so the wholesalers could make their deliveries.

The pharmacist stated that the wholesalers restricted the number of some medicines they could have and so they had to order more whenever they could. He also went on to say that he was planning on obtaining a wholesale dealers licence and was building up stock to start a wholesale business.

The pharmacy obtained stock from multiple licensed wholesalers. The pharmacist stated that the team date-checked stock regularly, but multiple out of date items were found on the shelves including metformin 500mg tablets, gabapentin 300mg capsules, ferrous fumarate 210mg tablets and Strivit D3 capsules. The pharmacy had a dedicated container for waste medicines under the workbench, but this was full and required replacing. The team stored items in a CD cabinet and fridge as appropriate. And it sometimes monitored its fridge temperatures to ensure that the medication inside was kept within the correct temperature range. The pharmacy responded to drug recalls and safety alerts but records of this were not maintained.

## Principle 5 - Equipment and facilities Standards met




### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. The team uses its facilities and equipment to keep people's private information secure.

### 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. The pharmacy had two computers situated appropriately. It was password protected. And the pharmacist understood that he had to use his own smart card when working to 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
 <b>Excellent practice</b>	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.
 <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
 <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.