

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: 23/01/2024

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, including to care homes. The pharmacy also provides a delivery service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan; Statutory Enforcement

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 not all met	1.1	Standard not met	The pharmacy fails to adequately manage the risks it poses to the public by allowing its team to continually not follow the SOP for dispensing of prescriptions. They also carry out dispensing activity when the Responsible Pharmacist is not present or signed in, contrary to the relevant SOP. Also, they do not balance the controlled drugs regularly.
		1.6	Standard not met	The Responsible Pharmacist record is not maintained adequately.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy allows its team members to work unsupervised for significant periods of time while they are still undergoing their training.
		2.2	Standard not met	There was no clear to show that the dispensing assistant had been enrolled on the required training course and was progressing with the training.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy was unable to show that it took any additional precautions when dispensing high-risk medicines. And it leaves medicines in unlabelled compliance packs for extended periods of time, increasing the risk of error.
		4.3	Standard not met	The pharmacy is unable to clearly account for significant amounts of missing stock that had been obtained over a prolonged period of time.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not adequately monitor the risks associated with the services it provides. The pharmacy does not keep satisfactory legal records for the responsible pharmacist. It does have 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. This was raised with the pharmacy at the last inspection, and it appeared that improvements had not been made.

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, but there had been no records made for a week of the responsible pharmacist. On entry to the pharmacy, the pharmacist was not present and there was only a trainee dispenser who was seen to be generating dispensing labels. An RP notice was on display in the pharmacy showing the details of the Superintendent Pharmacist. Controlled drug records were complete, but there was no evidence of a regular balance check occurring. The pharmacy kept some records of fridge temperatures. While they were all within the accepted range, the fridge temperatures were not checked daily.

The dispensing assistant understood the need to protect people's confidentiality. The pharmacy had white confidential wastepaper bags which should be 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 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 not all met

Summary findings

The pharmacy allows its team members to carry out some of their tasks alone when they should have a pharmacist present or signed in. It cannot satisfactorily show that have been given, or registered on, the required training. But it does have enough staff for the services it provides. However, it is not clear how much training it gives staff and how the staff progress with their training.

Inspector's evidence

At the time of the inspection, there wasn't a pharmacist present, just a trainee dispenser who was the superintendent's wife and she was using his NHS Smartcard to dispense prescriptions. The dispenser explained that the Superintendent was ill and the locum they were due to have had not come in. When asked who the locum was, the dispenser was unable to answer. On speaking to the superintendent pharmacist on the phone, he stated he was unwell and could not come into work, but he could not confirm who the locum should have been.

The trainee dispenser said she was in the process of completing the NPA Level 2 dispenser training programme, but she also stated that she had not yet completed any modules. The dispenser was unable to demonstrate the progress made on the dispensing course. The dispenser explained that there were no financial targets in place in the pharmacy and she was able to have open discussions with the superintendent pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The registered pharmacy premises themselves are suitable for the services the pharmacy offers. However, not all the areas used are registered. The pharmacy is generally clean, but it is cluttered with stock. The premises are large enough for the pharmacy to provide its services safely. 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 extension and receiving deliveries there. 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. However, it appeared that the pharmacy held more medicines in stock than they might have been expected to need for their dispensing volume. 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 excess medicines and tote boxes.

The garage conversion was cleaner than the registered part of the pharmacy and included plenty of workbench space, a computer terminal which wasn't currently being used and shelving. However, there were many tote boxes in this extension filled with stock which had been recently delivered. The dispenser explained that they just used it to store medicines for now.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy provides 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. The pharmacy holds a large amount of stock and is unable to satisfactorily account all of the stock it orders. The pharmacy also regularly orders stock which it does not prescribe or supply, which again it cannot satisfactorily explain. Its team members take 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 what they did.

Inspector's evidence

The pharmacy's website gave its times of opening and a description of its services. However, this did not reflect accurately as prior to entry to the pharmacy, the inspector could not contact the pharmacy and there wasn't a pharmacist on site. The dispenser explained that the pharmacist would normally deliver medicines locally once a week on a Saturday. The pharmacy also used Royal Mail to post some items and tracking receipts were seen for this.

The pharmacy team did not print out prescription tokens and would only print the labels and dispense from them. The pharmacy team used baskets to hold some prescriptions. On checking some prescriptions, it appeared that not all were kept in an orderly manner. There were also some baskets which just held labels, and there were multiple people's labels in the baskets. There was a multi-compartment compliance tray which was being assembled and when asked about this, the dispenser explained she did not know about it. The compliance aid had medicines placed inside and sealed, but it had not been labelled. The pharmacy provided multi-compartment compliance packs for people living at home who needed them. The trainee dispenser 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 dispenser seemed to be unsure of the strengthened warnings to ensure those people taking valproates were counselled appropriately and had the appropriate safeguards in place.

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, the pharmacy held a large amount of stock of items. The trainee dispenser explained that if they get a good price for a medicine, they will order a lot of it. However, there were many medicines in the delivery tote boxes and on the shelves which the pharmacy did not dispense, including several strengths of diazepam and pregabalin and dihydrocodeine. The dispenser explained that they obtained these medicines at a good price and if they were not dispensed, they would be disposed of. When the invoices for the collection of disposed medicines was requested, the dispenser could not furnish them. When asked what would happen if medicines were not dispensed, the dispenser stated that they would be destroyed. At the last inspection, there had been a delivery of over 200 boxes of tramadol 50mg capsules. However, the dispensing system showed that only 9 boxes had been dispensed in 2023. There were 5 boxes on the shelves of the pharmacy. When asked where the rest of the tramadol had gone, the team member was unable to answer this.

The pharmacy obtained stock from multiple licensed wholesalers. The dispenser stated that the team date-checked stock regularly, but they did not have any records for date-checking. 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 dispenser stated that the pharmacist responded to drug recalls and safety alerts but records of this were not available.

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. But they don't do enough to ensure staff have the right level of access to patient information.

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 laptops situated appropriately. They were password protected.

It was explained to the dispenser that she must use her own NHS Smartcard 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
✓ 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.