

Registered pharmacy inspection report

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

Pharmacy reference: 9010403

Type of pharmacy: Community

Date of inspection: 16/10/2024

Pharmacy context

This pharmacy is 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. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

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 suitably manages the risks associated with its services. However, it does not keep written procedure in place in the pharmacy for the team to refer to easily. It completes all the records it needs to by law and it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had some policies in place, such as Safeguarding and Working in the Absence of the Pharmacy. But Standard Operating Procedures (SOPs) were not present during the inspection. The locum pharmacist explained that the owner had some SOPs in place. The owner emailed the inspector the current SOPs following the inspection. The team members demonstrated a clear understanding of their roles and worked within the scope of their role. Staff were clear on the processes they should follow if they received a complaint. The pharmacy's website included the contact information should people need to contact the pharmacy.

The pharmacy had near miss records in place, but they were not used much. The locum pharmacist explained that due to the low volume of dispensing, the pharmacy did not make many errors. He stated that he would usually dispense something and then check it later in the day giving himself a break between dispensing and checking.

There was a workflow in the pharmacy where labelling, dispensing, checking were all carried out at different areas of the work bench. The pharmacy used the rear benches for the preparation of multi-compartment compliance aids. A valid certificate of public liability and professional indemnity insurance was available. The controlled drug register was maintained, and a balance check was carried out regularly. Records of this were complete. The responsible pharmacist record was maintained, and the correct responsible pharmacist notice was displayed in pharmacy. The pharmacy kept both a paper record and an electronic record. The electronic private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately. The maximum and minimum fridge temperatures were recorded daily and were in the correct temperature range.

The computers were all password protected and the screens were not visible to the public. There were cordless telephones available for use and confidential wastepaper was shredded. The locum pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children. The team had a safeguarding vulnerable groups policy which contained all the contact and signposting information should the team suspect a safeguarding incident. The pharmacist had access to the NHS Safeguarding app for quick access to contact information of the safeguarding teams.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy trains its team members for the tasks they carry out and provides additional training. The pharmacy team manages its workload safely and effectively. And team members support one another well.

Inspector's evidence

During the inspection, there was one locum pharmacist and one dispenser who had completed the NVQ Level 2 training. The previous superintendent and company owner was the delivery driver. The locum pharmacist explained that due to the low level of dispensing, he felt that there were enough staff members to complete all the tasks which had to be completed in the pharmacy.

Accredited training was provided by the NPA. The locum pharmacist also coached the dispenser to ensure that she was kept up to date with any professional changes and her knowledge was maintained. The pharmacist attended regular training sessions to keep his practical skills up to date.

There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood. There were no targets in place and the team explained that they would never compromise their professional judgement for financial gain. The team explained that there was an open environment, and they could discuss issues between themselves in a manner where they felt heard.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services it offers. The pharmacy is clean, and it is large enough to provide its services safely. The pharmacy provides a suitably professional appearance.

Inspector's evidence

The pharmacy was located in the rear garden and garage of the owner's home. The main dispensary was in the rear of the garden and a further dispensary which was used for storing medicines was in the now converted garage of the home. The garage conversion had shutters at the front which could secure it, and there was a glass sliding door to enter the area.

The main 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. The pharmacy was tidy and organised. There was a small consultation room in the pharmacy, but this was currently used for the storage of excess medicines and tote boxes. The extension of the pharmacy included plenty of workbench space, a computer terminal which wasn't currently being used and shelving.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support the health needs of the local community. Medicines are stored appropriately and regularly checked to ensure they are fit for supply. 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. A delivery service was available in the pharmacy. The company director would also pick up some prescriptions from local surgeries and take them back to the pharmacy to have them dispensed before they were either delivered to patients or posted to them. The pharmacy used Royal Mail to post items and tracking receipts were seen for this.

The pharmacy team used baskets to hold prescriptions and once they had been checked and were ready to be delivered, they were placed into a tote ready for delivery. The pharmacy prepared multi-compartment compliance aids for people who wanted them or if GP surgeries requested them. A completed compliance aid was checked and was seen to be labelled appropriately with the descriptions and was provided with the appropriate patient information leaflets.

The pharmacy team was aware of the strengthened warnings to ensure those people taking valproates were counselled appropriately and had the appropriate safeguards in place. The pharmacist explained that they did not have any current patients who were taking valproates, but they knew what actions to take and advice to provide if they did have any affected patients.

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. The pharmacy obtained stock from multiple licensed wholesalers and invoices were seen to verify this. The pharmacist stated that the team date-checked stock regularly, but they did not have any records for date-checking. Instead the shelves were marked to show what had been date checked. The pharmacy had a dedicated container for waste medicines under the workbench. The team stored items in a CD cabinet and fridge as appropriate. And it monitored its fridge temperatures to ensure that the medication inside was kept within the correct temperature range. The pharmacist stated that the team 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 building was inaccessible to the public and they used a delivery service or postal service to supply people with their medicines. 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. Information was supplied to the dispenser about obtaining a Smartcard.

The ambient temperature was suitable for the storage of medicines and the door could be opened in the pharmacy to keep it cool if it was warm. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

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.