

Registered pharmacy inspection report

Pharmacy Name: Hot Chemist, 39 Carters Lane, Kiln Farm, Milton Keynes, MK11 3HL

Pharmacy reference: 9010406

Type of pharmacy: Internet / distance selling

Date of inspection: 11/11/2022

Pharmacy context

This is a pharmacy that provides its services at a distance. It is located in an industrial estate in Milton Keynes. Its main activity is dispensing NHS prescriptions to community patients living in the local area. And it supplies medicines in multi-compartment compliance packs to people who need assistance in managing their medication. The pharmacy is closed to the public and medicines are delivered via a delivery driver.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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

Overall, the pharmacy manages the risks associated with its services adequately. It keeps the records required by law to show that its medicines are supplied safely, and people's private information is managed appropriately. Members of the pharmacy team understand their role in protecting vulnerable people. But they haven't read the pharmacy's written procedures, so they may not be following current best practice. The pharmacy doesn't always record and review its records about dispensing mistakes. So, it may be missing opportunities to learn and improve its processes.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs). But these had not been signed by team members. The superintendent pharmacist (SI) said that the team members had been very recently recruited and they hadn't yet had the opportunity to read and sign the SOPs. The correct Responsible Pharmacist (RP) notice was on display and the SI was the RP on the day of the visit.

The pharmacy had systems to record dispensing incidents. Records of mistakes that were identified before the medicine was handed out to a person (near misses) were made intermittently. But there was little evidence of a periodic review to identify any emerging trends in the pharmacy. The SI discussed a recent incident that had reached a person (dispensing error) involving the incorrect supply of spironolactone. The incident had been recorded but it hadn't been reviewed fully and actions taken to mitigate future risks had not been identified. Members of the pharmacy team could explain the tasks they could or could not undertake in the absence of a pharmacist.

The pharmacy had current professional liability and public indemnity insurance. Records about RP, controlled drugs (CDs), unlicensed medicines and private prescriptions were kept in line with requirements. Running balances of CDs were kept and audited intermittently. A randomly selected CD matched the recorded balance in the register. A separate register was used to record patient-returned CDs. The pharmacy's privacy policy was displayed on its website, and it gave information to people about how they could contact the pharmacy. The pharmacy managed confidential waste appropriately and people's private information was stored securely. Members of the pharmacy team used their own NHS smartcards. The SI understood safeguarding requirements and he had completed level 2 training about safeguarding. The SI said that the pharmacy's delivery driver had completed safeguarding training relevant to his role and responsibilities.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate staffing levels to manage its current workload. Members of the pharmacy team work well together and they have access to some training resources to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team consisted of two trained dispensers and one trainee dispenser. The trainee dispenser was enrolled on an accredited training program. Members of the pharmacy team worked well together, and they were managing their workload adequately. One of the dispensers had joined the pharmacy on the day of the visit and was yet to go through the induction program. The SI said that he had recently found it particularly difficult to recruit and retain trained staff members. Members of the pharmacy team received some informal training, such as updates on new medicines and journal articles from pharmacy magazines to help keep their skills and knowledge up to date. And they felt comfortable about raising or making suggestions to improve pharmacy's services. There were no targets or incentives set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure, and they are adequate for the services it provides.

Inspector's evidence

The pharmacy was fitted to an adequate standard and it had several rooms where dispensing operations could be undertaken. It was kept tidy, and the workflow was well-organised. The dispensary had enough space to store medicines safely. A clean sink was available for preparing medicines. There was sufficient lighting throughout the premises and the room temperatures were suitable for storing medicines safely. Members of the pharmacy team had access to clean hygiene facilities. The premises were secure from unauthorised access. The pharmacy currently did not sell or supply any medicines online. And its website displayed the name of the superintendent, their registration number, and the address of where the medicines were supplied from.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its services adequately and people with different needs can use its services. It obtains its medicines from reputable sources, and it manages them appropriately. The pharmacy has a process to manage safety alerts and medicine recalls, so that people are supplied with medicines and medical devices that are fit for purpose. Its records about these could better show the actions the pharmacy has taken in practice.

Inspector's evidence

The pharmacy provided its services at a distance, and members of the public could access its services remotely via the internet or telephone. There was limited information about other sources of healthcare or general health advice on the pharmacy's website. But the SI was aware of signposting requirements and used local knowledge to signpost people to other providers where appropriate. The pharmacy offered a prescription delivery service and people signed to acknowledge receipt of their medicines.

Most of the pharmacy's activity was dispensing NHS prescriptions. The workflow in the pharmacy was adequately organised and baskets were used during the dispensing process to minimise the risk of mistakes and to help prioritise workload. The pharmacy supplied medicines in multi-compartment compliance packs, and these were labelled with a description of the medicines so that people or their carers identify their medicines correctly. Patient information leaflets were routinely supplied. The dispenser had implemented a system whereby a large cassette was used to hold a dispensed compliance pack, medication administration chart, packaging of stock medicines used and patient information leaflets. This helped the RP spot any mistakes much quicker and rectify them before the compliance packs were supplied to people. Members of the pharmacy team were aware of the risks involved in supplying valproate-containing medicines to people in the at-risk group. The SI said that the stock packs included the warning cards and alert stickers. And the pharmacy had additional information leaflets and patient cards if needed. The pharmacy did not have any person in the at-risk group being supplied with valproate-containing medicines currently.

The pharmacy obtained its medicines from reputable sources and specials were obtained from special manufacturers. No extemporaneous dispensing was carried out. Medicines requiring cold storage were kept in a refrigerator and stored within the required range of 2 and 8 degrees Celsius. The maximum and minimum temperatures were recorded daily when the pharmacy was open. Members of the pharmacy team had somewhat fallen behind with their date checking procedures. The dispenser said that she normally checked expiry dates when dispensing medicines. Stock medicines were randomly checked during the inspection and no date-expired medicines were found in amongst stock. All CDs were stored in line with requirements and the pharmacy had denaturing kits available to dispose of waste CDs safely. Access to the CD keys was managed appropriately. The pharmacy had a process to deal with safety alerts and medicines recalls to make sure the medicines it supplied to people were fit for purpose. Records about these were available but the action taken by team members were not always recorded. This could make it harder for the pharmacy to show that concerns about medicines not fit for purpose had been addressed in a timely manner.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains its facilities and equipment adequately.

Inspector's evidence

The pharmacy's computers were password protected and members of the pharmacy team had access to current reference sources. There was a range of clean crown-stamped measures available for measuring liquid medicines and the equipment for counting loose tablets was clean. Medicine containers were capped to prevent cross-contamination and hand-sanitisers were available for team members to use. All other electrical equipment appeared to be in good working order.

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.