

Registered pharmacy inspection report

Pharmacy Name: Doctor's Direct Pharma Ltd, Unit 3a & 3b,
Vinnetrow Business Centre, Vinnetrow Road, Runcton, Chichester,
West Sussex, PO20 1QH

Pharmacy reference: 9010428

Type of pharmacy: Closed

Date of inspection: 19/08/2020

Pharmacy context

This is a pharmacy located on a small business park on the outskirts of Chichester. The pharmacy provides a limited range of services, including NHS dispensing and supplies for people in 20 residential or nursing homes. It also provides medicines in multi-compartment compliance packs (blister packs), to help people living in their own homes to remember when to take their medicines. As part of the pharmacy's NHS contractual arrangements, people are not allowed to visit the pharmacy in person, but medication is delivered to them in their homes using employed delivery drivers. This inspection was carried out during the COVID-19 pandemic period.

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 identifies its risks adequately. Team members record their errors and review them to identify the cause so that changes can be made to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy has insurance to cover its services. And it keeps the records its needs to maintain. It protects people's private information and pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) in place and these were in the process of being read and signed by all of the staff. A new superintendent pharmacist had recently started work at the pharmacy and he was in the process of completing the COVID-19 risk assessments for both the pharmacy premises and the staff members. The inspector also discussed with the superintendent pharmacist the need for community pharmacy employers to report instances of exposure to COVID-19 in the workplace. The pharmacy had PPE and hand sanitiser available for staff.

The superintendent pharmacist explained that the pharmacy records, reviews, and learns from adverse events. And evidence was seen that dispensing incidents and near misses were reviewed and feedback provided to team members. As a consequence of learning from these incidents, the pharmacy had taken steps to highlight and separate different inhalers, in an attempt to reduce the risk of further incidents. The superintendent pharmacist explained that colour coded baskets were also used in the dispensing process to manage, prioritise the workflow, separate prescriptions and to help reduce the likelihood of errors.

Team members were seen to be liaising with the care homes via telephone to resolve issues and ensure continuity of care for patients. The pharmacy development manager explained that he spent time talking with the care homes on a regular basis to encourage feedback to try and resolve any issues before they arise and so that they could improve the service that they provide to the homes.

Professional indemnity insurance arrangements were in place through Numark for the pharmacy services provided. The responsible pharmacist (RP) sign was on display and appropriate records maintained. The pharmacy had only dispensed one private prescription since being taken over and the electronic CD register and specials records were maintained and appropriate records were kept of patient returned controlled drugs and their destruction. In addition running balances of controlled drugs were reconciled regularly.

The pharmacy had information governance procedures in place and the team members were clear in their understanding of the confidential nature of the information that may be acquired by them in the course of their employment. Access to the pharmacy computer and the patient medication record (PMR) systems was restricted to authorised members of staff and password protected. Confidential waste was disposed of using dedicated bins and stored securely prior to shredding. Child protection and vulnerable person safeguarding procedures were also in place. A safeguarding contact list was available, detailing what to do and who to contact if staff had any concerns about the safety of a child or a vulnerable adult. The pharmacists had also completed the Centre for Postgraduate Pharmacy Education (CPPE) safeguarding course.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient staffing levels for the services it provides. However, many of the team members are new and still in the process of completing their training.

Inspector's evidence

The pharmacy dispensed approximately 8,000 NHS prescription items each month. The superintendent pharmacist, a newly recruited second pharmacist together with one trained dispenser and three trainee dispensers, were present in the pharmacy at the time of the inspection.

Many of the team had only recently joined the team and all had been placed on the training courses appropriate to their roles. The pharmacists were observed supervising and overseeing the assembly and preparation of medicines and staff were seen to be referring queries to the pharmacist when appropriate.

The company was not currently offering the New Medicine Service (NMS) or Medicines Use Reviews (MURs) however the team were looking to investigate with the NHS whether they could provide this service in future.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for the provision of the service it provides. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was of a good size, adequately fitted out and well-lit, and as a consequence staff were able to maintain social distancing whilst at work. The pharmacy had air conditioning installed to control the ambient temperature at the pharmacy. Hand washing and hand sanitising facilities were available at the pharmacy and the sinks were clean and each had a supply of hot and cold water. The staff regularly cleaned the surfaces at the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It obtains its medicines from reputable sources and it stores them appropriately and securely. Members of the pharmacy team carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose. And they dispose of waste medicines properly.

Inspector's evidence

The pharmacy provided a limited range of services, due to being closed to people physically attending the pharmacy. It was providing a dispensing service to both nursing and residential homes in both compliance packs and original packaging, depending on the needs of the home. Medicines were delivered via employed trained drivers to the care homes and people living in their own homes. The pharmacy had a website and was displaying its own MHRA online pharmacy logo on this site.

The 'dispensed-by' and 'checked-by' boxes on the dispensing labels on assembled medicines were initialled to provide a clear audit trail of which staff had been involved in each process. Patient information leaflets were supplied with all medicines, including those dispensed in compliance packs for people in their own homes. The pharmacy staff were aware of the Valproate Pregnancy Prevention Program (PPP) and had the information readily available to provide to patients as part of the counselling process. Pharmaceutical stock requiring refrigeration was stored between 2 and 8 degrees Celsius. The manager demonstrated that the maximum and minimum temperatures of the pharmacy refrigerator was recorded daily and stock was rotated and stored in an orderly manner in the fridge.

Medicines were stored in appropriate conditions, within their original manufacturer's packaging. Pharmaceutical stock was subject to regular date checks and stock close to expiring was dealt with appropriately. Date-expired CDs were appropriately marked and segregated within the CD cabinet. The pharmacy obtained its medicines from licensed wholesalers. Specials were ordered via licensed specials manufacturers. Waste medicines including hazardous waste, were stored securely in appropriate containers and disposed of via licensed contractors. The superintendent pharmacist confirmed and demonstrated that drug safety recalls were received, appropriately actioned and documented.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary and appropriate equipment and facilities for the services it provides. And it uses these to make sure people's private information is protected.

Inspector's evidence

A range of appropriately stamped measures were available at the pharmacy. The pharmacy had equipment for counting loose tablets / capsules and these were clean at the time of inspection. The pharmacy had up-to-date copies of BNF and other reference books as well as access to the internet and the facility to access the Numark information service. Pharmacy computer terminals and PMR were password protected. Pharmacy staff were observed disposing of confidential waste appropriately.

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.