

Registered pharmacy inspection report

Pharmacy Name: Fairview Health Pharmacy, Unit 19, North Circular Business Centre, Great Central Way, London, NW10 0AB

Pharmacy reference: 9010540

Type of pharmacy: Internet / distance selling

Date of inspection: 17/08/2022

Pharmacy context

This is a closed pharmacy in a business centre off the North Circular Road in London. The pharmacy operates as a distance selling model and there is no face-to-face interaction with people. The pharmacy provides a homecare service under contract with NHS trusts to people receiving certain specialist treatments. This includes people with cancer and human immunodeficiency virus (HIV). People are supplied medicines direct to their home against prescriptions issued by their respective hospital clinic. The pharmacy currently liaises with NHS Trusts that fund each clinic. The pharmacy does not sell medicines or other goods through its website.

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	1.1	Good practice	Risks associated with providing these services are identified and managed
		1.2	Good practice	The safety and quality of services are regularly reviewed and monitored.
		1.3	Good practice	The pharmacy team maintain audit trails to identify who completed service activities.
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	4.2	Good practice	Pharmacy services are proactively managed to ensure they are delivered safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It routinely reviews the risks involved in providing its services and keeps appropriate records. The pharmacy has suitable standard operating procedures (SOPs) in place to make sure its team members know how to work safely. The pharmacy can easily show who completed each step in the process. Members of the team keep the records they need to up to date. They manage and protect people's private information and they are trained in how to safeguard the welfare of vulnerable people.

Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. The pharmacy team members recorded their mistakes on PharmSmart (a medicines management app on the pharmacy computer system). The superintendent pharmacist (SI) explained that the number of mistakes tended to be low because a limited number of medicines were listed in the clinic formularies and dispensed against a known number of repeat prescriptions. The pharmacy had no acute prescriptions to deal with so workflow was predictable, and the team could plan for stock levels and staff absences. Medicines were generally stored alphabetically and separated from each other on spacious dispensary shelves. The pharmacy did not supply controlled drugs or medicines requiring refrigeration.

Due to other elements of the business, it was necessary for a pharmacist to act as a quality and governance officer who regularly reviewed systems and procedures across the pharmacy and the rest of the business. The pharmacy produced a patient safety review. It had standard operating procedures (SOPs) for the services it provided. And these had been reviewed since the last inspection. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. Risk assessment of services was ongoing, and the pharmacy team members completed risk assessments every time there were any changes of process in the pharmacy. The pharmacy included a risk assessment as part of its submission to provide this service to NHS London Procurement Partnership. They referred to Royal Pharmaceutical Society guide to managing homecare and the National Homecare Providers Association.

The pharmacy had risk assessed the impact of COVID-19 upon its services. The pharmacy's procedures had been reviewed and modified to minimise the risk of infection with COVID-19. The delivery procedure had been adjusted so deliveries to people's houses were contactless. Team members had self-tested for COVID-19 regularly. And they washed their hands regularly and used hand sanitising gel when they needed to. A COVID business continuity plan had been drawn up and required staff to be trained to work in more than one part of the business so that if team members had been unable to work other people could step in and help. Audits were built in within the pharmacy computer system and the medication used by the pharmacy was audited to detect any unusual medicines and the findings were submitted to the manufacturers.

Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to

prescriptions when labelling and picking products. And assembled prescriptions were not dispatched until they were checked by the responsible pharmacist (RP). The clinical check was completed by the clinic pharmacist. The pharmacy team members recorded the actions taken on a process map from receipt of the prescription until the original prescription was received and the medicines dispatched. Actions and information recorded on the process map formed a detailed audit trail and included patient contact details, stock ordered, dispensed, delivery dates confirmed and text to patient, pharmacist final check and receipt of original prescription. The original and email prescriptions were matched and filed.

Members of the pharmacy team knew what they could and could not do, what they were responsible for and when they might seek help. A team member explained that they would not dispatch prescriptions if a pharmacist was not present. And they would not dispatch medicines until they had received the original prescription. The pharmacy had a complaints procedure. And it asked people to complete a survey monkey regularly to gather feedback on the services offered.

The pharmacy had insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy displayed a notice that told people who the RP was and kept a record to show which pharmacist was the RP and when. The pharmacy supplied medicines under service level agreements (SLA) which were reviewed and updated following the application process to reflect what tasks the hospital and pharmacy will undertake. Prescriptions were supplied to the pharmacy by NHS clinics and were dispensed to people who attended the clinic. The pharmacy invoiced the clinic for payment for the medicines supplied. The pharmacy recorded supplies it made on prescriptions electronically. And these generally were in order. If the person required an emergency supply of medication they were supplied via the clinic or hospital pharmacy.

The pharmacy was registered with the Information Commissioner's Office. It displayed a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. Its team tried to make sure people's personal information could not be seen by other people and was disposed of securely. Old paper records were archived securely. The pharmacy team used an NHS email address but not NHS smartcards. The pharmacy had confidentiality and safeguarding SOPs. And the pharmacist had completed a level 2 and 3 safeguarding training courses. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work effectively together to manage the workload and deliver services safely. The pharmacy supports them in completing training appropriate to their roles. Team members provide feedback about the pharmacy which improves its services.

Inspector's evidence

The pharmacy team consisted of the superintendent pharmacist (SI) (also the RP), two full-time dispensing assistants and two full-time trained delivery drivers. The pharmacy could cover team members' absences with people who were in another part of the business but were trained. One dispenser was due to progress to NVQ3 and the second dispenser was planning to complete accredited training after a probationary period and then the overseas pharmacists' assessment programme (OSPAP). The inspector signposted team members to GPhC requirements for the education and training of pharmacy support staff Oct 2020 and the Knowledge Hub.

Members of the pharmacy team had undertaken training in confidentiality, equality and diversity, anti-corruption and conflict resolution. They also trained in protocols which were appropriate in other areas of the business. The team members could plan protected learning time to train around the daily workflow. And attended regular workshops with human resources (HR). They worked well together so prescriptions were processed safely. The team had appraisals to progress tailored development plans and were comfortable about making suggestions on how to improve the pharmacy and its services. They had suggested developing the IT system to manage prescriptions more efficiently and could field phone calls remotely. They knew who they should raise a concern with if they had one.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, bright and suitable for the provision of healthcare services. The pharmacy prevents people accessing its premises when it is closed so its medicines stock is safe and people's private information is protected.

Inspector's evidence

The registered pharmacy premises were bright, clean and secure. And steps were taken to make sure the pharmacy and its team did not get too hot. The pharmacy was at the end of a long upstairs room and well segregated from other activities in the business. The pharmacy did not have a consulting room. The dispensary's work surfaces, and storage space were clean and tidy. Floor areas were clear. The pharmacy team had access to lavatory facilities and there was hand sanitizer for people to use. The pharmacy team was responsible for keeping the pharmacy's premises tidy. And a record was maintained of when the pharmacy was cleaned.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It keeps detailed audit trails to show that its professional services are well managed. And these identify who took the actions at each stage. The pharmacy obtains its medicines from reputable sources to make sure they are fit for purpose and safe to supply. Team members know what to do in response to alerts and product recalls and they keep records of any medicines or devices returned to the suppliers.

Inspector's evidence

There was no face-to-face contact with people who used the pharmacy's services. People accessed the services via the clinic they attended. The pharmacy team members made sure these people could use the pharmacy's services. And they used Google translate to help people whose first language was not English. And described sending text messages to people whose hearing was impaired.

Hospital clinic staff conducted an initial assessment of people who would be suitable for a pharmacy's homecare service. The clinic then accessed approved providers of the homecare service. The person could opt for homecare and have their medicines delivered to their home. The pharmacy had a record of patient consent to process prescriptions and deliver the medicines to their homes. The clinic issued a prescription and monitored the person's adherence to the medicines they were prescribed. The clinic took care of any monitoring and review of medication for the person. And they counselled people about their condition and how best to take their medication. If necessary, the clinic intervened and made changes to the medicines. The prescription was emailed to the pharmacy where it was screened again, and changes were verified by the pharmacist at this pharmacy by referring to the clinic pharmacist and emailing any queries such as interactions. Upon receipt of the prescription, the pharmacy team contacted people to check how much medication they had left and when it expired. The pharmacy team did not counsel people although they did indicate to the patient if the dose had changed. The dose of certain medicines varied with changes in the viral load.

The pharmacy used a disposable and tamper-evident system for a small number of people who received their medicines in compliance aids. The pharmacy team checked whether a medicine was suitable to be re-packaged via the Specialist Pharmacy Service. It provided a brief description of each medicine contained within the compliance aids and patient information leaflets. So, people had the information they needed to make sure they took their medicines safely. Members of the pharmacy team could identify which of them prepared a prescription by referring to the completed homecare process map.

The pharmacy provided a delivery service since people could not attend its premises in person. The pharmacy had its own trained drivers who had trained in relevant SOPs and kept an audit trail for the deliveries it made to show that the right medicine was delivered to the right person. When the pharmacy was processing a prescription, it assigned a unique reference which was recorded on the homecare process map. Deliveries were then scheduled and a delivery date was confirmed. The person to whom medicines were to be delivered was issued the same password as the delivery driver. Upon

exchanging this password, the delivery was released. The delivery process had been risk-assessed and modified during the pandemic to ensure it was contactless.

The pharmacy obtained its pharmaceutical stock from recognised wholesalers or direct from the manufacturers. It kept its medicines within their original manufacturer's packaging. The dispensary was very tidy. The pharmacy kept two weeks stock at a time and the team rotated it. The pharmacy did not stock medicines which needed to be refrigerated or controlled drugs. The pharmacy had procedures for handling the unwanted medicines people returned to it. And these medicines were kept separate from stock. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. And the RP described the actions they took and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy had hand sanitisers for people to use if they wanted to. The pharmacy team had access to up-to-date reference sources. The pharmacy collected confidential wastepaper for secure disposal. It restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. The pharmacy team used an NHS email address but not NHS smartcards

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.