

Registered pharmacy inspection report

Pharmacy Name: Dosette Pharmacy, 100 Sherbrook Road, Daybrook, Nottingham, NG5 6AT

Pharmacy reference: 9010644

Type of pharmacy: Community

Date of inspection: 25/08/2020

Pharmacy context

The pharmacy is situated in a business centre in Nottingham and has a distance-selling contract with NHS England. It mainly supplies medicines in multi-compartment compliance packs to people in the Nottingham area. Over-the-counter medicines and other services are not currently provided. The regular responsible pharmacist is also the superintendent and owner. The pharmacy operates via the following website: <http://www.dosettepharmacy.co.uk>. This inspection was carried out during the Covid-19 pandemic.

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 and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. The pharmacy has adequate procedures to learn from its mistakes. The pharmacy manages people's personal information properly. It knows how to protect vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) that reflected the fact that it was a distance-selling pharmacy. The SOPs were in date and had been signed by the team members. The main business of the pharmacy was dispensing medicines in multi-compartment compliance packs. The team member asked was able to clearly explain the process followed to assemble the packs safely. The pharmacist had completed the NHS staff risk assessment in relation to the Covid-19 pandemic. And he was in the process of completing a risk assessment for the pharmacy.

The pharmacy had a process for recording dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes were they had reached the person (errors). Near misses were discussed with the member of staff at the time they were found. Action such as separating stock was carried out at the time. A record was made in the near miss log and the pharmacist signed to indicate that he had reviewed the log at the end of the month.

The pharmacy maintained appropriate records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) log, the controlled drug (CD) registers and the private prescription record. Records showed that CD running balances were regularly audited. The recorded balance in the CD register and the physical balance of the stock of a CD in the CD cabinet matched. Patient-returned CDs were recorded in accordance with requirements. Professional indemnity insurance was in place.

There was a page on the pharmacy's website which gave contact details for external organisations that complaints could be made to.

Staff had recently completed safeguarding training and understood what to do. The pharmacy had local contact details for reporting concerns available. Confidential waste was bagged and taken away for destruction. There was an information governance policy in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members adequately manage the workload within the pharmacy. Team members can raise concerns if needed. The pharmacy supports its team members when they undertake formal training. But ongoing training was not structured which could make it harder for staff to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy had a notice which displayed who the RP in charge of the pharmacy was. The notice was for the previous RP; when highlighted the pharmacist changed it. The RP record showed who the RP in charge of the pharmacy had been.

During the inspection the pharmacy had a pharmacist, three qualified dispensers and a trainee dispenser. The staffing level at the time of the inspection was adequate to comfortably manage the workload.

Staff said that there were formal appraisals. The dispenser said that she felt comfortable to make suggestions or provide feedback about services that were offered. Two dispensers were studying for the pharmacy technician qualification. They said that they had regular protected training time. The trainee dispenser said that she was studying an apprenticeship with a local college. The pharmacist gave informal ongoing training to the team but there was no record or structure to the training which meant that some of the staff's skills and knowledge might not be kept up to date.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. The pharmacy protects personal information.

Inspector's evidence

The pharmacy was maintained to a suitable standard. The dispensary was a reasonable size for the services provided, with an adequate dispensing bench available for the assembly of medicines. There was a sink with hot and cold water. The pharmacy was an appropriate temperature for the storage of medicines; lighting was sufficient. There were separate areas for the assembly and checking of medicines.

Only the pharmacy team accessed the pharmacy; there was no access by members of the public. The pharmacist had marked out the floor and given each person their own work bench to allow as much social distancing as possible. Hand sanitiser and PPE (personal protective equipment) was available.

The pharmacy website was provided by an external provider who had given assurances that website security complied with best practice. The website displayed contact details for the pharmacy and had the pharmacist's name and registration details. It also displayed the pharmacy registration details and Medicines and Healthcare products Regulation Agency online medicines seller registry logo. Access to the electronic patient medication record was password protected. Unauthorised access to the pharmacy was prevented during working hours and at night.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers healthcare services which are generally well managed and are accessible to people. The pharmacy has reviewed the way it provides its services during the Covid-19 pandemic. It provides people with relevant information about the medicines they are taking. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The main business of the pharmacy was supplying medicines in multi-compartment compliance packs to people living in the community or in care homes. This work was divided into four weeks to allow time for prescriptions to be ordered and delivered and so that the workload was evenly shared. Compliance packs were supplied on a weekly or monthly basis.

Each person who received their medicine in a compliance pack had an individual record which listed their medicines and when they should be taken. The team created a new record each time a medicine was changed to make the records easy to read. The previous record was kept in the folder in case it needed to be referred to. Staff didn't date the record or initial it to show when the change had been made. And this could make it harder to check this information if there was a future query. Staff said that any changes in or missing medicines were checked with the surgery before being dispensed.

The pharmacy used baskets throughout the dispensing process. This kept medicines with the correct prescription. They routinely signed the 'dispensed by' and 'checked by' boxes to create an audit trail. The charts seen that were sent with the compliance packs recorded the shape and colour of medicines to allow them to be easily identified. Patient Information Leaflets were routinely sent with the compliance packs.

Medicines were stored on shelves tidily and in original containers. Staff said that they date-checked stock medicines every month. A date-checking record sheet was seen. On a short check of stock medicines, no out-of-date stock was seen. Opened bottles of liquid medications were marked with the date of opening to help ensure they were fit for purpose when being used for dispensing. Out-of-date and patient-returned medications were kept separate and disposed of appropriately in pharmaceutical waste bins.

The pharmacy delivered medications to patients mainly using a delivery driver. Due to social distancing signatures were no longer being obtained. The driver left the package at the door, rang the doorbell and waited for the person to pick up the package before leaving. For people who lived further away Royal Mail track and trace was used.

There was access to a range of health advice on the pharmacy's website. This included a link to the government's advice on Covid-19. The pharmacist said that people knew that they could ring the pharmacy if they wanted advice or help. He said that he had a good relationship with the carers. He said that when people started a higher-risk medicine he would phone them but there was no routine contact after that. He knew the current advice about pregnancy prevention to give to people in the at-risk group taking sodium valproate; the pharmacy provided advice leaflets.

Only licensed wholesalers were used for the supply of medicines. The pharmacy team was aware of the procedure for drug alerts. A record was created and signed to provide a complete audit trail. The pharmacist had registered with Secure Med and was seeking advice on the implementation of the Falsified Medicines Directive.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers.

Inspector's evidence

The equipment held by the pharmacy was suitable for the services it offered. The pharmacy used crown stamped measures for measuring liquids. The wiring in the pharmacy had recently been replaced and most equipment was under two years old. The pharmacist said he would arrange for equipment older than two years to have an electrical safety test.

The pharmacy had up-to-date reference sources. Records showed that the fridge temperatures were recorded daily with temperatures within the required range of 2 and 8 degrees Celsius. CDs were stored safely

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.