

# Registered pharmacy inspection report

**Pharmacy Name:** Sama Holdings Ltd T/A DH Pharmacy, 8 St.

Michaels Court, Victoria Street, West Bromwich, West Midlands, B70  
8ET

**Pharmacy reference:** 9010647

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 11/11/2019

## Pharmacy context

The pharmacy is located just off the main High Street in West Bromwich. It holds an NHS distance selling contract so it is not open to the public. Instead it offers a delivery service to help make sure people get their medications on time. The pharmacy primarily supplies medicines to care homes around the country and it also dispenses a small number of repeat prescriptions for local people. Some medicines are supplied using multi-compartment compliance aid packs to help make sure they are taken correctly.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy takes some steps to improve patient safety and risks are usually adequately managed. Team members record some of their mistakes to help them learn and make improvements. They understand how to raise concerns to help protect the wellbeing of vulnerable people and keep people's private information safe. But, in the absence of the regular pharmacist, team members are sometimes unsure of the pharmacy's procedures, so they might not always work effectively. And the pharmacy's documentation and records could be better organised.

### Inspector's evidence

The pharmacy had several standard operating procedures (SOPs) covering some of the operational tasks and activities, which were dated from 2018. The pharmacy owner, who was also the superintendent pharmacist, explained that she was in the process of reviewing and updating all of the procedures to reflect a change in the pharmacy trading name and ensure that they reflected current practice. Staff reported that they had read the procedures but audit trails confirming this were incomplete. Team members had a general awareness of their roles in the pharmacy, but in the absence of the superintendent pharmacist they were unsure of some of the processes and procedures. This could mean that some tasks might not always be completed effectively if the superintendent was absent. Professional indemnity insurance covering pharmacy services was provided through Numark and was valid until 2020.

The pharmacy had a near miss log and approximately 2-3 near misses were recorded each month, there were no entries in June and July 2019 and nothing had been recorded since August 2019. Team members felt that most near misses were captured. They explained the actions that had been taken in response to a previous issue involving trazodone and tramadol and the locum pharmacist discussed how he would manage a dispensing incident. This included speaking with the patient, identifying any potential causes and reporting the incident to the superintendent pharmacist.

The pharmacy website had a section for a complaint policy, but this was incomplete, as the page read 'coming soon'. So, people may not always be aware of how they can raise a concern about the pharmacy and the way that their concern will be managed. The pharmacy owner held regular meetings with care home staff, so that feedback could be provided on the pharmacy's services and staff reported this to be positive.

The correct responsible pharmacist (RP) notice was printed and displayed. The electronic RP log was not fully compliant as it did not routinely record the time at which RP duties ceased. Missing entries were identified for 14 August 2019, 25 September 2019 and 14 October 2019. The pharmacy had not dispensed any private prescriptions. Emergency supplies were recorded using a script to follow function on the PMR system. The pharmacy kept specials procurement records, but some recent ones had not yet been completed to provide a full audit trail from source to supply. The pharmacy CD registers were not viewed at the time of the inspection. Confirmation was provided of monthly balance checks, there were no reported discrepancies. A patient returns CD register was available.

Pharmacy team members had completed some information governance training and there was some information relating to the General Data Protection Regulation (GDPR) stored alongside the pharmacy procedures. A copy of the pharmacy's privacy policy was displayed on its website and staff held their own NHS smartcards, which were used appropriately. All personal information was stored out of public view and pharmacy team members segregated confidential waste for suitable disposal. The pharmacy has two shredders on the premises one of which was broken. The second functioned for short periods of time but a dispenser reported some problems with overheating and said that the superintendent pharmacist was purchasing a new one. Waste was being stored in a designated bin until this was received.

The locum pharmacist had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). He discussed some of the types of behaviours which might raise a concern and explained how these would be managed. The contact details of local safeguarding agencies were clearly displayed to support the escalation of concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy can manage the current dispensing workload and reviews its staffing levels in response to workload changes. Team members hold the appropriate qualifications for their roles or they are completing accredited training. But the pharmacy does not provide structured ongoing learning, so it may not always be able to clearly demonstrate how identifies and addresses any gaps in the team's knowledge.

### Inspector's evidence

On the day of the inspection, a locum pharmacist was working alongside two full-time dispensers. The superintendent pharmacist was not present at the inspection as she was attending a training session at one of the nursing homes. The pharmacy had previously had another regular pharmacist, but he had left a few months prior to the inspection and the superintendent therefore usually worked full-time at the pharmacy as the RP. The team reported that it was unusual for them to ever have locum pharmacist cover. They explained that the workload was usually manageable and that supplies to care homes were made on time. If cover, or additional support was needed, the superintendent used locum dispensers and pharmacy students to provide extra help. The pharmacy had recently acquired a contract with a new 75-bed nursing home. In response to this, the superintendent advised that a dispenser had been recruited on a full-time basis and would begin employment at the pharmacy following the completion of a notice period with their current employer. Restrictions were placed on leave to help maintain suitable staffing levels and there was no backlog of work seen on the day.

One of the dispensers was still completing accredited training for their role. The dispenser had initially been enrolled on a programme with Buttercups by a previous employer but had experienced difficulties in completing the course due to a variety of issues. When transferring his training to the pharmacy, the issues had been discussed and the training provider had provided a short extension for the course to be completed. The dispenser was hopeful that the outstanding work would be finished by this deadline and said that he planned to speak with the superintendent regarding planned training time. Structured and pre-planned ongoing training was otherwise limited. The superintendent provided verbal updates to the team on any information or changes that they needed to be aware of. A recent topic of discussion was said to be the use of valproate-based medicines in people who may become pregnant. Both dispensers had recently been employed by the pharmacy and one said that in her four months of employment she had not yet had a formal appraisal but believed that there were plans for this. She felt she could always speak with the superintendent pharmacist on an ongoing basis.

The team had an open dialogue and were happy to approach the locum pharmacist on the day. The superintendent usually worked full-time at the pharmacy, meaning team members had direct access to her and all of them were comfortable to provide feedback and raise concerns. But they were unsure of who they could contact to raise a concern anonymously. This may restrict the ability for a team member to raise a concern in this manner, should the need occur. The team confirmed that there were some targets for prescription numbers, but a dispenser said that these felt manageable.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is secure, clean and appropriately maintained. But some areas are cluttered and untidy, which impacts on overall organisation and the working environment.

### Inspector's evidence

The pharmacy was in an appropriate state of repair. The superintendent arranged for any necessary maintenance repairs and team members carried out housekeeping duties. The pharmacy was generally clean on the day, but some recent work had been done to rearrange different areas of the premises, providing further areas for dispensing and office work. This had not yet been fully completed and subsequently meant that some areas of the premises were cluttered, paperwork was unorganised and there were some dispensing baskets being temporarily stored on the floor. This may increase the risk that medications could become mixed up and could cause a trip hazard for pharmacy team members. There was adequate lighting throughout the premises and the temperature was suitable for the storage of medicines.

Most dispensing activity took place downstairs. The dispensary had a large work bench which surrounded the room and large shelving units provided space for medicines storage. An additional bench in the middle of the room was primarily used for accuracy checking. The dispensary also had a sink for the preparation of medicines, which had suitable cleaning products. And a separate small storage area led to a staff WC which was appropriately maintained.

To the first floor of the premises was a space which was being rearranged to provide additional room for the assembly of compliance aid packs. There was also a desk area. At the time of the inspection this area was very unorganised and there were several tote boxes containing returned medicines which required sorting as well as other paperwork and files.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy's services are suitably managed so that people receive appropriate care. It gets its medicines from licensed suppliers and it has some systems to help make sure it handles and stores them appropriately. But there are some inconsistencies, and the team could do more to make sure all it manages all medicines effectively.

### Inspector's evidence

The pharmacy held a distance-selling contract and was located in a small courtyard of office retail units. Its services were available to the public primarily through its website <https://dhpharmacy.co.uk>, which also displayed other relevant contact information including telephone and fax numbers, email address and the pharmacy's opening hours. Further adjustments could be made to help people with different needs, including large print labels from the pharmacy computer system.

The pharmacy's website briefly discussed its services. There was a section on health advice with information and health leaflets provided by the NHS. The team had not experienced an instance where a request had been made for an additional service which they were unable to provide, but internet access was available to support signposting and a dispenser said that he could also ask his colleagues.

The pharmacy primarily provided medicines for several care homes. The homes differed in size and were in various locations around England. Each home had an allocated folder, which had a cover sheet describing the arrangements which were in place for their supplies. This included details such as prescription ordering responsibility, who followed-up on outstanding prescription requests and how supplies were made. Most of the homes received their medicines in original calendar packs, but some multi-compartment compliance aid packs were issued. The recently acquired care home used a racking system.

Prescriptions were dispensed using baskets to keep them separate and identify which care home they were for. The pharmacy had a large whiteboard displaying a monthly planner. This was used to track prescription cycles and indicate when supplies were due for each care home. Medications being dispensed on the day had an audit trail for dispensing and checking on the dispensing labels. For preparations such as creams and inhalers the team labelled both the outer and inner containers and they used 'date opened' and 'use by' stickers on topical preparations such as creams.

Several of the homes, who received original pack dispensing, used an iCare system for medication administration. The pharmacy team members had password protected access to the electronic system. In general, care home staff ordered the medications which were required each month and an order list was generated for the pharmacy. The order list was checked to ensure that all medication orders had been returned and discrepancies were followed-up dependent on arrangements with the individual care homes. Medications were dispensed using the pharmacy patient medication record (PMR) system and the iCare system was also reviewed. Any changes to medications on the iCare system were highlighted next to the residents' names using a green flag, so that care home staff were aware. Other homes used paper records to order medications and the pharmacy kept audit trails to identify unreturned requests.

A Care Meds system was used for the provision of medications in multi-compartment compliance aid packs. The electronic system recorded a list of each patient's medicines and it generated cover seals for the compliance pack and accompanying medication administration record charts. Compliance packs were labelled with the patient name and the individual sections recorded the name and dose of medication contained within. Labels were colour coded to indicate the time of administration. The supplementary administration record sheets provided the details of any cautionary warnings to help make sure people had all of the information they needed about their medicines. But there were no individual descriptions of medications to enable identification. A dispenser reported that patient leaflets were supplied to care homes with each monthly cycle of medicines.

The pharmacy relied on care home staff to contact them when acute prescriptions were issued for patients. Several of the care homes supplied by the pharmacy were located some distance away. In these instances, the pharmacy had arrangements to return any acute electronic prescriptions to the NHS spine and care home staff sourced the prescriptions locally, so that there was no delay to supplies due to the distance. Care homes within the local area received their acute prescriptions the same day. The team reported that the delivery driver obtained signatures to confirm the delivery of medicines, but copies of delivery records could not be located on the day. Additional records were kept for CD deliveries which were transported using clear bags. The driver had access to a cool bag to help maintain the cold chain of thermolabile medicines during the delivery process.

The superintendent carried out audits at care homes throughout the year. As part of the reviews she discussed medication ordering to help make sure that excess medicines were not being ordered and to reduce overall medicine waste.

The pharmacy also managed repeat medications for a handful of community-based patients. A reminder system was used to record when prescriptions were due to be requested from the GP surgery and patients were contacted to identify what medications were needed to help prevent over ordering. The team were unsure of specific arrangements for the supply of high-risk medications. The locum pharmacist said that if required he would check a patient's PMR record to make sure that there had been no changes to medication and where necessary he could contact the GP surgery for information. The team had some awareness of the risks of supply of valproate-based medicines to people who may become pregnant and they did not currently have any patients who fell within the at-risk criteria.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock medications were arranged in an organised manner, but there were several instances where medications had been packed down into dispensing bottles. In most cases these were not labelled with the batch number or expiry date, making it difficult to assess their suitability for use. These were immediately removed from the shelves on the day. The team discussed date checking procedures and said that some recent checks had been carried out, but records of this could not be located and some out of date medicines including sumatriptan and colecalciferol were found during random checks. Obsolete and returned medicines were placed in medicines waste bins. There were several totes of returned medicines which required sorting. The pharmacy was not currently compliant with the requirements of the European Falsified Medicines Directive (FMD) and the team were unaware as to when the pharmacy was expected to become compliant. Alerts for faulty medicines and medical devices were received via email. The system was checked daily and a dispenser was authorised to check it during any absence of the pharmacy owner. An audit trail to confirming appropriate action had been taken in response to alerts was not seen on the day, but the team believed this was in place.

The pharmacy fridge was fitted with a maximum and minimum thermometer and the temperature was checked daily. The fridge was within the recommended temperature range on the day. CDs were stored securely, there were some returned medications which were not clearly marked or stored separately

from stock medicines. The superintendent later confirmed that the returns had been segregated into a bag and marked accordingly. Equipment was available to enable CD destruction.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities to provide its services and team members use equipment in a way that protects privacy.

### Inspector's evidence

The pharmacy had access to paper-based reference texts including the British National Formulary and the Drug Tariff. The locum pharmacist on the day also carried his own additional resources for use if required. And general internet access was available to support additional research.

Several crown-stamped glass measures were available for measuring liquids. And the pharmacy had counting triangles for loose tablets. The team reported that a separate triangle was used for cytotoxic medicines, but this could not be located on the day. The equipment seen was suitably maintained.

Electrical equipment was in working order. The computer system, PMR system and other dispensing resources, were all username and password protected.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.