

Registered pharmacy inspection report

Pharmacy Name:Automeds Pharmacy, Unit A6, Albion Building,
Daedalus Park, Daedalus Drive, Lee on Solent, Hampshire, PO13 9FX

Pharmacy reference: 9010715

Type of pharmacy: Internet

Date of inspection: 02/09/2024

Pharmacy context

This is a closed pharmacy located in an industrial estate in Lee on Solent, Hampshire. It provides pharmacy services to care homes across the county. The pharmacy provides medicines in multi-compartment compliance aids. And as well as the supply of medicines, they provide a New Medicines Service and a delivery service. The pharmacy also provides COVID-19 and flu vaccines.

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 suitably identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. It completes all the records it needs to by law, and it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

There were a range of policies and protocols in place and held electronically, including standard operating procedures (SOPs). The SOPs had been recently reviewed and the Superintendent Pharmacist reviewed them every two years or when there were any significant changes. They covered the relevant GPhC activity and requirements, including responsible pharmacist (RP) regulations. Pharmacy staff had read through these and confirmed they understood them and would follow them. The role of the responsible pharmacist was outlined in the SOPs, so responsibilities and lines of accountability were clear. The team also had SOPs for the rest of the pharmacy tasks which all included the roles and responsibilities of the staff. As well as written SOPs, the team also had video tutorials showing how to complete some of tasks they completed. Appropriate professional indemnity insurance from Numark was in place and a certificate showing this was displayed in the dispensary.

The pharmacy had processes in place to identify, record and learn from mistakes. All errors would be reported on an electronic near miss log. The data from the incidents would be collated and any risks and trends would be identified regularly. The pharmacist explained that as the pharmacy was using a scanning system for the dispensing process, the near misses were caught prior to the accuracy checking process. This was due to the computer system not generating labels if the dispenser picked and scanned items which did not match the prescription. Any incidents or errors would be shared with the whole pharmacy team. People were able to raise complaints with the pharmacy by calling them and in writing. Details of how to do this were supplied to the care homes and were available online on the company's website.

The pharmacy used an electronic responsible pharmacist record, and a valid Responsible Pharmacist notice was on display in the pharmacy on a screen. Controlled drugs (CDs) registers were maintained electronically, and the stock balance of CDs was checked every month. The maximum and minimum fridge temperatures were checked daily and recorded electronically.

Information governance training was mandatory for each member of the pharmacy team and completed annually. Passwords to access the pharmacy IT systems were only known by staff and each member of staff had their own profiles online so their work could be audited. Each member of the pharmacy team used their own NHS Smartcard and login details to access the NHS systems. Confidential material was suitably located, and confidential paper waste was segregated and removed for safe disposal. Safeguarding training was mandatory for all staff, and this was repeated regularly online. The pharmacist and technicians had completed level 2 safeguarding training, and the team held the details of the local safeguarding authorities electronically should they be required. The Superintendent explained that the drivers had more safeguarding training as they would visit the care homes regularly and they had all completed the Buttercups driver training program.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy trains its team members for the tasks they carry out using accredited training courses and provides additional training to allow the staff to develop their roles. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable with assisting one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

There were enough suitably qualified and skilled staff present to manage the workload. During the inspection, there were two pharmacists, two NVQ 3 trainees, two NVQ 2 dispensers and two trainee dispensers. All the staff had either completed, or were in the process of completing, accredited training. The pharmacy team used Buttercups training modules. All the SOPs defined the staff roles which may work under the SOP.

Staff were observed working well together during the inspection and following the SOPs. Staff received feedback during their appraisals which were held regularly on a one-to-one basis. Regular team meetings were used to communicate current issues and to provide updates. The pharmacy had an open culture, where staff were able to contribute ideas or raise issues, and there was a company whistleblowing policy in place which all staff members were aware of and this was held in the pharmacy for easy access.

Team members were able to work within their own professional judgement and staff were empowered to ask questions and make changes as needed for the benefit of people using their services. Team members stated that there were no financial incentives in place within the pharmacy and they only had targets to ensure the care homes received their medicines on time.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively. The pharmacy has a suitable consultation room for private conversations.

Inspector's evidence

The pharmacy was in a business park. There was free parking in front of the pharmacy and the surrounding area. People could access the pharmacy by pressing a video buzzer which the staff could monitor and allow people to enter for some services. On entry, there was a waiting area with seats for people. The main pharmacy included a large bright dispensary, an office, a consultation area and an area for completed prescriptions ready to be delivered. On the first floor, the pharmacy had a large storage area, a training room, a staff bathroom and a staff kitchen.

The dispensary fixtures and fittings were suitable for use and the pharmacy was well-presented and airy. There was plenty of space for the staff to work and lots of storage for stock and consumables. Lighting was bright throughout the pharmacy, and it was temperature controlled by an air conditioning system to ensure that medicines were kept in an appropriate environment. Air conditioning units were also available throughout the pharmacy building.

The public could not walk into the pharmacy freely and any visitors were spoken to via an intercom which also took an image of the visitors for security purposes. Cleaning was completed daily and there was a rota in place showing the different cleaning tasks the staff members would carry out.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support the health needs of the community it serves. And people can easily access these services. The team makes suitable checks to ensure people taking higher-risk medicines do so safely and they provide appropriate training where required. The pharmacy utilises technology to increase the safety of the services they provide. Team members store and manage medicines appropriately. And they take the right action in response to safety alerts and medicines shortages, so people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacist explained that the pharmacy services care homes locally as well as for domiciliary patients who are unable to access similar services with multi-compartment compliance aids elsewhere. The pharmacy was open five days a week throughout the year and had business continuity plans in place should any of its systems go down. People could contact the pharmacy by phone if required. The pharmacy was able to produce large print labels for people with poor sight and had access to translation services.

The pharmacy assisted care homes in managing their medicines safely by ensuring they receive medicines when required and that they do not have excessive stocks of medicines. The pharmacy also provides training to care home teams so that they are able to administer medicines safely to patients and ensure that they store medicines safely. The pharmacist explained that they were also investing in providing the care homes with online training to make it easier for them to have access to training all the time.

The pharmacy computer system allowed the team to track prescriptions around the pharmacy and know which stage each prescription was at. Any messages or notes could also be placed on the records so that the messages were passed around from the clinical checking stage right through to the accuracy checking stage. Audit trails on the system meant that it was easy to identify who had changed anything or left messages. Once a prescription was prepared, QR codes were generated on the labels which when scanned, would bring up all the prescription details. The pharmacy offered care homes the eMAR system (electronic medicines administration record system) which allowed both the pharmacy and the care home to monitor the administration of medicines in real time and intervene if any problems arose.

Medicines were delivered daily to various local care homes and the team used an audit trail for the delivery of the medicines. It allowed them to locate which delivery tote each prescription item was in. The team members took images of tote boxes when packed so that they had a visual image of each item in the box. If there were any queries with the medicines, the pharmacy could be contacted for clarification. The pharmacist explained that this was helpful when care homes called them trying to locate medicines.

There were clear working processes and work would be prioritised on their computer systems, and tasks were allocated to different staff members. All supplied medicines were labelled appropriately, and all high-risk medicines were double checked prior to issue. The pharmacy team was aware of the

strengthened warnings and measures to prevent valproate exposure during pregnancy. The team had completed several valproate audits and was aware of the need to supply valproates in original packs. Valproate cards and leaflets were also available for use during dispensing of valproates to all people in the at-risk group.

The pharmacy sourced stock from various licensed suppliers and direct from some manufacturers. Medicines were stored in controlled environments and monitored. The pharmacy had air conditioning throughout the building to keep all medicines in the acceptable temperature range. The pharmacy had a suitable waste contract and medicines that had been returned were segregated and sorted prior to disposal. Hazardous waste and confidential waste were all disposed of appropriately using the correct disposal methods. Drug alerts and recalls were received by the pharmacy regularly on the Pharmsmart system and any follow-up action was taken as necessary. There was an audit trail for the recall notices showing the actions that were taken. Expiry date checks were undertaken on a rolling basis and the team kept a record of the date checking.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use.

Inspector's evidence

There were crown-stamped measures available for use and amber medicine bottles were seen to be capped when stored. There were also clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF and other reputable information sources and texts. Internet access was also available should the staff require further information sources.

There were suitable pharmacy facilities including a CD cupboard and a fridge. There were maintenance contracts for the refrigerator and the air conditioning system. Designated bins for the disposal of waste medicines were available for use and the team also had separate bins for the disposal of hazardous waste.

Members of the team all used their own NHS Smart Cards and did not share them to ensure access was appropriate and audit trails could be maintained. Electrical equipment appeared to be in good working order. All computer screens were suitably located and access to computers containing patient data was protected using individual passwords which were changed regularly. All data was saved on secure servers.

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.