

Registered pharmacy inspection report

Pharmacy Name: Rossington Pharmacy, Unit 3, Bankwood Lane

Trading Park, Bankwood Lane, New Rossington, Doncaster, South
Yorkshire, DN11 0PS

Pharmacy reference: 9010725

Type of pharmacy: Internet / distance selling

Date of inspection: 08/09/2021

Pharmacy context

This is a distance selling pharmacy which offers services to people through its website, www.rossingtonpharmacy.co.uk. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people to take their medicines. And it supplies medicines to people residing in care homes. The pharmacy premises are not generally accessible to members of the public due to its distance selling model. This means the pharmacy supplies all medicines through either its local delivery service or through national postal services. This inspection took place 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 acts to identify and manage most risks associated with providing its services. It seeks feedback about its services and uses this feedback to help inform how it provides its services. The pharmacy generally keeps the records it needs to by law up to date and it protects people's private information appropriately. Pharmacy team members have the knowledge and ability to recognise and raise concerns to help safeguard vulnerable people. They behave openly and honestly by discussing mistakes and acting to reduce risk following mistakes made during the dispensing process. But they do not always record details of the learning applied or action taken to support the ongoing monitoring of risk.

Inspector's evidence

The pharmacy had considered the risks of providing its services during a pandemic. This included marking areas of the dispensary floor to support social distancing whilst working. And the pharmacy team members had read and signed the NHS England and NHS Improvement COVID-19 standard operating procedure (SOP). There was no public access into the premises for essential NHS services. But on occasion a person did attend the pharmacy to collect a lateral flow device testing kit through the NHS Pharmacy Collect service. When this happened the team member served the person at the door. Not all team members routinely wore type IIR face masks whilst working. But they did maintain social distancing. And a team member explained that they donned a face mask when they went to the pharmacy's door to supply a test kit. A range of personal protective equipment was available at a workstation close to the door.

The pharmacy had SOPs in place to support the safe running of the pharmacy and these clearly covered how the pharmacy provided its services at a distance. But the SOPs contained no details of when they had been implemented or when they were next due for review. Team members had signed the SOPs within the last two years. The SOPs covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. Team members were observed completing tasks in accordance with the details within the dispensing SOPs. For example, taking ownership of their work by signing the 'dispensed by and checked by' boxes on medicine labels. The pharmacy had some risk assessments to support the delivery of its services. This included health and safety and information governance risk assessments. But it was not clear how often the pharmacy updated these. And some audit tools designed to monitor risk were not seen to be used. For example, an information governance audit tool was present but there was no evidence of an audit taking place.

The pharmacy had a near-miss error reporting tool. But team members had not used the reporting tool to record details of any near misses since June 2021. Records prior to this date did include gaps where the team had not recorded any near misses for several months. When team members did use near miss records, they did not always take the opportunity to record the reason why a mistake may have occurred. This informal approach meant the team was less likely to spot patterns in mistakes, and may miss an opportunity to act to reduce risk. Despite this informal approach team members could demonstrate actions they had taken to reduce risk following mistakes. This included a review of stock placement on the dispensary shelves and the use of stickers to help prompt additional checks when dispensing 'look-alike and sound-alike' (LASA) medicines. The pharmacy had an incident reporting

process, and the RP provided evidence of recent reporting. The report identified learning and actions to reduce the risk of a similar incident occurring. And a check of stock on the dispensary shelves found the team had taken the relevant action to reduce risk.

The pharmacy had a complaints procedure in place and it advertised how people could raise a concern or provide feedback through its website and practice leaflet. It used feedback to help inform how it provided pharmacy services. For example, feedback from a care home was used to support the specific way the home ordered repeat medicines for its residents. The pharmacy had procedures relating to safeguarding vulnerable adults and children. And team members had engaged in some training on the subject. Several team members provided examples of action taken to support vulnerable people by reporting concerns to the person's GP.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. The pharmacy made entries in the RP record and private Prescription register in accordance with legal requirements. It held specials records in accordance with the Medicines and Healthcare products Regulatory Agency regulatory requirements. The pharmacy didn't always record the address of the wholesaler in its CD register when it received a CD. It maintained running balances in the register. The frequency of balance checks in the register against physical stock held had decreased during the pandemic. But the pharmacy had identified and addressed this. A pharmacist now completed checks most weeks. A physical balance check of stock held complied with the running balance in the register. The pharmacy had a patient returned CD destruction register. But a small number of patient returns found in the CD cabinet required entering into the register.

The pharmacy was registered with the Information Commissioner's Office. It held all person identifiable information within the registered premises. Any member of the public accessing the pharmacy for consultations related to NHS advanced services were escorted by a team member. And there was no public access into the dispensary. The pharmacy had secure arrangements for disposing of confidential waste.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs suitably skilled team members to manage its workload. And it reviews its staffing levels and skill mix to help ensure they remain appropriate for the level of activity carried out. Pharmacy team members receive some time in work to complete continual learning relevant to their role. They are confident in providing feedback and know how to raise a professional concern if needed. Team members work well together and engage in regular conversations related to safety and workload management. But they do not regularly record the details of these conversations to show how they apply their learning.

Inspector's evidence

On duty during the inspection was the RP, a delivery driver and two dispensers (one of which held the role of supervisor). The pharmacy also employed another dispenser and delivery driver. The four pharmacist directors of the company provided cover on a set day each week and rotated every Monday between them. Pharmacy team members covered each other's annual leave. The pharmacy's workload had grown by more than 50% since the beginning of the pandemic. The pharmacy had addressed this change in workload by reviewing its staffing levels and skill mix. This review had led to the pharmacy increasing the number of dispenser hours available. The pharmacy was in the early stages of another review and was considering whether a trainee placement would be suitable now workload had stabilised.

All team members had completed the relevant training associated with their roles. The pharmacy provided access to ongoing learning through e-learning modules. For example, infection control, antimicrobial stewardship, and data security training. And team members received time in work to complete this learning. The pharmacy didn't have a structured appraisal process in place to support its team members. But team members felt engaged through conversations about their learning and development. For example, one team member had expressed a wish to expand her role by completing an accuracy checking course. And the owners were in the process of exploring this option.

Team members shared information and learning through regular conversations. But they did not always take the opportunity to record the outcomes of these conversations. For example, the pharmacy did not hold structured safety reviews. The team did use a communication diary to record important tasks to ensure they were not missed. The pharmacy asked team members to identify eligible people for services throughout the dispensing process. For example, when a person was prescribed a new medicine there was an expectation to check to see if the person would be eligible for the New Medicine Service (NMS). The RP reported that monitoring and conversations related to targets and services had reduced during the pandemic due to the increase in dispensing volume.

The pharmacy had a whistle blowing policy. And team members understood how to raise a concern at work. They were confident at expressing their ideas. And there was good evidence to support that feedback and ideas from team members was used to inform how the pharmacy managed its services. For example, the creation of a supervisor role to support consistency and ongoing learning. Team members also felt empowered to act to reduce any risks they identified. For example, one dispenser had clearly highlighted and segregated two 'look-alike and sound-alike' medicines on the dispensary

shelf to help prompt additional safety checks during the dispensing process.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean and secure. They offer a suitable environment for delivering pharmacy services. And they have dedicated space to allow people to speak with team members in private.

Inspector's evidence

The pharmacy website included the name, address and contact information for the pharmacy, details of the company that owned the pharmacy and the SI's name and registration number. The registration status of the SI and of the pharmacy were available through a hyperlink to the GPhC's public facing register.

The pharmacy was secure and maintained to a respectable standard. It was clean and members of the pharmacy team had access to hand washing facilities and hand sanitiser. The team left the main pharmacy door open during the working day and they were vigilant with monitoring access into the premises. For example, when delivery drivers attended with orders. The temperature was cool despite the temperature outside reaching above 28 degrees Celsius on the day of inspection. Fans provided additional ventilation and the pharmacy had electric heaters for use during winter months.

The premises consisted of a good size foyer, a large storeroom fitted with a desk and chair. The RP confirmed the room was used to provide privacy to people who had attended for a Medicine Use Review (MUR) prior to this service being decommissioned. The pharmacy team was aware of the restrictions related to physical access into the pharmacy. This was because the pharmacy's NHS contract did not allow for essential NHS service to be provided face-to-face at the premises. But the pharmacy was able to provide advanced and locally commissioned services from the premises. The dispensary was towards the back of the building and this was a good size for the level of activity carried out. There was suitable space for completing different stages of the dispensing process, and for holding part-assembled items in baskets. The pharmacy also had plenty of space for storing stock medicines and medicine waste.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services safely. It uses effective audit trails to help answer any queries that may arise during the dispensing process. The pharmacy obtains its medicines from reputable sources and it generally stores them safely. Pharmacy team members engage regularly with people accessing the pharmacy's services. But they sometimes miss opportunities to support people taking higher risk medicines. This means people may not always get all the information they need about their medicine.

Inspector's evidence

People accessed the pharmacy's services through either the website, by email or by telephone. Some information on the pharmacy's website was not up to date. For example, the website referred to the Medicines Use Review service. This NHS service was no longer commissioned. The website included an A-Z health information guide. And it offered a fit-to-fly COVID-19 testing service. The pharmacy did not physically supply the fit-to-fly testing kits, this service was provided by a third-party supplier. And the pharmacy had checked to ensure it was registered with UKAS. The pharmacy's website also offered General Sales List (GSL) and Pharmacy (P) medicines for sale. This service was provided by a third-party pharmacy registered with the GPhC. The pharmacy did not advertise details of these third-party providers prominently on its website. But information was available within the small print relating to the testing service, and upon check-out of baskets when people purchased medicines.

The pharmacy supplied medicines to the care homes in original packs with medication administration records (MARs) supplied to its regular homes to assist with administration. It also supplied some interim items to another care home. The pharmacy had considered the risks of only supplying interim items to this home. And it had sought assurances from the care home about its medicines management processes. But the pharmacy had not documented the agreed process for the way in which it supplied these medicines within its SOPs. And there was no written risk assessment to support this process. The pharmacy kept accurate records of the prescriptions ordered by the homes. This allowed team members to query missing items and confirm changes to medicine regimens with GP surgeries.

The pharmacy supplied some medicines to people in multi-compartment compliance packs. It maintained records for each person on this service. These records included a profile sheet with details of the person's medicine regimen. Team members updated these sheets with details of any changes. But they did not always record details such as the date of the change and any checks made with the surgery. The team demonstrated how the NHS Discharge Medicines Service (DMS) was supporting with record keeping following people being discharged from the local hospital. The local hospital had begun to refer people requiring their medicines to be supplied in compliance packs through the service. And the team was using information provided through these referrals to communicate with surgeries about changes. This helped to ensure people received their medicines in a timely manner. Assembled compliance packs contained full dispensing audit trails and clear descriptions of the medicines inside each pack. The pharmacy supplied patient information leaflets (PILs) when dispensing a compliance pack for the first time, or when a change in medicine occurred. A conversation took place about the requirement to supply a PIL at every dispensing.

Team members used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped to inform workload priority. The colour coding extended to care

homes with different coloured baskets used for each care home, and units within a care home. This helped the team to track a prescription efficiently throughout the dispensing process. The pharmacy held some stock of higher risk medicines. But it did not actively complete checks associated with the monitoring requirements of these medicines when supplying them. For example, it did not seek assurance that people taking warfarin were being regularly monitored. The team was aware of the requirements of the valproate Pregnancy Prevention Programme (PPP) and it had the tools to comply with these requirements. The pharmacy team couldn't recall supplying valproate to anybody within the high-risk group to date.

The pharmacy had an established system for managing people's repeat prescription requests. People could order through the internet or by phone. And an audit trail was in place to ensure team members chased missing prescriptions or queried changes. Team members used the communication diary effectively to inform each other of changes to prescribing policies. For example, changes in the way some surgeries were prescribing opioid medicines was noted. This enabled team members to share this information with people in order for them to consider whether they required a review with their GP. The pharmacy delivered most medicines locally. But it did have sufficient arrangements in place to post medicines to people accessing its services from across the UK. The pharmacy had considered the risks of providing a delivery service. For example, the team had introduced weekly van checks to help assure the delivery vehicle was well maintained and safe to drive. And specific access information relating to deliveries was recorded. The pharmacy maintained an audit trail of all deliveries made. It did not currently require people to sign to confirm they had received their medicine due to the ongoing pandemic.

The pharmacy made regular small supplies of medicines to other local healthcare providers. But it did not have a wholesaler license in place. The RP was not aware of the repeal of section 10(7) of the Medicines Act 1968. And a discussion took place about the need for the pharmacy to satisfy that the activity related to these supplies did not require it to hold a MHRA Wholesale Distribution Authorisation for Human use (WDA(H)).

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Medicine storage in the dispensary was generally orderly with most medicines stored in or with their original packaging. The pharmacy had secure cabinets to store medicines subject to safe custody regulation. Medicines in these cabinets were well organised, one cabinet was used to hold assembled medicines waiting for delivery. And the pharmacy identified these medicines well to ensure additional legal and safety checks took place prior to delivery. The pharmacy stored medicines subject to cold chain requirements safely in refrigerators. It kept a daily fridge temperature record (Monday-Friday). The fridges were operating between two and eight degrees Celsius on the day of inspection. But both fridges had fluctuated slightly outside of these temperatures within the last month. One fridge required de-frosting. And both fridges had food and drink items stored within them which was not ideal. But the pharmacy had considered risk when storing these items. For example, they were not stored directly next to any medicine.

Team members acknowledged they had fallen behind with date checking tasks during the pandemic. They had addressed this by ensuring themselves that they were checking expiry dates of medicines throughout the dispensing process. And they had recently completed a date check of dispensary stock. But details of this check was not recorded. A random check of dispensary stock found no out-of-date medicines and short-dated medicines were highlighted. Medicine waste bins were readily available as were CD denaturing kits. The pharmacy received alerts relating to medicines from the MHRA. Team members checked these alerts, and the pharmacy maintained a printed copy of the alert for reference purposes.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a suitable range of equipment to support the delivery of its services and it generally maintains its equipment properly. The pharmacy team uses the equipment in a way which protects people's privacy.

Inspector's evidence

The pharmacy had a crown-stamped measuring cylinder for measuring liquid medicines. And equipment for counting capsules and tablets was also available. Equipment associated with the supply of medicines in compliance packs was single use. The pharmacy's electrical equipment was free from wear and tear and in good working order. But the dispensary fridge did require defrosting. No medicines were observed to be stored close to build-up of ice at the back of the fridge.

Pharmacy team members had access to up-to-date reference resources including the British National Formulary. They also had access to the internet to support them in looking up information or answering a query. The pharmacy stored some records electronically and computers were password protected. The premises had no windows and there was no public access into the dispensary. This meant information displayed on computer monitors was safeguarded from unauthorised view.

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.