

Registered pharmacy inspection report

Pharmacy Name: Pharmacy-Xpress, Unit 32, Fountain Business Park,
Fountain Lane Oldbury, Birmingham, West Midlands, B69 3BH

Pharmacy reference: 9010861

Type of pharmacy: Internet / distance selling

Date of inspection: 03/02/2020

Pharmacy context

The pharmacy is located on an industrial estate on the outskirts of Oldbury. It holds an NHS distance selling contract. It is not open to the public and provides a home delivery service instead. The pharmacy supplies medicines to a large number of care homes within the local area. It supplies most medicines in multi-compartment compliance aid packs to help make sure people take them 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 |
|--|-------------------|------------------------------|------------------|-----|
| 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 risks. It asks for feedback on its services and uses this to make improvements and it maintains the records it needs to by law. Pharmacy team members are clear about their roles and they record their mistakes to help them learn and prevent the same mistakes from happening again. They understand how to keep people's private information safe and escalate concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering operational tasks and activities. A new set of procedures had recently been produced using a standardised template, as previous procedures had become outdated. The standard templates had not yet been amended locally as part of the update, and consequently the procedures did not always reflect current practice. Through discussion, the team members present demonstrated a clear understanding of their roles and the tasks that they completed each day. Professional indemnity insurance covering pharmacy services was provided by the National Pharmacy Association (NPA) and a valid certificate was displayed.

The pharmacy kept records of near misses, which were reviewed to identify any underlying trends, and records of dispensing incidents were also maintained. Several changes which had been made in response to near misses and incidents were discussed, this included a new checking system for medication administration record charts, changes to the workspace to ensure complete segregation of dispensing and checking and the introduction of a messaging platform to help ensure better communication and record keeping.

The pharmacy had a complaint procedure which was displayed on its website. A 'contact us' section was also available where people were able to submit comments and feedback. The pharmacy participated in an annual Community Pharmacy Patient Questionnaire (CPPQ), the results of the most recent survey were available on the pharmacy website and were positive. Concerns and feedback could also be provided to a team member who worked in care home liaison. The team member visited each care home once a quarter to provide support, and any issues which were raised were documented on a log. The issues were then reviewed, and the log was updated with the action that had been taken in response. Examples of this were seen on the day.

The correct responsible pharmacist (RP) notice was clearly displayed in the pharmacy and the RP log was in order. As were records for emergency supplies and private prescriptions. Specials procurement records provided an audit trail from source to supply. Controlled drugs (CD) registers kept a running balance and regular checks were carried out. A patient returns CD destruction register was available and previous destructions had been signed and witnessed.

Pharmacy team members had completed some training on the General Data Protection Regulation (GDPR) and confidentiality. The pharmacy was registered with the Information Commissioner's Office (ICO) and confidential waste was segregated and suitably disposed of on the premises. Pharmacy team

members had their own NHS smartcards. Several of the cards displayed the passwords which is not in-keeping with the terms of user agreement and could lead to unauthorised access being obtained. This was discussed with the team on the day and appropriate action was taken.

Registrant team members had completed accredited safeguarding training. The pharmacist and one of the owners of the pharmacy, who was also a registered pharmacist, discussed some of the types of concerns that might be identified and explained how these would be managed. The contact details of local safeguarding agencies were accessible, if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the workload. Pharmacy team members support one another well and feel comfortable to provide feedback. Team members complete training for the jobs they do, and they get some feedback on their development.

Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside seven dispensing assistants. One additional dispenser was on planned leave and another was on long term sick leave. The team managed the workload adequately throughout the inspection. Leave was usually planned and restricted to one team member at a time, to help maintain suitable staffing levels and all team members were familiar with each role in the pharmacy, enabling them to provide cover, as necessary. Double pharmacist cover was usually provided once or twice per week and one of the pharmacy owners could also offer additional support as needed.

Several members of the pharmacy team were enrolled on accredited training programmes with the NPA. There was some available training time each week to help team members complete their courses and one team member completing an apprenticeship attended college classes, as required. Additional structured ongoing learning and development was limited. Registrants had recently completed some training modules provided by the Centre for Pharmacy Postgraduate Education (CPPE), this included a module on 'look alike, sound alike' medicines. The pharmacy had also recently subscribed to an additional healthcare e-Learning training platform, each member of the team had their own personal log in for this, but modules had not yet been completed. The pharmacy owner discussed plans for this moving forward. Team development was reviewed through appraisals which were completed each year. Where relevant, conversations also took place on an ongoing basis to help make sure any development needs were addressed in a suitable time frame.

There was an open dialogue amongst the pharmacy team. Team members were happy to raise concerns and provide feedback but were not always sure on how anonymous concerns could be raised. The need for this had not occurred and the pharmacist agreed to discuss whistleblowing with the team. Targets for pharmacy services were driven by supply dates. The pharmacy owner said that the target was to ensure that medications were delivered in line with cycle dates and the priority was completing dispensing work accurately.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is appropriately secured and suitably maintained for the provision of pharmacy services.

Inspector's evidence

The pharmacy was located in a secure unit on an industrial estate. The regular pharmacist and pharmacy owners had access to several contractors who supported the completion of any necessary maintenance work. Cleaning duties were completed by pharmacy team members. On the day, the pharmacy was suitably maintained. There were some tote boxes being stored on the floor. These were mainly positioned to the sides of the premises to minimise the obstruction of the floor space but may cause a trip hazard to team members. There was adequate lighting throughout and the temperature was suitable for the storage of medicines.

The premises had a small office area, which contained tearoom facilities and a small work desk area, there were also separate WC facilities which were adequately maintained.

The main dispensing area was split into several sections. A desk space near to the entrance was used as a main labelling terminal with a second work station managing acute prescription requests and queries. There were then separate areas for medication ordering and the generation of sealant sheets which were used to secure compliance aid packs. Medications in this area were stored on large shelving units. The pharmacy then had several designated work stations for dispensing, these were clearly marked using coloured tape, as was a separate area used by the pharmacist for accuracy checking. Work benches were generally free from unnecessary clutter and there was adequate space for the dispensing workload.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources and stores medicines appropriately. Its services are accessible and suitably managed so that people receive appropriate care. And the pharmacy provides advice and support to the care homes it supplies to help make sure they manage their medicines safely.

Inspector's evidence

The unit was located inside an industrial estate and was not open to the public. People were able to contact the pharmacy through a 'contact us' section on the website, or via telephone. The pharmacy could provide several adjustments for people with different needs. Dispensing labels could be produced in large print to help people with visual impairment and changes could be made to medication administration record sheets, to adjust the font size and add additional features such as pictures of medications. The pharmacy website advertised the services which were available and team members used resources such as NHS websites to signpost people to other services, as required.

Each care home had a service level agreement in place with the pharmacy, which described how supplies were managed. A master log sheet, which provided a brief overview of these details was updated with each cycle, to include the next cycle date and any relevant updates or messages. Each home received their main cycle of medications on a four-week cycle. A calendar was used to plan the pharmacy workload and where relevant, care homes were prompted to submit medication requests. Care home staff identified which medications were required each month and submitted requests to the GP surgery. Copies of order sheets were sent to the pharmacy, where a team member reviewed returned prescriptions for discrepancies, which were escalated and followed-up. A record of all medications was made onto the master pharmacy patient medication record (PMR) system and dispensing labels were generated for any external medications. Prescription medications were then ordered and backing sheets and seals were printed for medications dispensed into multi-compartment compliance aid packs. Medication administration record sheets were also generated accordingly. The pharmacy primarily made supplies using Biodose or Multimed's compliance packs. Prescriptions were dispensed for each home at a time, using baskets which were colour coded to prioritise and organise the workload. Once dispensed, packs were sealed and checked by the pharmacist. Completed packs seen contained descriptions of medications and patient leaflets were supplied. An audit trail was kept for each part of the ordering and dispensing process using a master electronic log sheet for each care home. Dispensers also kept a paper record of the prescriptions they dispensed each day.

Care homes notified the pharmacy of any acute prescriptions which were due. For acute prescriptions for care homes which were located further away, and requests received after the afternoon cut off time, the care home was contacted so that supplies could be obtained locally, where required. The pharmacy had access to a secured online messaging platform, which was used to improve communication between the pharmacy and care homes. Care home staff were able to submit questions and requests through the platform, which kept a record as an audit trail. The pharmacy also kept records of all telephone correspondence received. This was reviewed daily by the pharmacist, to try and ensure that any relevant action had been taken. Care homes were audited by a care home liaison

worker each quarter, where any medicines management issues were identified and addressed. The frequency of audits could be increased if required and the care home liaison worker, who was a registered pharmacy technician also completed training with care home staff.

Deliveries were made using tote boxes, with an individual patients medication in each tote. Records sheets provided the details of prescriptions being supplied and indicated the number of trays and any external items. Care home staff signed to accept the delivery of medicines and a copy was retained as a record. Additional signature sheets were also signed for CD deliveries. Most homes also used a Vcare system, which recorded the details of the MAR chart electronically. The system was also used to log deliveries as an audit trail of medications which had been dispensed.

Prescriptions for high-risk medications were not always routinely identified. The pharmacist said that discussions around monitoring would take place daily, but records of this were not kept as an audit trail. So, the pharmacy may not always be able to clearly demonstrate that suitable monitoring checks are taking place and people are getting all the information and advice that they need. The team had recently completed an audit where diabetic patients had been identified and followed-up to ensure suitable foot care was being received. Team members were aware of the risks of valproate-based medicines in people who may become pregnant and the necessary resources were available for supply.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Large shelving units were used for medicines storage. Medicines were kept in the original packaging provided by the manufacturer, but some areas where tablets were stored appeared slightly unorganised, which may increase the risk of a picking error. Date checking was carried out regularly, with each section checked every three months. Short-dated medicines were identified and marked, and any obsolete medicines were disposed of in suitable waste bins, which were regularly collected. The pharmacy was not currently compliant with the requirements of the European Falsified Medicines Directive (FMD). A scanner was available, but the pharmacist said that he would have to get further progress updates from the superintendent pharmacist. Alerts for the recall of faulty medicines and medical devices were received through an alerting system which was checked throughout the day. An audit trail was maintained demonstrating the action taken in response to alerts.

The pharmacy had two refrigerators, which were both equipped with maximum and minimum thermometers. The temperature was checked and recorded daily, and both were within the recommended temperature range. CDs were stored securely, and random balance checks were found to be correct. Expired CDs were clearly segregated from stock and CD denaturing kits were available for use.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment it needs to provide its services. Equipment is suitably maintained, and team members use it in a way that protects privacy.

Inspector's evidence

The pharmacy team had access to paper-based reference materials including the British National Formulary (BNF) and general internet access was also available to support further research. The pharmacist could also access NPA medicines information resources and had previously obtained information on topics such as covert administration.

A range of measures were available for measuring liquids. Several were glass crown-stamped measures, but others were plastic and had no British approval markings, which may mean that their accuracy cannot be guaranteed. The pharmacist agreed to review this on the day. Counting triangles were available for loose tablets. A separate triangle was marked for use with cytotoxic medications and equipment was clean and suitably maintained.

Electrical equipment was in working order. Computer terminal were password protected, as was access to the additional systems used as part of the dispensing processes. Electrical equipment had all been PAT tested in December 2019 and a back-up generator was available in the event of power outages.

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. |