

Registered pharmacy inspection report

Pharmacy Name: Fusion Pharmacy, 109 Barkby Road, Thurmaston, Leicester, Leicestershire, LE4 9LG

Pharmacy reference: 9010891

Type of pharmacy: Internet / distance selling

Date of inspection: 29/04/2021

Pharmacy context

This is a distance-selling pharmacy based in a business unit. The pharmacy mainly supplies medicines to care homes with some supplies to community patients. Other services provided include the substance misuse service, the Discharge Medicine Service and supplying medicines in multi-compartment compliance packs to people.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy fails to identify and manage the risks associated with providing its services. It does not have adequate procedures for reviewing near misses and dispensing errors. Its date checking processes are inadequate.
		1.2	Standard not met	The pharmacy has inadequate processes for monitoring and reviewing services to ensure they are safe.
		1.6	Standard not met	The pharmacy does not maintain the records it is required to by law.
2. Staff	Standards not all met	2.1	Standard not met	The current pharmacy team struggles to manage both the dispensing workload and carrying out the clinical governance tasks required for the safe and effective running of a pharmacy.
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy does not make sure all parts of the premises are kept in a clean and tidy condition.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy doesn't routinely date check its stock medicines or record the date of opening on bottles of liquid medicines. This increases the risk that people may get medicines that are no longer as effective as they should be.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy fails to identify and manage the risks associated with providing its services. It does not have adequate procedures for reviewing near misses and dispensing errors. Its date checking processes are inadequate. Its processes for monitoring and reviewing services to ensure they are safe are inadequate. And the pharmacy does not maintain the records it is required to by law.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). Some of the SOPs contained out-of-date information. The pharmacy didn't have SOPs for all its services. For example, it had a generic SOP for the assembly of medicines, but it did not have an SOP for the assembly of compliance packs for care homes. There were no records to show that the SOPs had been read by staff. The pharmacy only sold a small number of over-the-counter medicines. These were sold by the pharmacists who were aware of the risks around selling codeine-based medicines.

The pharmacy didn't have robust processes for recording dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). The superintendent said that dispensing errors were recorded electronically but when asked was unable to access them. Near misses were discussed with the member of staff at the time. During the inspection no near miss records were seen. Subsequently the superintendent supplied evidence of the recoding of two near miss entries in January and March 2021. Not regularly recording their near misses reduced the ability of the pharmacy team to learn from their mistakes.

The pharmacy failed to adequately maintain all the necessary 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. However, dispensed CDs waiting collection in the CD cupboard were clearly separated and were in date. Out-of-date and patient-returned medicines were in separate clearly marked bags. Patient-returns had been entered in the patient-returned record book.

There was a complaints procedure in place. The pharmacy had an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Professional indemnity insurance was in place. The pharmacist understood safeguarding requirements. Although the delivery drivers had not had formal training they did report back concerns about people they delivered to. The superintendent said he would carry out some additional training for them.

Principle 2 - Staffing Standards not all met

Summary findings

The current pharmacy team struggles to manage both the dispensing workload and carrying out the clinical governance tasks required for the safe and effective running of a pharmacy. Team members can raise concerns if needed and are on appropriate training courses.

Inspector's evidence

The pharmacy had a notice showing who the RP in charge of the pharmacy was. The RP records mainly showed who the RP in charge of the pharmacy had been. The pharmacy had two records a paper record and an electronic record. When asked the superintendent said that the paper record was the legal record. When this was checked it was seen that the RP didn't always sign in on a weekend.

During the inspection the pharmacy team managed the day to day workload but were not completing clinical governance requirements such as recording near misses, maintaining CD running balances and date checking stock medicines. During the inspection there were two pharmacists and two trainee dispensers. The superintendent said that there had been an increase in the business, and he was currently recruiting a new member of staff. A dispenser said that they had an annual appraisal where they had the opportunity to raise any concerns. A dispenser said that the Covid-19 pandemic had slowed his training. The team had a weekly team meeting.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy does not make sure all parts of the premises are kept in a clean and tidy condition. This could increase the risks of accidents. The pharmacy premises are secure from unauthorised access.

Inspector's evidence

The pharmacy was situated in a business unit. The pharmacy had adequate heating and lighting and there was hot and cold water available. The whole area was a reasonable size for the services available. But overall, the unit was a little run down. The pharmacy was messy; there were tote boxes on the floor in a number of places which could create a trip hazard. The floor needed sweeping and the shelves were dusty. The sink in the toilet was dirty and very marked. The pharmacy didn't have a rota for cleaning.

The pharmacy was able to prevent unauthorised access during working hours and when the pharmacy was closed. The pharmacy had Covid-19 protocols in place. There was sufficient space for staff to work more than a metre apart and there was hand sanitiser available. Staff wore masks. The pharmacy had a website that was being rebuilt; there were no links to advice about Covid-19, but the pharmacist said these were going to be added.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy doesn't routinely date check its stock medicines or record the date of opening on bottles of liquid medicines. This increases the risk that people may get medicines that are no longer as effective as they should be. The pharmacy doesn't always supply patient information leaflets so people may not always have the information they need to take their medicine safely. And the pharmacy doesn't always keep records about how it manages medicine safety recalls. So, it may not always be able to show that it has taken the right steps to keep people safe. But the pharmacy does get its medicines and medical devices from reputable sources.

Inspector's evidence

The pharmacy was a distance-selling pharmacy and there was no public access to the pharmacy. The pharmacist understood the signposting process and used local knowledge to direct people to local health services. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate.

The pharmacy's SOPs indicated that the pharmacy should use a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label to identify who had done each task. However, the dispensers didn't sign the 'dispensed by' boxes. This might make it more difficult to highlight who had dispensed the pack and reduce the opportunity to learn from a mistake. Baskets were used to keep medicines and prescriptions separate to reduce the risk of error.

The pharmacy supplied medicines to care homes in both original packs and also single medicines in a racking system. They also supplied medicines in multi-compartment compliance packs to people living in the community who needed help managing their medicines. They had processes in place to make sure people got their medicines in a timely manner. The compliance packs seen didn't record the colour and shape of the medicines which meant that people would find it harder to identify the medicines. Patient information leaflets were sent the first time the medicine was supplied but not routinely after that. So, people may not always have the information they need to take their medicine safely.

Medicines were mainly stored on shelves tidily and in original containers. Some medicines were seen in brown bottles. They had the names of the medicines recorded on the bottle, but not the batch numbers, expiry dates or the dates they were put in the containers. The pharmacist put these medicines in the destruction bins and said he would make sure they were properly labelled from now on. The pharmacist said that medicines were date checked as part of the final check but that there was no routine date checking carried out on the stock on the shelves. A quick check of stock medicines found a number of cartons that were out of date. Not all opened bottles of liquid medications were marked with the date of opening; some checked had short expiry dates (one to three months). Recording the date of opening helps to ensure they were fit for purpose when being used for dispensing. The superintendent said that he would introduce a date-checking rota and make sure the dates of opening were recorded on liquid bottles. Patient-returned medicines were in a separate room from stock medicines.

The pharmacy delivered medications to some people. This number had increased during the Covid-19 pandemic. The person delivering the prescription maintained appropriate distance. They did this by

putting the medicine on the doorstep; ringing the bell and then standing back and waiting for the person to come to the door to pick up their medicine. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist could explain the process for managing drug alerts. The aim was to mark each alert electronically to show the action that had been taken. However, recent alerts had not been marked which meant there was no audit trail to show what action had been taken in response to these alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services that it offers safely. It mainly maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy used crown-marked measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. CDs were stored appropriately. The pharmacy had not had its electrical equipment safety tested since it had opened in 2018. Equipment checked looked in a reasonable condition.

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.