

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: 15/02/2022

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 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

Overall, the pharmacy adequately identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. And the pharmacy manages people's personal information safely. The pharmacy has some procedures to learn from its mistakes.

Inspector's evidence

The pharmacy had a set of mainly up-to-date standard operating procedures (SOPs). The pharmacy had recently installed a robot to help with the dispensing process, but it had not updated the dispensing SOP to reflect the new procedures. The superintendent said they had been busy training staff and learning the most effective way to use it, but he would write it soon. Staff could explain how to dispense medicines safely. Staff were aware that prescriptions had a six-month validity from the date on the prescription apart from controlled drugs (CDs) which had a 28-day validity.

The pharmacy had processes for recording dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time and recorded in the near miss log. The log was reviewed monthly to look for trends and patterns. The logs didn't always record learning points; recording these would help support learning from mistakes.

The pharmacy adequately maintained 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. The pharmacy displayed who the RP in charge of the pharmacy was. There were regular audits of CD running balances. 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. Confidential paperwork was stored securely. Professional indemnity insurance was in place. The pharmacist understood safeguarding requirements. Contact with people using the service was through the delivery drivers who had been asked to report back any concerns they had about people they delivered to.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members adequately manage the workload within the pharmacy. They are suitably trained for the roles they undertake. Team members can raise concerns if needed

Inspector's evidence

During the inspection the pharmacy team adequately managed the day-to-day workload. There were two pharmacists, one qualified dispenser and one dispenser who was training. The qualified dispenser had started a NVQ III pharmacy technician course. He said that he felt supported and had defined training time during the working day. A dispenser said that they had an annual appraisal, and they had the opportunity to raise any concerns. The team had a weekly team meeting.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained.

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. The size of the dispensary had been reduced with the installation of the pharmacy robot. Overall, the unit was a little run down. The pharmacy had some tote boxes on the floor in a number of places which could create a trip hazard.

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 were no longer wearing masks.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers healthcare services which are adequately managed and are accessible to people. The pharmacy has changed the way it provides services during the Covid-19 pandemic to keep its staff and the people who use its services safe. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it takes the right actions if medicines or devices are not safe to use to protect people's health and wellbeing.

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 used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label to help identify who had done each task. Baskets were used to keep medicines and prescriptions for different people 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. It also supplied medicines in multi-compartment compliance packs to people living in the community who needed help managing their medicines. It had processes in place to make sure people got their medicines in a timely manner. The compliance packs seen didn't always 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 each time the medicine was supplied.

Medicines were mainly stored in the pharmacy robot in original containers. Medicines not kept in the robot were stored tidily on shelves. The pharmacy robot scanned the bar code of medicines as they were put in. The information obtained included the expiry date and the robot automatically showed on the screen any medicines that were nearing expiry. The pharmacist explained the process and how out-of-date medicines were removed from the robot. The robot would not allow expired medicines to be picked in the dispensing process. The pharmacist said that medicines not in the robot were routinely date checked but could not find the record during the inspection. A quick check of stock medicines didn't find any that were out of date. Opened bottles of liquid medications were marked with the date of opening to ensure they were fit for purpose when being used for dispensing. Patient-returned medicines were in a separate room from stock medicines. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist could explain the process for managing drug alerts. Each alert was marked electronically to show the action that had been taken.

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.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services it offers, safely.

Inspector's evidence

The pharmacy used suitable 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 a maintenance contract for the pharmacy robot. The pharmacy had its electrics tested recently but had not had its portable electronic appliances individually tested since it had opened in 2018. Equipment checked looked in a reasonable condition. The superintendent said he would arrange testing.

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.