

Registered pharmacy inspection report

Pharmacy Name: Trojan Pharmacy, 101 Lockhurst Lane, Coventry, West Midlands, CV6 5SF

Pharmacy reference: 9011056

Type of pharmacy: Internet / distance selling

Date of inspection: 26/05/2021

Pharmacy context

This is a family owned distance-selling pharmacy situated in an office building in Coventry. The pharmacy dispenses NHS prescriptions predominantly to community patients living in the local area. And it supplies medicines in multi-compartment compliance packs to a handful of people who need assistance in managing their medicines. The pharmacy is closed to the public and medicines are delivered to people via a delivery driver. This inspection was undertaken 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

Overall, the pharmacy manages the risks associated with its services adequately. The pharmacy team knows about its roles and responsibilities. The pharmacy keeps the records required by law to show that medicines are supplied appropriately. And the team understands its role in protecting vulnerable people. The pharmacy keeps people's private information securely. And it has written procedures to help the team deliver its services safely. But these have not been updated recently. This means that the written procedures may not fully reflect the way the team members are working or current best practice.

Inspector's evidence

The pharmacy's standard operating procedures (SOPs) had not been recently reviewed. Most of the SOPs were due to have been reviewed in 2020. The team had read and signed the SOPs that were relevant to its roles. A Responsible Pharmacist (RP) notice was displayed in the pharmacy. The RP explained the procedure she would follow when recording mistakes that were made during the dispensing process. A template for recording mistakes that were detected before the medicines left the pharmacy (near misses) was available but no records had been made. The RP said that the pharmacy dispensed very few items each day and they hadn't had any dispensing mistakes since the pharmacy started operating couple of years ago.

The RP confirmed that the NHS SOPs relating to Covid-19 and workplace risk assessments were in place, but these could not be located during the inspection. After the inspection, the superintendent pharmacist emailed the relevant documentation.

The pharmacy had appropriate indemnity insurance arrangements in place. Records about the RP and controlled drugs (CDs) were kept in line with requirements. Running balances of CDs were kept and these were audited regularly. A recorded balance of a randomly selected CD checked during the inspection, matched the stock held in the cabinet. The RP said that the pharmacy had not received any patient-returned CDs since it started operating. But a register to record CD returns was in place. The pharmacy had not supplied any unlicensed medicines or dispensed any private prescriptions.

The pharmacy had an information policy and it was registered with the Information Commissioners Office. Access to the electronic patient medication record (PMR) was password protected. Confidential waste was shredded in the pharmacy. The RP understood safeguarding requirements and had completed Level 2 safeguarding training. Although the pharmacy's delivery driver had not had formal safeguarding training he understood safeguarding requirements and he did report back concerns about people they delivered to. The RP described a safeguarding incident that had arisen and how the person had been helped, but it had not been documented.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team has the appropriate skills and qualifications for the pharmacy's services. And it can manage the pharmacy's current workload adequately. But the pharmacist single-handedly manages the dispensing and the checking process. And this could increase the chance of dispensing mistakes

Inspector's evidence

The RP was the only member of staff working at the time of the visit. And the pharmacy also employed a delivery driver who had worked for the pharmacy for several years. A family member of the SI was also present in the pharmacy but he was not undertaking any dispensing activities. The RP said that he was currently observing the tasks in the dispensary before deciding to work in the pharmacy. The RP said that she was aware about GPhC's guidance for employers on the education and training requirements of pharmacy support staff. And she confirmed her if the family member was employed by the pharmacy, then he would be enrolled on an accredited training course. The RP said that she was able to comfortably incorporate a mental break between various tasks in the dispensary. And this had helped improve focus and reduce mistakes happening during the dispensing process. There were no targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are adequate for the services it provides. And they are kept secure from unauthorised access.

Inspector's evidence

The pharmacy was fitted to a very basic standard and it was situated in a self-contained unit. There were couple of rooms adjacent to the main dispensary used to store excess stock, storage boxes and medicine destruction bins. The dispensary had adequate space for the current dispensing volume, and it had a designated area for dispensing. There was adequate lighting throughout the room and the ambient temperatures were suitable for storing medicines. A clean sink with hot and cold running water was available for preparing medicines. The RP had access to shared hygiene facilities and the pharmacy could be secured against unauthorised access. The pharmacy had a very basic website that was being rebuilt and updated. There were links to advice about Covid-19 and the pharmacy's premises number, the SI's and RP's name and their registration numbers were posted on the pharmacy's website. The pharmacy did not sell or supply any medicines from its website.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy has adequate systems in place to provide its services safely. It obtains its medicines from reputable sources and stores them safely. And it takes the right action in response to safety alerts so that people can get medicines and medical devices that are fit for purpose. People with different needs can access the pharmacy's services.

Inspector's evidence

The pharmacy was a distance-selling pharmacy and members of the public could access its services remotely via the internet or telephone. There was limited information about other sources of healthcare or general health advice on the pharmacy's website. But the RP was aware of signposting requirements and used local knowledge to refer people to other local healthcare providers where appropriate. The pharmacy offered a delivery service. And due to the pandemic, the delivery driver was not obtaining any signatures from recipients, but he annotated the delivery sheet accordingly when the delivery was made to keep an audit trail.

Most of the pharmacy's activity was dispensing NHS prescriptions. The workflow in the pharmacy was somewhat organised and baskets were used during the dispensing process to minimise the risk of prescriptions getting mixed up. The RP initialled the 'dispensed-by' and 'checked-by' boxes on the dispensing labels to keep an audit trail. The RP was aware of the risks involved in supplying sodium valproate to people in the at-risk group. And knew about the Pregnancy Prevention Programme. The pharmacy did not currently have anyone being supplied with sodium valproate.

The pharmacy supplied medicines in multi-compartment compliance packs to a handful of people and the RP confirmed that these were labelled with a description of the tablets or capsules contained within the pack to help people identify their medicines. And patient information leaflets were routinely supplied. The pharmacy had delivered all the compliance packs the previous day and there were none available to check during the inspection.

The pharmacy obtained its medicines from licensed wholesalers and there was just about enough space in the dispensary to store stock medicines safely. But these could have been better organised on the shelves. Medicines were date checked regularly and this was recorded. No date-expired medicines were found in with stock medicines. Medicines requiring cold storage were kept in a refrigerator and these were stored between 2 and 8 degrees Celsius. Records of maximum and minimum fridge temperatures were kept. All CDs were stored in line with requirements. Waste medicines were stored in designated waste bins. The pharmacy had a process to deal with safety alerts and medicines recalls. Records of these and the action taken by the RP were recorded, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. And it maintains these adequately.

Inspector's evidence

The pharmacy had an internet connection and members of the pharmacy team had access to online reference sources. Pharmacy computers were password protected and all other electrical equipment appeared to be in good working order. The pharmacy had several clean crown-stamped glass measures available for measuring liquid medicines. And it had equipment for counting loose tablets and capsules. The pharmacy had access to items of personal protective equipment, such as hand sanitisers, face masks and gloves. And these had been issued to the delivery driver to be used when delivering medicines to people.

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.