

# Registered pharmacy inspection report

**Pharmacy Name:** Spirit Pharmacy Ltd, Spirit House, 1A Saffron Way,  
Leicester, Leicestershire, LE2 6UP

**Pharmacy reference:** 9011083

**Type of pharmacy:** Community

**Date of inspection:** 04/07/2019

## Pharmacy context

The pharmacy is situated on the outskirts of Leicester City. The pharmacy has a distance-selling contract with NHS England, so members of the public did not usually have access to the pharmacy. Most of its activity is dispensing NHS prescriptions some in multi-compartment compliance aids. Over-the-counter medicines and other services are not currently provided. The pharmacy advertises its services using the following website: [spirit-pharmacy.co.uk](http://spirit-pharmacy.co.uk).

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages the risks associated with the provision of its services. It has adequate procedures to learn from its mistakes. The pharmacy adequately manages people's personal information. It knows how to protect vulnerable people.

### Inspector's evidence

The responsible pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was clearly displayed. The pharmacy had a set of up-to-date standard operating procedures (SOPs) which reflected that the pharmacy had a distance selling contract with NHS England. The SOPs covered most but not all the pharmacy's activities. The superintendent pharmacist hadn't signed the paper copies of the SOPs.

The pharmacy had procedures for recording near misses, errors and incidents. The pharmacist explained the process for near misses. She said that there had only been two near misses since the pharmacy had opened in February 2019.

The pharmacist was the only member of the pharmacy team. She explained her dispensing and checking process which included a third check which took place when the medicine was being bagged before it was sent out. She signed once across the dispensed by and checked by boxes to create an audit trail.

The pharmacy mainly had the records needed to support the safe and effective delivery of pharmacy services. The pharmacy had a private prescription book but hadn't dispensed any private prescriptions. The pharmacy didn't have a register for patient-returned controlled drugs (CDs). The pharmacist said that they hadn't received any patient-returned CDs. CDs were stored safely. The pharmacy only supplied a small number of CDs. A random check of the recorded running balance of a CD corresponded with the actual stock in the CD cabinet.

There was a complaints procedure in place; there were contact details for the pharmacy and the GPhC on the pharmacy's website. Public liability and professional indemnity insurance were in place until January 2020.

Confidential paperwork was stored securely. Confidential waste was shredded. The pharmacist had her own NHS Smartcard. The pharmacy website was provided by a reputable third party. Information on the website included the MHRA logo, the company and GPhC registration numbers and the name and registration number of the superintendent. The pharmacist said that the pharmacy didn't have an information governance (IG) SOP but that she had completed IG and General Data Protection Regulation training.

The pharmacist was aware of safeguarding requirements and had completed the level 2 safeguarding course. She said there wasn't an SOP, but she knew where to get contact details online to report any concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacist adequately manages the workload within the pharmacy. She is able to act in the best interests of the people who use its service and is involved in improving and developing the service. She has access to training to develop her knowledge to reflect the pharmacy's specialist areas.

### Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The RP record showed who the RP in charge of the pharmacy had been. The pharmacist was the only regular member of staff. She was able to act in the best interests of the people who use the service.

The pharmacist said she had regular face-to-face monthly meetings with the superintendent and that she could easily contact him by phone or email. She said that she was involved in developing the pharmacy and this included looking to expand services including patient group directions and Medicines Use Reviews and how to market the service.

The pharmacist said that she had used her continuing professional development to develop her understanding of online pharmacy and diabetes which was the specialism of the pharmacy. She said that there were no formal targets set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had recently opened in a purpose-built unit. The dispensary was clean and tidy and had a sink with hot and cold water. There was sufficient dispensing bench and storage space available. The pharmacy had air conditioning which provided an appropriate temperature for the storage of medicines; lighting was sufficient. Unauthorised access to the pharmacy was prevented during working hours and when closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely. The pharmacist is helpful and supportive to people who use the pharmacy. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely. And it takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing.

### Inspector's evidence

The pharmacy's services were provided remotely so members of the public didn't visit the pharmacy premises. A small number of people used the website to order their prescription medicines. Most people who got their prescription medicines supplied by this pharmacy had transferred from another distance-selling pharmacy which had closed. The pharmacy contacted these people by phone to discuss what they needed. The pharmacy didn't sell over-the-counter medicines through its website.

The website provided access to the services provided and also gave a range of health information. There were a range of leaflets and health advice on-line. The pharmacy had a paper practice leaflet but hadn't yet put it online.

The pharmacist understood the signposting process. Most of the people who used the pharmacy services lived in Warrington. Although the pharmacist didn't have local knowledge she could access information online and the superintendent did have local knowledge to direct people who needed support to other healthcare providers.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label. The pharmacist signed once across both boxes to create the audit trail. Signing both would give the opportunity to show a clear separation of dispensing and checking. The pharmacy also used baskets during the dispensing process to reduce the risk of error.

The pharmacist said that she called people every month to confirm which medicines they wanted to order. She said that she didn't order medicines until she had spoken to the people. This gave her the opportunity to talk to them about a range of other matters. She checked that they were taking all their medicine and gave them help and advice if they weren't. She gave advice on new medicines. She spoke to people about their opiate use and highlighted a recent conversation about tramadol. She checked their understanding of higher-risk medicines such as methotrexate and warfarin. She recorded people's INR on their electronic patient medication record. She provided methotrexate treatment cards and the insulin passport. During the inspection a person rang the pharmacy about the service provided. The pharmacist dealt with the situation in a friendly and supportive manner.

The pharmacist said that the pharmacy didn't have any people in the at-risk group who took sodium valproate. She was aware of the advice that she should give about pregnancy prevention. She didn't have the leaflets but said that she knew how to download them if needed.

The pharmacist said that the pharmacy was a specialist pharmacy in diabetes. The pharmacy registered any people with diabetes on a website that provided education about diabetes. The pharmacist said that there had been a slow uptake in the service.

Each person who received their medicines in a multi-compartment compliance aid had an individual record which listed their medicines and when they should be taken. Any changes in, or missing, medicines were checked with the surgery before being dispensed. All labels on the compliance aids recorded the shape and colour of the medicine to allow easy identification. Patient information leaflets (PILs) were sent with the compliance aid.

The pharmacy delivered medicines to people using track and trace from Royal Mail. This provided an electronic signature that the pharmacist could see to check the medicine had been delivered. This was checked and seen. Fridge lines were dispatched in insulated packages to make sure that they were kept at the appropriate temperature. The company providing the insulation had provided evidence that this storage kept medicines at an appropriate temperature.

Records showed that fridge lines were stored correctly between 2 and 8 degrees Celsius. During inspection the thermometer showed that the current temperature was within range but the maximum on the thermometer was 8.1 degrees Celsius. The pharmacist said she had left the door open longer that day.

Stock medicines were kept in their original containers and stored appropriately. CDs were stored safely. Access to the CD cabinet during the day was managed appropriately. The pharmacist explained that date checking was carried out every three months; the pharmacy had ordered stickers to highlight short-dated stock. A record of date checking wasn't made. No out-of-date stock was seen. Only recognised wholesalers were used for the supply of medicines. The pharmacy had equipment for but had not yet started implementing the Falsified Medicines Directive.

The pharmacy had a partial audit trail for drug alerts. The pharmacist printed out alerts that related to the pharmacy and signed and dated them.

## 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. It maintains its equipment and facilities adequately.

### Inspector's evidence

The pharmacy used ISO measures for measuring liquids. The pharmacy had access to up-to-date reference sources. The pharmacy used an external provider for its website. The provider had confirmed that the website security complied with current best practice. Electrical equipment was new and looked in good condition.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.