

# Registered pharmacy inspection report

**Pharmacy Name:** Baxter Healthcare Ltd, Caxton Way, Thetford,  
Norfolk, IP24 3SE

**Pharmacy reference:** 9011091

**Type of pharmacy:** Closed

**Date of inspection:** 26/02/2020

## Pharmacy context

The pharmacy has been open about one year and was set up to allow the company to deliver urgent products (antibiotics) to people as quickly as possible. It also acts as another site which could be used for routine homecare supplies in the event of a catastrophic failure of one of the other company sites. Currently, there is a very low volume of prescriptions dispensed. Deliveries of medicines to people are made by a separate company.

## 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 is run to professional standards and identifies and manages risks effectively. It is clear about the roles and responsibilities in the processes undertaken, some of which are outside this pharmacy. The team members log any mistakes they make during the pharmacy processes. And they learn from these to avoid problems being repeated. The pharmacy keeps its records up to date. It manages and protects information well and it tells people how their private information will be used. It also understands how to protect the welfare of vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. There were separate SOPs produced by the delivery company, which were approved by Baxter in order to assure themselves that their deliveries would be made in accordance with their specifications. Any issues arising from deliveries would be discussed with the delivery firm.

A 'daily report of issues found' was recorded and actions taken from these to improve the service provided to people were completed when needed. For example, a supply had been inputted into the system with an incorrect delivery date. This was spotted by the pharmacist and corrected, and the system for input and checking at the customer care centre was reviewed in the light of this.

There was a responsible pharmacist notice displayed in the pharmacy. And the record required by law was up to date. There were no staff apart from the pharmacist working in the pharmacy. Customer comments were collated by the customer service team and any feedback which related to this pharmacy would be given to it. The company used this feedback to review its operations as a whole.. There was good communication between the pharmacy and the compounding part of the business and issues were discussed between them in order to iron out any issues.

The company had its own insurance for professional liability. Records of prescriptions dispensed were kept on a computer and were updated daily. These records complied with the legal requirements. Confidential waste was segregated and disposed of by a licensed waste contractor. Confidential information was kept securely and access was limited to staff who had had suitable training and were involved in the customer care or dispensing process in some way. Consent was obtained from the people using the service, allowing their information to be shared where needed.

The pharmacist had undertaken some safeguarding training. There had been appropriate background checks for the delivery drivers from the outside firm they had had suitable training about safeguarding vulnerable people. Any safeguarding issues were highlighted to their own company and then passed onto Baxters, if needed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough qualified staff to provide safe services. It has good handover arrangements and effective staff communication amongst the team. Training is provided by the company and staff find this useful to help keep their skills and knowledge up to date.

### Inspector's evidence

There was one pharmacist employed in the pharmacy. During the inspection her line manager was also present. He would sometimes cover the regular pharmacist's leave, or a locum pharmacist would be employed from a specialist agency. These pharmacists would be given training before providing sole cover in the pharmacy. There was a bank of locum pharmacists who worked at the sister site in Northampton, and it was planned that these were sometimes to be used on this site. The role in this pharmacy only involved antibiotic dispensing, so the clinical checks required were within the usual knowledge of these pharmacists.

There was a good rapport between the pharmacist and her line manager. The pharmacist said that she was able to make changes to the pharmacy processes when the need arose. As the pharmacy had only been open for about one year, there had been changes following incidents. For example, on one occasion the dispensed prescriptions waiting to be delivered had been missed from the delivery. This was due to the warehouse staff not checking the pharmacy fridge. Since that incident it had become part of the pharmacist's duty to move the finished dispensing into the delivery fridge themselves and warehouse operatives have received new instructions and training on reconciling orders for the delivery vehicle. The standard operating procedure had also been changed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean and provide a safe, secure and professional environment.

### Inspector's evidence

The premises consisted of an office and a separate area of the warehouse, where the dispensing took place. Both were clean and tidy and suitable for the tasks undertaken. The workspaces were uncluttered. Access to the building was by smart card and the pharmacy was only accessible to those authorised for that part of the building.

There was adequate hygiene control and access to handwashing facilities with hot and cold water as well as soap. All staff and visitors were screened for coronavirus risk before entering the building.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective and it gets its medicines from the manufacturing department of the same organisation. The team members try to make sure that people have all the information they need so that they can use their medicines safely.

### Inspector's evidence

Prescriptions were received from hospitals around the country by the customer care centre in another part of the country. The prescriptions were on agreed templates. The dispensing was co-ordinated by the lead pharmacy 'control tower'. If a prescription was required urgently and needed compounding, the order would be sent to the compounding department on the site. The order would be prepared. The prescription would be emailed to this pharmacy. If the prescription only contained one item the hard copy would be sent, but if it had other items these would be dispatched from another pharmacy and the email only would be used to dispense from. The prescription would be clinically and legally checked by the pharmacists in the customer care centre (including checking the validity of the signature). The screening pharmacist would sign the prescription to show they had done so. The pharmacist in this pharmacy would do a second clinical check, get the medicine from the compounding department and label it, check it, pack it and sent the box to the warehouse for despatch via a delivery company. It was clear in the governance paperwork which processes had been actioned by which person.

There was no stock held by the pharmacy as all medicines dispatched were compounded products. There was a good audit trail kept for each product supplied by this department. The temperatures of the fridge in the pharmacy were recorded daily, both manually and by automatic recording facilities. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy. Although these did not usually apply. Each delivery van was thermostatically controlled, and the delivery company monitored them. Any breaches in temperature were reported back to the pharmacy. Orders received by 2pm would be dispensed the same day.

The person receiving the prescription would be contacted by the delivery company 'control tower' to arrange delivery and the final details would be confirmed by the delivery company.

## Principle 5 - Equipment and facilities Standards met




### Summary findings

The pharmacy has the right equipment for its services. It makes sure its equipment is safe to use.

### Inspector's evidence

The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. Access to formularies for the hospitals writing the prescriptions were available for use when clinically checking the prescriptions. These were kept up to date. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing. The computers were password protected and could not be accessed by those not authorised to do so.

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

Finding	Meaning
 <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.
 <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.
 <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.