

Registered pharmacy inspection report

Pharmacy Name: Dronfield Pharmacy, Studio 5, Riverside Studios,
Mill Lane, Dronfield, Derbyshire, S18 2XL

Pharmacy reference: 9011136

Type of pharmacy: Internet / distance selling

Date of inspection: 04/11/2019

Pharmacy context

This is a recently opened distance selling pharmacy which mainly dispenses NHS prescriptions to people in the local area. People cannot take their prescriptions into the pharmacy or collect them from the pharmacy, but the pharmacy delivers them to their homes instead. People can make an appointment to visit the pharmacy for some services such as medicine use reviews or flu vaccinations. The pharmacy operates until late in the evening Monday to Friday and for four hours on Saturdays. It has a website which provides information about the pharmacy. (www.dronfieldpharmacy.co.uk)

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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

The pharmacy adequately manages risks and takes some action to improve patient safety. The team members keep people's private information safe and understand how they can help to protect the welfare of vulnerable people. Team members keep the records required by law, but some details are incomplete, which could make it harder to understand what has happened if queries arise.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided, with signatures showing that members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. There were two versions of some SOPs such as the delivery SOP, which might cause confusion to the pharmacy team. The pharmacist superintendent (SI) explained that this was because he was in the process of reviewing the SOPs and intended to keep the finalised SOPs in an electronic format. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

There were templates available to record dispensing incidents. None had been completed and the SI confirmed there had not been any dispensing errors since the pharmacy started operating. Near misses were reported and actions to prevent re-occurrences had been recorded. There had not been any formal reviews or discussions, but the SI said this would be started now the size of the pharmacy team had increased from the two pharmacists to include two new assistants.

The pharmacy's website contained a contact form which could be used by people to raise concerns or give feedback about the pharmacy. Completion of the form generated an e-mail to the pharmacy. The SI said he had not received anything yet and any verbal feedback had been positive so far. He said people appreciated the free delivery service as other pharmacies in the area charged for deliveries. He said a customer satisfaction survey would be carried out when the pharmacy had been operating one year.

Insurance arrangements were in place. A minimal number of private prescriptions had been dispensed and recorded appropriately. There was an RP record but short absences from the pharmacy had not been recorded, such as when the RP went to collect prescriptions from the local GP surgeries or visited the post office. This compromised the accuracy of the audit trail. Records of CD running balances were kept. Three CD balances were checked. One discrepancy was found but it was resolved during the inspection. The SI felt this would have been detected at the next balance check which was due later that day.

Members of the pharmacy team had read and signed a confidentiality and data protection agreement and there was a data security SOP. Confidential waste was collected in a designated place and shredded. An assistant correctly described the difference between confidential and general waste. Consent was received when patients signed up to the electronic prescription service (EPS) and before flu vaccinations and MURs. The SI confirmed that consent would be obtained before accessing Summary Care Records (SCR), but this had not been necessary yet.

The pharmacist superintendent (SI) had completed the Centre for Pharmacy Postgraduate Education (CPPE) training on safeguarding. There were SOPs for child protection and safe guarding vulnerable groups and the contact numbers of who to report concerns to were available. The pharmacy had a chaperone policy, and this was displayed on the consultation room door. The SI said people could only make an appointment to visit the pharmacy when there were at least two members of the team present.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its current workload. Pharmacy team members are comfortable providing feedback to their manager and have opportunities to discuss issues together. They complete training for the jobs they do. But training is not necessarily structured, so they might not identify gaps in their knowledge.

Inspector's evidence

The SI was working as the responsible pharmacist and he and a new assistant was on duty at the time of the inspection. The pharmacy had recently recruited two part time assistants who were due to be enrolled onto an accredited dispenser assistant course when they had completed their three-month probationary period. The two new assistants worked on separate days to each other and there was flexibility to cover each other's absences. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other. Pharmacist cover was provided by either by the SI or the pharmacy manager who were both directors of the company. For part of the day, the pharmacist was required to work alone and the SI explained that he took a mental break between dispensing and accuracy checking the prescriptions in order to minimise the risk of errors. There was a delivery driver who worked two hours each day.

The pharmacy team were in a Whats App messenger group and this was used to communicate within the team and a pharmacy diary was also used to record and pass on messages. Issues were discussed as they arose and the first formal team meeting had been planned for later in the month. The two new assistants were going to be given an appraisal at the end of their probationary period. They had read the SOPs and were being closely supervised but there wasn't a structured induction process and training, other than reading the SOPs, had not been recorded. One of the assistants said she felt there was an open and honest culture in the pharmacy. She said she had read about how to raise a concern in the SOP file but said she would feel comfortable talking to the SI about any concerns she might have. She said she felt she could make suggestions or criticisms informally.

The SI said he liked to delegate where appropriate and empowered the pharmacy manager to exercise his professional judgement and comply with his professional and legal obligations. He said he and the pharmacy manager discussed professional issues together. The SI had recently set targets for the pharmacy. For example, 25 Medicines Use Reviews (MUR) and 10 New Medicine Service (NMS) per month. He said he encouraged the team but did not put pressure on them, and they had only completed four MURs to date.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare. The pharmacy is normally closed to the public but does have a private consultation room that enables it to provide services and offer members of the public the opportunity to have confidential conversations.

Inspector's evidence

The pharmacy was a secure, closed unit. The pharmacy premises were clean, well maintained and in a good state of repair. The pharmacy used portable heaters and radiators to control temperature and lighting was adequate. The pharmacy had been fitted out to a good standard when it opened, and the fixtures and fittings were in good order. Maintenance problems would be reported to the owner of the building, but there had not been any issues to date.

The premises were on the first floor in a complex of business offices and there were communal staff facilities which included a small kitchen area with hot and cold running water, and WCs with wash hand basins and antibacterial hand wash. Hand sanitizer gel was available in the pharmacy. The SI explained that he would wash his hands using the communal facilities and then use the hand sanitizer gel before carrying out a flu vaccination. There was a drinking water dispenser in the pharmacy which was used for medicine preparation. The consultation room was uncluttered, clean and professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally well managed, so people receive appropriate care. The pharmacy sources, stores and supplies medicines safely. And it carries out some checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

A list of the services provided was displayed on the pharmacy's website. The pharmacy team were clear what services were offered and where to signpost to a service not offered. Promotional banners had been displayed in the local area and flyers had been sent to people's homes to advertise the pharmacy's services. The SI and pharmacy manager had visited local surgeries to make them aware of the new pharmacy and explained that they offered free delivery and extended opening hours. The SI said he was going to introduce signposting information onto the website and had been in recent contact with their IT provider to update the information available on their website. Healthy living was not actively promoted but the SI said this was something he would improve and had requested resources and support from the NHS.

Patients could communicate with the pharmacist and staff via the telephone or by e-mail. The pharmacy and consultation room were on the first floor, and there was no lift, so the pharmacy was not accessible to patients with mobility difficulties and wheelchair users. The SI explained that they would apply to the NHS to carry out an offsite MUR if a patient with mobility difficulties required one and there was a SOP in place for this.

The pharmacy usually received prescriptions electronically and delivered them to patient's homes. If required a member of the pharmacy team could collect the prescription form from the local surgery or the patient's home. All prescriptions were delivered and if nobody was available to receive the delivery the medicine was returned to the pharmacy. Each delivery was recorded, but a signature was not usually obtained from the recipient unless the medicine was a CD. This was not in line with the delivery SOP and did not provide assurance that the patient had safely received their medication. The SI said he was considering allowing medicines to be posted if the patient requested this but he was still considering the risks and the best way of mitigating them. He said this would include the patient signing a contract/agreement.

Space was adequate in the dispensary and the work flow was well organised. The dispensary shelves were neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. The SI counselled patients over the telephone if necessary and recorded counselling as an intervention on the patient medication record (PMR) system. The SI was aware of the valproate pregnancy prevention programme. He said they did not have any patients in the at-risk group. He could not locate the valproate information pack and care cards but said that he would reorder some to ensure any new people in the at-risk group were given the

appropriate information and counselling.

A small number of patients received their medication in multi-compartment compliance aid packs. There was a SOP which stated that an assessment for suitability was completed prior to commencing this service. The SI explained that all the patients receiving their medicines in these packs had been recommended them by their GP, so the pharmacy did not have any documented assessments. There was a partial audit trail for changes to medication in the packs but it was not always clear who had confirmed the changes and the date the changes had been made. Some packs were assembled from previous prescriptions and then checked against the current prescription before supply. This practice increased the risk of error if changes had been made. A dispensing audit trail was completed, and medicine descriptions were usually included on the labels to enable identification of the individual medicines. Packaging leaflets were not always supplied, despite this being a mandatory requirement so patients and their carers might not be able to easily access required information about their medicines. Disposable equipment was used.

A minimal number of over-the-counter medicines had been sold and a record had been kept of these sales. They had been requested over the telephone and only the pharmacist dealt with these requests and asked relevant questions to ensure the sales were appropriate. There had been no requests for codeine containing products or other medicines liable to abuse.

CDs were stored in a very small CD cabinet which was securely fixed to the wall. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Patient returned CDs were segregated and stored securely. Recognised licensed wholesalers were used to obtain medicines. No extemporaneous dispensing was carried out. The pharmacy was not compliant with the Falsified Medicines Directive (FMD). The software was available but not the hardware, and the pharmacy had not yet registered with SecurMed.

Medicines were stored in their original containers at an appropriate temperature. The assistant explained that she checked the expiry dates of medicines as she put them on the dispensary shelves and during the dispensing process. There was a date checking matrix to document routine date checking, although none had been completed yet. There were no opened liquids with limited stability. Expired medicines were segregated and placed in designated bins. Alerts and recalls were received via e-mail messages from NHS England. These were read and acted on by a member of the pharmacy team and filed. A record of the action taken was recorded to provide assurance that the appropriate action has been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

Inspector's evidence

Recent copies of the British National Formulary (BNF) and BNF for children were available and the pharmacist could access the internet for the most up-to-date information. For example, the electronic BNF. There was a clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order.

There was a small selection of clean glass liquid measures with accuracy marks, although a plastic measure (without accuracy marks) was also in use, which could compromise accuracy. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Patient medication records (PMRs) were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.