

Registered pharmacy inspection report

Pharmacy Name: New Health Supplies Ltd, Unit 5, Archdale Business Centre, Brember Road, Harrow, HA2 8DJ

Pharmacy reference: 9011219

Type of pharmacy: Internet / distance selling

Date of inspection: 06/09/2023

Pharmacy context

This is a pharmacy which is closed to the public, provides its services at a distance and is on an industrial estate in Harrow, Greater London. The pharmacy provides and delivers medicines inside multi-compartment compliance packs for people who live in residential care homes. The pharmacy also has a Wholesale Distribution Authorisation (WDA); this activity is regulated by the Medicines and Healthcare products Regulatory Agency (MHRA).

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 is operating appropriately. It has the right systems in place to identify and manage the risks associated with its services. Members of the pharmacy team understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's confidential information suitably. And it maintains its records as it should.

Inspector's evidence

The pharmacy was clean, tidy, and organised. Documented standard operating procedures (SOPs) were in place which provided guidance for the team on how to complete tasks appropriately. The superintendent pharmacist (SI) was in the process of ensuring the SOPs matched their internal processes. They had been read and signed by the staff. Team members understood their roles and responsibilities. This included tasks that could be completed in the absence of the responsible pharmacist (RP). The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The RP during the inspection was the SI. She had suitably identified and managed the risks associated with the pharmacy's services. The dispensary was kept clear of clutter and the pharmacy was organised. The RP's process to manage dispensing errors which reached people was suitable and in line with the pharmacy's procedures. This involved appropriate handling of the situation, formal reporting, and investigation to identify the root cause. Near miss mistakes that had occurred were recorded, details were discussed and reviewed with the team; common mistakes were highlighted, and medicines which looked-alike or sounded-alike were separated such as trazodone and tramadol.

The pharmacy ensured people's confidential information was kept secure. Staff used their own individual NHS smart cards to access electronic prescriptions and the pharmacy's computer systems were password protected. Confidential waste was shredded. The RP had ensured that staff were trained to safeguard the welfare of vulnerable people. Contact details for the relevant local safeguarding agencies were available and the RP was in the process of obtaining level two accreditation through the Centre for Pharmacy Postgraduate Education (CPPE).

The pharmacy had current professional indemnity and public liability insurance. The pharmacy's records were kept in accordance with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs), the RP record and records of unlicensed medicines. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Checks to verify the balance of CDs were made and recorded regularly. Records of CDs that had been returned by people and destroyed at the pharmacy were kept. Records verifying that fridge temperatures had remained within the required range had also been suitably maintained.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy provides its services using a team with various levels of experience and members of the pharmacy team are trained or enrolled on suitable training courses appropriate to their role. The pharmacy also provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

The pharmacy's team members consisted of two regular, part-time pharmacists, one of whom was the superintendent, two dispensing assistants and two non-pharmacy professional owners. Staff were trained or undertaking the appropriate accredited training relevant to their role. Both dispensers were qualified pharmacists from overseas. The owners also occasionally helped dispense, deliver medicines, or provide contingency cover. A new member of staff was also due to start their employment. There was enough staff to manage the pharmacy's workload and the team was up to date with this.

They were a small team, communicated verbally and regularly discussed things with one another. Team meetings were held routinely. Staff liked working at the pharmacy. The pharmacy used various pharmacy support organisations to provide formal or ongoing training to keep the teams knowledge and skills up to date, additional resources were discussed during the inspection. The team's progress was monitored formally. Staff were observed to be more confident and knowledgeable about their roles and responsibilities since the last inspection. This included the superintendent pharmacist who had completed additional training on her role.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and suitable for the activities the pharmacy undertakes. The pharmacy has enough space to deliver its services safely. And the premises are sufficiently clean.

Inspector's evidence

The pharmacy premises were located inside a warehouse unit and consisted of a long room with staff areas and WC. The pharmacy was kept clean, ventilated, and bright. There was enough space in the dispensary to prepare medicines. The pharmacy was kept clear of clutter and clean. The pharmacy did not have a consultation room, it did not provide any services at the point of inspection and was closed to the public. This was therefore not required. The pharmacy was secured appropriately. Unauthorised access was restricted, and people could not access the pharmacy without team members being present.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy obtains its medicines from reputable sources, stores them appropriately and manages them well. Members of the pharmacy team suitably deliver prescription medicines to people's homes. And they supply medicines to the residential care homes in a safe way.

Inspector's evidence

The pharmacy was located on the first floor of the warehouse unit. It had some parking spaces outside the warehouse, but the premises was closed to the public, so access was limited. The pharmacy provided medicines to people in residential care homes. They were supplied inside different forms of multi-compartment compliance packs.

The care homes ordered their own prescriptions which were then sent electronically to the pharmacy. The team identified any changes that may have been made, maintained records to reflect this and queried details if required. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were regularly supplied. There had been no requests made to administer medicines covertly. Medication Administration Records (MAR charts) were routinely provided. They contained details of the administration, allergies, and pictures of the residents to enable easy verification. The pharmacists also routinely completed audits at the care homes. There were no residents in the care homes currently receiving higher-risk medicines. Staff were aware of the risks associated with valproates; they identified people at risk as an audit had been completed about this and ensured the warning label was visible.

There was an established workflow in place and a notice board highlighting which weeks certain care homes were due. This helped ensure the team could work effectively to deadlines. The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used this as an audit trail.

Once the compliance packs had been assembled, checked, and packed, one of the owners delivered them to the care homes. The pharmacy used in-house, documented checking processes to ensure they had the required packs and number before delivering. The pharmacy team also kept verifiable audit trails about the delivery process. CDs and fridge items were effectively identified and highlighted. There had been no failed deliveries as there were always staff present at the care homes to accept medication and they knew when to expect delivery.

The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were date-checked for expiry regularly and records kept verifying when this had taken place. Short-dated medicines were identified. CDs were stored under safe custody. Medicines returned for disposal, were accepted by staff, and stored within designated containers, except for sharps or needles which were redirected appropriately. Drug alerts were received electronically, monitored, and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And its equipment ensures people's confidential information is secure.

Inspector's evidence

The pharmacy had the appropriate range of facilities and equipment. This included current reference sources, a shredder, a legally compliant CD cabinet, a suitable pharmacy fridge and triangle tablet counters as well as a separate one which was marked for cytotoxic use only. This helped avoid any cross-contamination. The equipment was clean and maintained appropriately. Staff used their own NHS smart cards to access electronic prescriptions and computer terminals were password protected.

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.