

Registered pharmacy inspection report

Pharmacy Name: Instant-Pharma, Fairbairn House, Fairbairn Road,
Liverpool, Merseyside, L22 4QA

Pharmacy reference: 9011228

Type of pharmacy: Internet / distance selling

Date of inspection: 04/05/2021

Pharmacy context

This is a community pharmacy which people accessed via telephone or on the internet. People generally did not visit the pharmacy in order to access its services, as medicines were delivered to the people who use the pharmacy. The pharmacy's website is www.instant-pharma.co.uk. It is situated off a major road through Crosby, north of Liverpool. It dispenses NHS prescriptions and some private prescriptions. The inspection was completed during the COVID-19 pandemic.

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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They discuss things that go wrong to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a current set of standard operating procedures (SOPs). The superintendent (SI) said all members of the pharmacy team had read the SOPs. But the training sheets to show staff had read and accepted the SOPs had not been completed.

A paper log was available to record near miss incidents, but it had not been completed since early 2020. The SI said all errors were discussed with members of the pharmacy team to identify learning. But not all near miss incidents were recorded and analysed. So some learning opportunities may be missed. Dispensing errors were recorded electronically and reviewed on the patient medical record (PMR) system. Examples were seen of action taken following an error, such as highlighting medicines on patient charts to help staff when picking medicines.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what his responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure available on its website. Any complaints were recorded to be followed up. A current certificate of professional indemnity insurance was available.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked monthly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team had completed GDPR training. Confidential waste was segregated and removed by an authorised waste carrier. A privacy notice was available to view on the pharmacy's website.

The SI said she had completed level 2 safeguarding training. And contact details for the local safeguarding board were available. But an SOP for safeguarding was not available. So staff may not always be aware about their responsibilities or the signs of concern to look for. A dispenser said he would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist – who was the SI, and four dispensers – one of whom was a delivery driver. The pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist and one to two dispensers. On the day of the inspection, a dispenser was absent due to sickness. The volume of work appeared to be managed well. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training using the Virtual Outcomes platform. For example, they had recently completed a training pack about suicide prevention. Training records were kept showing what training had been completed. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

A dispenser provided an example of how he would speak to the pharmacist if he received a clinical query. The staff appeared to work well together and discussed when there was an error or complaint. A communications diary was used to record important information so that it could be shared with staff who were not present. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no professional based targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and steps have been taken to make the premises COVID secure.

Inspector's evidence

The dispensary was located in the upstairs of a business unit, solely owned by the pharmacy. The dispensary was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted. The temperature was controlled by a central heating system. Lighting was sufficient. The staff had access to a kitchenette area and WC facilities.

To help make the premises COVID secure, any members of the public were served at a table at the door to enable social distancing. Masks were available for staff to use, and each member of staff was completing a weekly lateral flow test to check for any asymptomatic COVID infections. Hand sanitiser was available throughout the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition.

Inspector's evidence

The pharmacy provided the majority of its services at a distance. Some services could be accessed in-person, such as the pharmacy lateral flow collection service. People could contact the pharmacy via email or telephone. And further information about the pharmacy was available on their website. This contained information about the pharmacy's services, and the pharmacy's opening hours. Some health promotion advertisements were shown on the website's home page.

The pharmacy had a delivery service which had been adapted in response to current COVID guidance. The delivery driver would leave the patient's bag of medicines at the door, knock, and stand back to allow social distancing whilst the patient picked up the bag. The driver would wait for the recipient to pick up the bag. If there was no answer the medicines would be returned to the pharmacy. A delivery record was kept.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing.

The pharmacist said she would counsel patients over the telephone when she supplied high-risk medicines (such as warfarin, lithium and methotrexate). There was product literature available to provide to patients if needed. But records of counselling were not always kept. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would complete a verbal assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

The pharmacy dispensed medicines for a number of patients who were residents of care homes. A re-order sheet was provided to the pharmacy and it contained details about the medicines required, medicine changes and any handover notes for the pharmacy. When prescriptions were received from the GP surgery, they would be compared to the re-order sheet to confirm all medicines had been received back. Any queries were written onto a query sheet and chased up with the GP surgery. A copy of the query sheet was provided to the care home upon delivery of the medicines. Some care homes

received the dispensed medicines in their original packs. Whilst others received medicines which were dispensed into disposable compliance aids. PILs were provided to the care home.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a monthly basis. A date checking matrix for the previous year was displayed on the wall and had been signed by staff. The SI said date checking had been completed since then, but it had not been recorded. Short dated stock was seen to be highlighted using a sticker and the month the medicine was due to expire. Liquid medication had the date of opening written on. A spot check of medicines in the dispensary did not find out of date stock. But some of the dispensary shelves were disorganised which may lead to a picking error.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had been within the required range for the last 3 months. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the MHRA. Alerts were printed, and a separate sheet was used to record details of the action taken and by whom.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There were no stickers attached to indicate they had been PAT tested. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter and a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to the office 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.