

Registered pharmacy inspection report

Pharmacy Name: Dixons Green Pharmacy, 75A Dixons Green Road,
Dudley, West Midlands, DY2 7DJ

Pharmacy reference: 9011242

Type of pharmacy: Internet / distance selling

Date of inspection: 06/05/2021

Pharmacy context

This pharmacy is located on a busy main road, near to the town centre. It holds an NHS distance selling contract and it is not routinely open to the public. The pharmacy dispenses prescriptions and delivers them to people's homes. It also supplies care homes and it provides some medicines in multi-compartment compliance aid packs, to help make sure people take them at the correct time. People using the pharmacy can make appointments for a limited number of other non-NHS services, including 'Test to Release' COVID-19 tests and a locally commissioned minor ailments scheme. The inspection took place during the COVID-19 pandemic.

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
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 generally identifies and manages the risks associated with its services. It keeps the records it needs to by law, but some information is missing or inaccurate, so the pharmacy team may not always be able to show what has happened. Pharmacy team members understand how to keep people's private information safe and raise concerns to protect the wellbeing of vulnerable people. Although prescribing for minor ailments accounts for a small part of the pharmacy's overall activities, it could improve the way it manages this, as, the lack of formal policies and procedures means the scope of the service is not clear.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational activities. The responsible pharmacist (RP) confirmed that the procedures had been produced in the last quarter of 2019, when the pharmacy had begun trading. But the procedures lacked specific version control details, so it may not always be possible to tell when they were last reviewed and updated.

One of the pharmacists who worked regularly at the pharmacy held a pharmacist independent prescribing qualification (PIP). He offered an occasional ad-hoc minor ailment consultations following which a prescription was sometimes issued. The pharmacy did not have an associated procedure or policy which explained the scope of this service. And it was unclear if a formal assessment had been completed to make sure potential risks had been mitigated.

The three pharmacists who worked regularly at the pharmacy had signed records confirming their acknowledgement and understanding of the procedures in place. But the dispenser had not signed the procedures and he confirmed that he had not read the SOPs. So, the pharmacy may not always be able to show that all team members are clear about their roles and responsibilities. The dispenser discussed his role within the pharmacy and he correctly identified the activities which may and may not be completed in the absence of an RP. The pharmacy held professional indemnity insurance provided by the National Pharmacy Association (NPA).

The dispenser explained that any near misses were discussed verbally, he outlined some potential contributing factors to near misses, such as taking additional care for medicines with similar names and packaging. The RP said that near misses were also recorded, but no examples of this were seen. The RP believed that previous paper entries had been transcribed electronically but he could not access these on the day. He discussed the action that would be taken in response to a dispensing incident, including reporting it through the National Reporting and Learning System (NRLS). A second pharmacist was aware of a recent incident which occurred approximately two-weeks prior to the inspection. He told the inspector that the superintendent pharmacist (SI) was investigating the incident, but a record of this was not available.

The pharmacy team members had completed and submitted individual personal risk assessments for COVID-19. The team members were able to socially distance when working at the premises and they

wore items of personal protective equipment (PPE) including face masks.

The pharmacy had a complaint procedure. The pharmacy's website explained how people could comment, raise concerns and provide feedback on the pharmacy's services. There was also a downloadable copy of the most recent NHS Community Pharmacy Patient Questionnaire (CPPQ).

An RP notice was not displayed at the start of the inspection, but this was quickly rectified by the RP when pointed out. The RP log was kept electronically. There were some anomalies identified, such as on the day prior to the inspection an RP did not sign in until the late afternoon. The time at which RP duties ceased was also not routinely recorded. This may create ambiguity as to who was responsible for the safe and effective running of the pharmacy at a particular point in time. Records for private prescriptions and emergency supplies were generally in order. And the pharmacy kept records for the procurement of specials. But the records did not always contain patient details as an audit trail from source to supply, so they were not strictly compliant. Controlled Drugs (CD) registers maintained a running balance and some balance checks were completed. Patient returned CDs were recorded in a designated register.

The pharmacy had several information governance procedures. The procedures were due for review in 2020, but it was unclear if this had been completed. The dispenser identified some of the ways in which people's private information was kept safe. The pharmacy segregated confidential waste, and this was then shredded on the premises. The pharmacists held personal NHS Smartcards which were secured when not in use.

The pharmacists had all completed safeguarding training and the contact details of local safeguarding agencies were accessible to support the escalation of concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. The team work well together, and they can raise concerns and provide feedback. Team members complete appropriate training for their roles. But the pharmacy does not have a structured approach to training and development. So, team members may miss opportunities to learn and improve.

Inspector's evidence

On the day of the inspection, the RP was working alongside a trainee dispenser. A second pharmacist also arrived midway through the inspection. There were three pharmacists who worked regularly at the pharmacy, and each one also held a role as a company director. For four days each week, one pharmacist worked alongside the trainee dispenser and on the remaining day, two pharmacists were present. The pharmacy also employed a full-time delivery driver. The team present on the day were able to manage the workload effectively and there were arrangements in place amongst the three pharmacists to ensure that any planned leave was covered. In the event of unplanned leave, a locum agency was contacted. But the need for this had only occurred once since the pharmacy opened.

The trainee dispenser informed the inspector that he had worked at the pharmacy since approximately September 2020. This was disputed by the pharmacist, who stated that a formal role within the pharmacy had only begun approximately two-months ago. Any work prior to this was said to be ad hoc. Training arrangements were unclear, but following the inspection, evidence was provided confirming the dispenser had been enrolled on a suitable training programme provided by Buttercups. Feedback on development was provided informally.

The PIP initially qualified with an independent prescribing qualification in the area of hypertension, but had expanded his scope of practice to other areas through further qualifications and experience in hospital pharmacy.

The team worked closely together and were comfortable to raise concerns and provide feedback on where improvements could be made. There were no formal targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an appropriate space for the delivery of healthcare services. It has a consultation room and team members use this to speak privately with people using the pharmacy's services.

Inspector's evidence

The pharmacy was in a good state of repair and it was generally clean. There was adequate lighting throughout the premises and the temperature was appropriate for the storage of medicines. Some areas of the pharmacy were cluttered with paperwork and some items were stored on the floor, which may cause a trip hazard. The pharmacist agreed to review this following the inspection.

The dispensary was fitted with a computer workstation and adequate dispensing space, a further dispensing area was also available to the rear of the premises. Where there was also a sink with hot and cold running water, along with additional cleaning materials. Medicines were stored on large storage units. The pharmacy also had a consultation room equipped with a desk and seating, to facilitate private and confidential discussions.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible and suitably managed, so people receive appropriate care. It generally manages medicines appropriately. But medicines are not always stored in an orderly manner, and its fridge temperature records could be clearer so that it can show that it stores medicines requiring refrigeration at the correct temperature.

Inspector's evidence

The pharmacy was usually closed to the public. People accessed the pharmacy's service primarily via phone, but they were also contactable by email. The contact details for the pharmacy were displayed on a website, which listed the services available. The pharmacy had a front fascia which promoted the pharmacy. A notice was displayed on the front entrance explaining the restrictions on a distance-selling pharmacy when providing NHS services. But it provided details of how to book an appointment, should any person wish to access a private service. Information about this was also displayed on the pharmacy's website.

The pharmacy was aware of the nearest pharmacies in the area who were able to offer NHS services face-to-face. Where necessary people were signposted to these pharmacies and the team were aware of other healthcare providers within the local area.

Prescriptions were dispensed using baskets, in order to keep them separate and reduce the risk of medicines being mixed up. Pharmacy team members signed 'dispensed' and 'checked' boxes as an audit trail to enable those involved in the dispensing process to be identified. The pharmacy had a small number of patients prescribed high-risk medications including warfarin and lithium. The pharmacists told the inspector that these patients were contacted regarding their dosage and monitoring levels, but an audit trail recording the details of monitoring parameters was not always maintained. So, the pharmacy may not always be able to show that these checks take place. The use of valproate-based preparations in people who may become pregnant was discussed with a pharmacist, who demonstrated the actions that had been taken for two people who fell within the at-risk criteria. Safety materials including a patient guide and alert cards were available to supply to this patient group.

Most of the dispensing workload in the pharmacy involved dispensing repeat prescriptions. The pharmacy managed repeat prescriptions, including those for patients who received their medicines in multi-compartment compliance aid packs using a four-week cycle. People were contacted to identify the medications which were required each month and an audit trail was kept helping identify any unreturned prescriptions from the GP surgery. People using multi-compartment compliance aid packs, had a master record of their medication on the PMR system, and this was updated with the details of any changes. Compliance packs seen on the day had patient identifying labels to the front and an audit trail for dispensing. Patient leaflets were supplied, but the descriptions of individual medicines were not always recorded on the compliance pack. So, people using the pack may not always be able to easily identify their medicines.

The pharmacy provided medicines to four local care homes. Prior to the medication due date, request sheets were sent to each home, for care home teams to identify the medications which were required each month. The request sheets were checked against the returned prescriptions to identify any discrepancies, before medications were dispensed into compliance aid packs. Patient leaflets were supplied. The pharmacy had a close working relationship with each of the care homes and team members spoke with the care team regularly to resolve any issues.

The pharmacy operated a delivery service using a full-time delivery driver, which was supported by the pharmacists if necessary. The driver wore PPE when making deliveries and also practised social distancing. The inspector was shown a delivery record which had been signed by the driver as confirmation of delivery. Checks of patient name and address took place at the point of delivery.

The pharmacy provided a small number of private services, which they were able to offer face-to-face. This included a 'Test to Release' COVID-19 testing service. The pharmacy had completed a required declaration through the United Kingdom Accreditation Service (UKAS) and appeared on the HM Government list as an approved test provider. The tests were completed on site, through an appointment only system and the pharmacist wore PPE when conducting the test. Tests were sent for processing at a nearby accredited university laboratory. The laboratory released the results and test certificate to patients, after the test had been processed. The pharmacy team had access to the results system and could identify when a test had been received and processed, as well as view the results certificate which was issued. The pharmacy also supplied COVID-19 lateral flow kits for asymptomatic at home testing. A record was maintained of the number of test kits supplied.

The pharmacy did not offer a regular prescribing service, but the PIP informed the inspector that should a patient present with a minor ailment which he felt competent to manage, then he would on occasion, write a prescription to save the patient having to make an appointment with their GP. The pharmacy had been trading for approximately 17 months and 20 prescriptions had been written during this time. These were primarily for medications to treat minor ailments and other lifestyle medicines. The consultations took place face-to-face on the pharmacy premises. The PIP told the inspector that he kept records of the consultations, but the records were not routinely kept on the pharmacy premises, and so they may not always be accessible when needed. Following the inspection, the PIP provided the inspector with a copy of a page from his prescribing diary, where records of consultations were recorded. The assessment included a past medical history, social history and a record of any repeat and acute medications. The details of this were also checked using Summary Care Records (SCR) where consent was provided. A full assessment was then completed, including identifying any concerning symptoms. The pharmacist supplied a sample of a letter which was issued to all patients who were prescribed a medication. Patients were asked to send this to their regular GP. Where possible, the other pharmacists who worked at the pharmacy were involved in any subsequent supply made by the pharmacy, to minimise potential ethical and conflict of interest concerns which may arise from the pharmacist supplying prescriptions which were written personally by the PIP.

The pharmacy sourced its medicines through reputable wholesalers. Medicines were stored on large shelving units in the dispensary and were unorganised in some places. There were a small number of medicines which had been packed down outside of the original packaging provided by the manufacturer. These medicines were not labelled with a batch number or expiry date, so it was not always possible to tell if they were suitable for use. A recent date check had been completed, but a record of this had not been kept. Medications due to expire within the next three months had been removed from the shelves, and a further check was due to take place in three months' time. No expired medicines were identified from random checks of the dispensary shelves. The pharmacy received medicine recall notifications via email. Emails were saved for reference but an audit trail recording the

action taken in response to a recall was not maintained, so the pharmacy could not demonstrate this.

The pharmacy fridge was within the recommended temperature range and records of the maximum and minimum temperature were recorded through the PMR system. The records were slightly ambiguous and differed dependent on whether the report was being viewed through on the PMR system through the App or through the web browser. There were also some gaps in the record, which means that the pharmacy may not always be able to show that thermolabile medications are being stored at appropriate temperatures. CDs were stored appropriately, with patient returned CDs segregated from stock, and random balance checks were found to be correct.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use the equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had a set of conical measures for measuring liquids. The measures were plastic and had no standardised kite mark present. The pharmacist told the inspector that the measures had been obtained through a reputable supplier but agreed to check this. A counting triangle for tablets was also available. The pharmacy did not have a second counting triangle for cytotoxic medications. A pharmacist confirmed that a need for this had not yet arisen.

Electrical equipment was in working order and computer systems were password protected. Access was available to additional equipment including PPE such as face masks and gloves, which were used by pharmacy team members.

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.