

Registered pharmacy inspection report

Pharmacy Name: Innovation Pharmacy, Unit 8B Carrmere Road,
Leechmere Industrial Estate, Sunderland, Tyne and Wear, SR2 9TW

Pharmacy reference: 9011372

Type of pharmacy: Closed

Date of inspection: 29/09/2021

Pharmacy context

This pharmacy is on an industrial estate in Sunderland. It is a closed pharmacy and people do not access the pharmacy premises. Most of the pharmacy's business comes from dispensing medicines into a range of compliance packs for care and nursing home patients. And it dispenses and delivers medicines to people's homes. The inspection was completed 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

Team members discuss dispensing mistakes and make improvements to avoid the same errors happening again. The pharmacy keeps the records it needs to by law. People using the pharmacy can raise concerns and provide feedback. Team members securely dispose of personal information when it is no longer required. The pharmacy has relevant policies and procedures in place for its services.

Inspector's evidence

The pharmacy had risk assessed the risks of Covid 19 for the pharmacy team. People did not enter the pharmacy premises, so the infection control measures protected team members. The pharmacy had hand sanitiser, gloves, and face masks available. The pharmacy was large, and the benches well-spaced out. This allowed the team to work a comfortable distance apart.

The pharmacy had standard operating procedures (SOPs) relevant to the pharmacy's services. The Superintendent (SI) had prepared these on 1 April 2021 with a review date of 29 March 2023. Training records indicated that most of the team had read them apart from the two newer members of the team. And they had to demonstrate their understanding of the contents before the SI signed them off. Pharmacy team members were observed completing appropriate tasks for their roles and appropriately referring queries to one of the pharmacists when needed.

Team members had their own work benches, and each recorded and corrected their own near misses that had been highlighted by the checker. Some near miss entries were more detailed than others. But in discussion team members demonstrated a good understanding of risk and the ways they could mitigate it. Most of the near misses related to compliance pack dispensing and a lot of the changes made related to making the system safer. For example, an additional step had been introduced to provide a concise record for each patient. This helped to identify changes and specific details. The team had included pictures of the patient to assist the home when administering the medication. One of the regular pharmacists spoke with the team to discuss the common errors and ways in which they could mitigate the risk. For example, the team discussed the similarity of packaging and LASA drugs. Some of these had been separated on the shelves. The regular pharmacist completed a monthly patient safety review that detailed the trends and recorded changes that the team had made to prevent similar errors occurring again. The near miss records and the monthly patient safety review (MPSR) had been filed together so that they could refer to them later. The team had a procedure for reporting dispensing errors. The RP completed an electronic incident report form when an error had occurred, or a concern had been raised. Following an inspection one of the nursing homes had highlighted that sometimes they received liquid medicines that had been removed from the original packaging. The pharmacy put the expiry on the bottle along with batch numbers. But in the case of medicines that had a reduced shelf life once opened this was not helpful. So, the pharmacy now wrote on the date after which the medicine needed to be discarded.

The pharmacy had appropriate indemnity insurance in place and the certificate was displayed in the dispensary and valid until 21 March 2022. It kept up-to-date controlled drug (CD) registers and the pharmacy completed checks of the physical quantity against the register on each entry. The inspector saw evidence of full balance checks on medicines regularly, usually weekly. The RP advised that the

pharmacy dispensed a lot of end-of-life medicines to care homes so weekly checks worked well for them. The physical balance checked on the day matched the CD register balance. The pharmacy kept a record of the receipt and destruction of patient-returned CDs. The pharmacy received a lot of returned CDs and they entered them into the patient returned register and destroyed them straight away. The pharmacy had a book for recording private prescriptions and emergency supplies. These complied with regulations. The pharmacy had a system for the supplies of the unlicensed medicinal products it supplied. The SI kept the invoices, certificates of conformity and a copy of the prescription stapled together in chronological order in the files to comply with MHRA regulations. The pharmacy team held records containing personal identifiable information in the office filing cabinet. The team segregated confidential waste into marked sacks and each work bench had a sack under it. This avoided a mix up with the general waste. An independent contractor shredded these off site. The manager and other members of the pharmacy team had completed safeguarding training. The team looked out for signs such as returned medication in compliance packs that may have indicated that people may be confused and not taking medication as directed. The team had a list of safeguarding contact details in the file. The pharmacy had written information for team members to refer to relating to the General Data Protection Regulation (GDPR). The RP had discussed the importance of keeping people's private information secure.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough people in its team to manage the workload. And they have the necessary qualifications and skills for their roles and the services they provide. They work well together and make decisions about what is right for the people using the pharmacy

Inspector's evidence

The pharmacy team consisted of the superintendent (SI), a full time and one part time pharmacist, one accuracy checking technician (ACT), five dispensing assistants, two apprentices, two newly appointed trainees, and three drivers. Team members worked independently at their own work benches but interacted with each other when necessary. The team had set deadlines to ensure multi-compartment compliance aids went out on time and so reached the care homes when needed. The team worked together to improve the quality of the service provided and when a weakness in the system was identified they worked together to put extra safeguards in place.

The SI staggered team members holidays and used a holiday planner to plan ahead. Holidays at Christmas and Easter were discouraged. The company didn't offer formal training as such. But team members had completed training such as Dementia, Safeguarding, LASA drugs and Dental care. One of the resident pharmacists completed six monthly performance reviews with the pharmacy team. And discussed individuals' strengths and identified development needs. The team had weekly catch ups on a Tuesday morning where they could raise any issues. The RP also went through that week's near misses and relevant MHRA alerts such as the metformin alert. The SI hadn't set targets but had plans for the expansion of pharmacy services. He had set milestones for the next six months.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are spacious, clean, and secure. They are suitable for the services provided.

Inspector's evidence

The pharmacy had a large central dispensing area with wide double-sided benches for dispensing. The pharmacy was well lit. The team had an up-to-date cleaning rota and kept the pharmacy clean and tidy. Stock was stored tidily on the shelves and in storage areas. The pharmacy had a good-sized sink with hot and cold running water for medicines preparation and for staff use. The pharmacy had staff toilets both with sinks and hot and cold running water. The pharmacy had a large sound-proofed consultation room with desk, computer, and seats which doubled as an office.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and maintains clear audit trails for its prescribing service. The pharmacy provides medicines to some people in multi-compartment packs to help them take them correctly. It obtains its medicines from reputable sources. And stores and manages its medicines appropriately.

Inspector's evidence

The pharmacy was closed to the public which meant people could not access the pharmacy in person. People accessed the team for advice or support using the telephone and email. The pharmacy had a website and a social media site that provided contact details for the pharmacy and the pharmacy opening hours. One of the pharmacies computer monitors permanently displayed NHS email so that the team could receive and respond to emails promptly. Sometimes care homes emailed urgent acute prescriptions. The prescription was printed out and dispensed the medication,. The driver took a copy of the prescription when he delivered the item. A member of the care home team gave the driver the prescription on receipt of the medication. On return to the pharmacy the driver gave the original prescription to the pharmacist who completed the back and the copy was marked dispensed and delivered with the date. This was filed for future reference. Turnaround time was typically one to two hours providing the item was in stock.

The SI had considered providing flu vaccinations and Covid 19 boosters this season, but the care home business was expanding rapidly and was very labour intensive. The SI advised that he did not want to jeopardise the quality of the service provided to the homes. The SI had introduced an additional step at the checking stage for compliance packs. The team introduced a sheet for each patient with details of their location in the care home for example the floor and room number. The sheet also provided an audit trail of who had completed each step of the dispensing process. The team used a range of different compliance packs to meet the home's needs. Some care homes required liquid medication in a pack. So, these were provided when needed. The liquid sometimes leaked so the team had bubble wrapped the trays, and this had proved effective in preventing leaks. The team used baskets to hold prescriptions and medicines. Larger plastic containers were used for compliance packs. The team used various stickers within the dispensing process as an alert before the medicines were delivered. For example, they used "controlled drug" stickers to remind the team that a CD needed to be added. The pharmacy used a range of nine suppliers, so they had very few owings. Also care homes generally ordered the same items each month so the team ordered these in advance.

The pharmacy supplied medication to people in the surrounding area. The SI had put a robust procedure in place for the delivery of people's prescriptions. The patient or their representative, on receipt of medication signed a delivery sheet. The pharmacy had an additional sheet for CDs. which detailed what had been supplied. The pharmacy retained these for sixty days so any queries after the event could be properly investigated. The procedure had been followed through the pandemic. The driver signed on people's behalf if they felt uncomfortable signing themselves.

The team had completed an audit of people receiving sodium valproate. The SI demonstrated an understanding of the pregnancy prevention programme (PPP) for people prescribed valproate, and of

the risks. The team had the leaflets and cards which they used when dispensing sodium valproate. The pharmacy used ProScript pharmacy system, and this alerted the team about the requirements.

The pharmacy had a good range of shelves and the medicines had been stored on the pharmacy shelves in a tidy organised manner. The team had a procedure for date checking. The team kept the matrix up to date. The team date checked at a quiet time on a Saturday. Short-dated items had been marked to alert the dispenser that the item was short dated. The team kept a record of these so they could be removed before expiry. The pharmacy team recorded the date of opening on liquid medicines. So, checks could be made to see if they were fit to supply. A check of two areas in the pharmacy found no out-of-date stock. The pharmacy had procedures in place to appropriately store and then destroy medicines that had been returned by people. And the team had access to CD destruction kits. The pharmacy received a lot of patient returns and sometimes the homes had returned CDs in the normal waste. These needed to be logged out of the home and signed for by the driver. So, the SI had put a procedure in place to ensure that this happened. The pharmacy team checked and recorded the fridge temperature ranges daily. The fridge temperature on the day was within the correct ranges. The team stored the medicines inside the fridge and CD cabinets in an organised tidy manner. The pharmacy received drug alerts from MHRA electronically these were printed off and retained for reference.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment they use is clean.

Inspector's evidence

Team members had access to up-to-date reference sources such as BNF and BNF for Children. And access to the internet. The pharmacy used a range of CE quality marked measuring cylinders. The team cleaned the equipment they used to measure, or count, medicines before they used it. They also had a separate marked triangle for dispensing cytotoxic drugs. The pharmacy had a large larder LEC refrigerator to store pharmaceutical stock requiring refrigeration. The team could access the pharmacy computers using a password. Some of the team members responsible for the dispensing process had their own NHS smartcard.

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.