General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Brunswick Pharmacy, Suite 1.11, South Harrington Building, 182 Sefton Street, Brunswick Business Park, Liverpool, Merseyside, L3 4BQ

Pharmacy reference: 9011373

Type of pharmacy: Internet / distance selling

Date of inspection: 02/06/2021

Pharmacy context

The pharmacy is situated within a dietetic product manufacturing facility, on a business park in Liverpool. And it operates as a distance selling pharmacy with an NHS contract. The pharmacy's opening hours are Monday to Friday from 9am to 5pm. The pharmacy works closely with the dietetic product manufacturer, and supplies NHS dietetic service prescriptions to patients. The pharmacy is not associated with a prescribing service and does not sell pharmacy "P" medicines through its website.

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	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
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 manages the risks associated with its services and protects peoples' information. Members of the pharmacy team are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again. The pharmacy generally keeps the records required by law.

Inspector's evidence

The pharmacy had a full range of written SOPs in place which were signed and dated by the pharmacist to indicate they had been produced in 2020. There were training records for each SOP which had been signed by all members of the team to confirm they had read and understood the document. Dispensing errors were fully documented, and examples were available. The pharmacy team kept a written near miss log in the dispensary, and the pharmacist carried out regular reviews. The pharmacist explained that following a dispensing error, she had created a designated, clearly marked checking zone, for assembled prescriptions awaiting an accuracy check.

The pharmacy had detailed information posters displayed next to the accuracy checking bench, that included prescribing options for dietetic conditions and the dietetic product portfolio. The pharmacist believed the posters helped team members identify products from their colour coded packaging and the medical conditions to which the products belonged, which in turn, reduced the possibility of an error during the dispensing process.

The pharmacy team members adhered to social distancing measures when possible. For example, they maintained a minimum of a two-metre distance from colleagues during the dispensing process. All team members wore personal protective equipment (PPE) throughout the day, which included a facial mask. And they had access to alcohol hand gel. The pharmacist had carried out covid-19 risk assessments for the pharmacy and for individual team members.

A complaints procedure was available, and the pharmacy website provided information about how to make complaints and give feedback. The pharmacy had received positive feedback from several NHS clinic dieticians, regarding the service provided. The pharmacy had also received some negative feedback from a patient about the packaging material used inside the assembled boxes to prevent medicines from being damaged. As a result, they had changed their packaging material to a more sustainable alternative. The pharmacy had current professional indemnity insurance in place. A Responsible Pharmacist (RP) notice was conspicuously displayed. The RP record was in order. The pharmacy had not supplied any specials, private prescriptions or controlled drugs (CD) to-date. An electronically held CD register was in place in readiness.

All team members had read and signed the Information Governance SOP and had also signed confidentiality agreements. Confidential waste was shredded and placed in a designated bin for collection. The pharmacy website provided details about how the pharmacy handled information to protect confidentiality. The pharmacy did not have a safeguarding SOP and no details of safeguarding contacts were available. This may lead to team members being unsure of the correct person to contact or process to follow in the event of a safeguarding concern arising. During the inspection the superintendent pharmacist produced a safeguarding SOP for the pharmacy team members to read and

sign, and downloaded the NHS safeguarding mobile application which included local and national contact details. The dispenser said they would report any concerns to the pharmacists, who had both completed CPPE training courses. The pharmacist gave an example of a safeguarding concern she had dealt with for a vulnerable child.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are comfortable about providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement. And the team has access to ongoing training.

Inspector's evidence

The pharmacist pharmacy manager, superintendent pharmacist and a dispenser were present. The dispenser had completed the required training. The pharmacy team were able to manage their workload during the inspection and the pharmacist said the staffing level was normally adequate to handle the volume of work.

The pharmacy team members periodically attended online meetings for dietetic training updates. They completed online training modules for each dietetic product and the associated medical conditions when they had commenced their roles and at the time new products became available. Staff training records were kept and included copies of training certificates.

The dispenser had worked in the pharmacy for three months. The pharmacist explained that team members received a probationary review after six months of employment and would receive an annual appraisal thereafter. The dispenser was able to raise concerns or make suggestions at any time and appeared to work well in the team. A whistleblowing policy was in place if team members needed to raise concerns outside of the pharmacy. No specific performance targets were set.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is safe, clean, and properly maintained. The layout is appropriate for the services provided.

Inspector's evidence

The pharmacy was clean and tidy and was fitted to a good standard and well maintained. There was a dispensary sink which had hot and cold running water. Staff had access to a a toilet with a sink for hand washing. Soap, towels and cleaning products were available. An air extraction system was used for ventilation, and the dispensary was well lit. A consultation room and a telephone were available for private conversations.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are generally well managed, so people receive their medicines safely. The pharmacy team sources and generally stores medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy operated as a distance selling pharmacy, therefore it did not allow access for patients. The pharmacy team knew they needed to signpost patients if they wanted services that were not available at the pharmacy.

The pharmacy used a third-party delivery company with online delivery tracking, to provide a robust audit trail. Due to Covid-19 restrictions, the delivery drivers were taking photographic proof of delivery. If nobody was available to accept a delivery a note was left and the medicines were returned to the delivery distribution centre, until a second delivery attempt was made. The medicines were returned to the pharmacy if delivery attempts had failed.

The pharmacist provided a detailed explanation and demonstration of how prescriptions were received and processed. Most of the NHS prescriptions were received electronically. The NHS dieticians created a profile for each patient, and sent a copy of this to the pharmacy via NHS email. The patient profile included, details of the patient, family, hospital and GP. The pharmacy also received copies of all clinical letters sent between the dietetic service at the hospital and the patients GP. A care co-ordinator employed by the dietetic manufacturer contacted the patient each month to see what medicines were required for the following month. The information gathered from the patient was added to the customer relations module (CRM), which the pharmacy team had shared access to. All prescriptions were clinically assessed by a pharmacist and were cross-referenced with CRM and the clinical letters from the hospital. Once clinically assessed, the pharmacist stamped and initialled each prescription to confirm that the patient's current dietetic regime matched the prescription.

The pharmacy obtained medicines directly from its associated dietetic product manufacturer and also from licensed wholesalers. No extemporaneous dispensing was carried out. Dispensary stock was arranged tidily by medical condition. The pharmacist explained that medicines were only date checked during the dispensing and accuracy checking process because stock almost always came in directly from the dietetic manufacturer and was supplied immediately. Several stock medicines were checked and were found to be in date. No date checking record was kept. This meant the pharmacy could not provide assurance that all its stock medicines were in date.

There was a medicines fridge, equipped with a maximum/minimum thermometer. The temperature was checked daily and recorded, and the record showed the temperature had remained within the required range. The pharmacy had not supplied any fridge medicines to-date, but had processes in place to do so, including, the use of woolcool packaging, to ensure the temperature of the medicine was maintained appropriately. Drug alerts and recalls were received by e-mails, which were checked daily, then kept online in the drug alert record, as evidence they had been actioned.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. It is appropriately maintained, and it is used in a way that protects privacy.

Inspector's evidence

Various reference books were available including a current BNF. All electrical equipment appeared to be in good working order and had been PAT tested in the last year. Patient Medication Records were stored on the pharmacy computer, which was password protected. A telephone was available for private conversations.

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.