General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Inspire Pharmacy, Unit 18, Croft Road, Newcastle Under Lyme, Newcastle, Staffordshire, ST5 0TW

Pharmacy reference: 9011381

Type of pharmacy: Internet / distance selling

Date of inspection: 08/07/2022

Pharmacy context

The pharmacy is situated in an industrial unit on a business park. Members of the public do not usually visit the pharmacy in person. The pharmacy delivers medicines using their own drivers and couriers. The pharmacy mainly dispenses NHS prescriptions and it supplies a large number of medicines to people in care homes. It has a website (www.Inspirepharmacy.co.uk) which provides information about the pharmacy.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.6	Standard not met	The pharmacy does not keep accurate CD records.
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 not all met**

Summary findings

The pharmacy adequately manages risks, and it takes steps to improve patient safety. It generally completes the records that it needs to by law but controlled drugs records are incomplete or inaccurate, which could cause confusion and makes audit more difficult. The team members keep people's private information safe. And the pharmacists complete training so they know how to protect children and vulnerable adults.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services provided, but some members of the pharmacy team had not signed to indicate they had read and accepted them, so they may not be clear about their roles and responsibilities. The pharmacy had started using an automated dispensing robot in the last couple of weeks, but the SOPs had not been reviewed to reflect this change, so members of the pharmacy team might not fully understand the new ways of working. Team members were wearing uniforms and name badges showing their role. There was an RP notice on display, but it did not show the correct RP's details, and this might cause confusion in the event of an error or query.

There was an electronic error recording system which was used to record both near miss incidents and dispensing errors. Learning outcomes to prevent re-occurrences were recorded and the errors were reviewed in a patient safety report. The pharmacist superintendent (SI) said that they aimed to conduct a review on a monthly basis, but the operation managed explained this had not been possible recently due to the increased workload whilst preparing for the introduction of the dispensing robot. The last recorded review had taken place in October 2021. Following one incident when the labelling of paracetamol suspension for a patient had been incorrect, the issue had been raised in a staff meeting and team members were reminded to take time when entering directions. Following a second incident when a label had been missing from a patient's medication, team members were reminded to ensure labels were pressed on securely so they wouldn't come off. There was a new patient medication record (PMR) system which was integrated with the dispensing robot. This included a safety feature whereby the bar code on medicines were scanned, and if the incorrect medicine or strength had been selected by the robot, the dispenser would be alerted. One of the dispensers explained that they were currently concentrating on quantity errors as this was the main form of error since the introduction of the new PMR system.

The operation manager dealt with complaints and submitted an annual complaints report to the NHS. The pharmacy's complaint procedure and a 'contact us' form were available on the pharmacy's website. The pharmacy team were in regular contact with the care homes and the operation manager acted on any feedback received from them.

Insurance arrangements were in place. The RP log and records for private prescriptions appeared to be in order. Controlled drug (CD) registers were kept electronically and running balances were recorded. The SI admitted that they were behind with checking CD balances. A selection of balances were checked, and some inconsistencies were found. Some of the discrepancies were due to missing entries, but others could not be resolved during the inspection, and needed further investigation. The SI stated that entries might have been missed due to the system being down over recent weeks because of

updates. He also thought installing the new PMR system and dispensing robot may have impacted on the recording. The SI agreed to conduct a full audit. The pharmacy received a large volume of patient returned CDs. There was a facility to record the return and destruction of these in the electronic register, but these records were incomplete.

Members of the pharmacy team had read and signed the information governance (IG) policies and procedures which included information about confidentiality. There were two people carrying out work experience in the pharmacy. One of them said the SI had discussed confidentiality with him. He correctly described the difference between confidential and general waste and explained the process for dealing with confidential waste. It was placed in a designated bin and then collected by a waste disposal company. A leaflet entitled 'How we look after and safeguard information about you' and a privacy statement were available on the pharmacy's website, via the 'contact us' tab, so not particularly easy to find. The privacy statement had not been updated with the new pharmacy address following the relocation from unit 10 to unit 18, which might be confusing for people. The operation manager confirmed that data was encrypted and held securely using firewalls. They had also decided to enhance the security of the website by also applying for an SSL certificate.

The SI and RP had completed level 2 training on safeguarding. Other members of the team had a basic understanding about safeguarding and knew to report any concerns about children and vulnerable adults to the pharmacist. The contact numbers of who to report safeguarding concerns to in the local area were available.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload and pharmacy team members generally have the right qualifications and training for the jobs they do. The team members work well together, and they are comfortable providing feedback to their managers.

Inspector's evidence

The RP was a regular locum pharmacist, who usually worked five or six hours each day at the pharmacy. The SI was also present for most of the inspection. The RP explained that they worked together most days. He generally focused on the community prescriptions and the SI focused on the care home prescriptions. The operation manager was a trainee dispenser and there were two NVQ2 qualified dispensers (or equivalent), one trainee dispenser, a new member of staff and a delivery driver on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection.

Team members worked set hours and planned absences were organised on a chart, so that not more than one person was away at a time. The SI said he had not conducted a risk assessment for the two people carrying out work experience. He said he had outlined the duties which he felt were suitable for them to complete, but he had not recorded this anywhere. So, there was a risk that they might conduct a task which was not suitable for their level of training, and this might increase the risk of errors. The new member of staff was in a probationary period and the operation manager confirmed that she would soon be enrolled onto a dispensing assistant course. The pharmacy provided induction training for new members of staff and this was recorded on their records. A Disclosure and Barring Service (DBS) check was conducted before people started work at the pharmacy. Team members were given protected training time and were able to access online training resources, covering professional issues such as Counter Excellence modules, as well as health and safety training such as fire and display screen equipment(DSE). One of the trainee dispensers confirmed she was given an hour or two each week to complete her training course and said she was around halfway through it. Day to day issues were discussed between the pharmacy team members as they arose and team members discussed their performance and development informally with their manager. These communications were not generally recorded so there was a risk that issues raised might not be properly addressed. A member of the team said they would feel comfortable talking to the SI about any concerns they might have and would escalate these concerns to the GPhC if necessary. There was a whistleblowing policy.

The SI was empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to supply a medicine because he felt it was inappropriate. The operation manager said no targets were set so team members weren’t under any pressure.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are safe, secure, and suitable for the services provided. But some information on the pharmacy's website is misleading, which could cause confusion for people trying to access the pharmacy’s services.

Inspector's evidence

The premises were clean, spacious and in a reasonable state of repair. The temperature and lighting were adequately controlled. The pharmacy was fitted out to a good standard, and the fixtures and fittings were in good order. Staff facilities included a kitchen area and WCs. There was a separate dispensary sink for medicines preparation with hot and cold running water. The size of the dispensary was sufficient for the workload.

The pharmacy’s website contained some information about the pharmacy and its services. Over the counter (OTC) medicines including pharmacy (P) medicines were offered for sale via the pharmacy’s website. However, these were no longer supplied and sales did not complete successfully if attempted. The operation manager said they had not made any OTC sales for twelve months. She explained that the ‘shop online’ facility had remained on the website to allow people to pay for NHS prescriptions. But a new website was under development, which would be clearer, and avoid confusion.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers healthcare services which are generally well managed and people receive appropriate care. It gets its medicines from licensed suppliers and the team carries out some checks to ensure medicines are in suitable condition to supply.

Inspector's evidence

This was a closed pharmacy which provided its services to people at a distance. Information about the pharmacy's services were available on its website. People could contact the pharmacy by telephone or email. The pharmacy's operating hours were shown in the practice leaflet which was available on the website.

The pharmacy had a delivery service with associated audit trails. Deliveries were recorded on electronic delivery software. The pharmacy dispensed methadone solution on instalment prescriptions for some patients who were allowed unsupervised doses, and a driver delivered the medication to the patient's homes following a risk assessment and agreement by the drug and alcohol service. Some prescriptions were delivered nationally using a courier. Medicines were packed and sent using the courier's tracking software. The SI said that only medicines which did not require refrigeration or CD safe storage would be sent using a courier.

The PMR system recorded who had labelled the prescription, and this was usually the person who assembled it. But the pharmacy team did not initial 'dispensed by' and 'checked by' boxes on dispensing labels to provide an audit trail, so there was no record of which pharmacist had checked the medication. There was a facility to record the clinical check on the PMR system, but this had been incorrectly recorded as the dispenser in the samples checked. This was because the pharmacist hadn't signed into the PMR system when carrying out the clinical check, so the check had been done in the dispenser's name which was inaccurate. This could cause confusion and limit learning in the event of an error. The pharmacy team used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing.

The RP said he would include a note with a person's medication, asking them to ring the pharmacy, if he wished to counsel them. He said he attached a new medicine service (NMS) sticker if he felt the person could be included in this service, and this would be followed up by the SI. Appropriate information was available to supply to patients when supplying higher-risk medicines such as warfarin, lithium and methotrexate. But details of counselling were not always recorded, so team members could not refer to this information when reviewing a person's PMR or providing further advice. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy and they confirmed that educational material was available to supply with this.

Around 60 people received their medicines in multi-compartment compliance aid packs. An assessment was completed for new people requesting a pack to ensure it was appropriate for their needs. Some people were provided with medicine administration record (MAR) charts and original packs as an alternative to compliance aid packs. Information about their current medication was stored on the PMR system. Any medication changes were confirmed with the GP surgery before the PMR was updated. Medicine descriptions were not usually included on the packs so it might be more difficult for people to

identify the individual medicines. Packaging leaflets were not included in the sample checked but the operation manager said they were usually supplied. Disposable equipment was used to provide the service. The pharmacy supplied residents of around 25 care homes using an electronic system. The care homes were organised into separate groups which were set out on a calendar to help with the planning. The care home staff used an electronic tablet to update MAR charts and to re-order monthly prescriptions. The pharmacy was able to view the re-order information. When prescriptions were received the pharmacy would upload them onto the system to enable the care home to view the prescriptions. Any queries could be highlighted on the system and the care home was informed. Medicines were supplied in their original packaging for this system and these included packaging leaflets.

Medicines were obtained from licensed wholesalers. Most of the stock was loaded automatically into the robot. The system could access the expiry dates of medicines from their bar codes, and date expired medicines could be removed on a monthly basis. Split packs could be entered into the robot and their expiry dates were added manually. Some stock could not go into the robot because their bar codes did not scan or because they were too large. This stock was stored on dispensary shelves in an organised manner. It was date-checked, but this was not recorded, so there was a risk that some parts of the dispensary might be missed. CD stock was stored in the CD cabinet. There was some segregation between current stock, patient returns and out of date stock. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins. There were two clean medical fridges in use. The minimum and maximum temperatures were being recorded daily and records showed that they had been within the required range for the last three months. Drug alerts were received electronically on the patient safety software. Details of alerts which had been actioned and by whom was electronically recorded, providing an audit trail.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy team had access to the internet for general information. This included access to the British National Formulary (BNF), BNF for children and Drug Tariff resources. There was a selection of glass liquid measures with British Standard and Crown marks. Separate measures were used for methadone solution. The pharmacy also had triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean. All electrical equipment appeared to be in working order. There was a service and maintenance contract in place for the robot. The team could contact dedicated helplines for the robot or the PMR service if problems occurred. Computers were password protected and it was not possible to see into the pharmacy from the outside. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call called for 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.