

Registered pharmacy inspection report

Pharmacy Name: Wellbeing pharmacy HUB, 8 Prior Deram Walk,
Coventry, West Midlands, CV4 8FT

Pharmacy reference: 9011409

Type of pharmacy: Dispensing hub

Date of inspection: 07/02/2022

Pharmacy context

This is a pharmacy which acts as a hub and is registered for the purpose of assembling multi-compartments compliance packs for two pharmacies within the same group. It does not have its own NHS contract. The compliance packs assembled at this pharmacy were mainly for care homes. No other services are offered at this 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	1.1	Standard not met	The pharmacy is unable to provide assurances that its services are managed safely and effectively. Its standard operating procedures are not readily available. Its controlled drugs are not stored in line with statutory requirements. And people's private information is not safeguarded against unauthorised access.
		1.3	Standard not met	The pharmacy team members do not understand what they can and cannot do in the absence of a pharmacist.
		1.6	Standard not met	The pharmacy does not maintain its Responsible Pharmacist record as required by law.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy is unable to provide assurances that its services are managed and delivered safely and effectively. Medicines are sent out for delivery in the absence of a responsible pharmacist.
		4.3	Standard not met	The pharmacy does not store all its medicines in accordance with safe custody requirements.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not identify or manage all the risks associated with its services. Its standard operating procedures are not readily available for staff to be able to refer to. It does not maintain its responsible pharmacist record as required by law. And it does not store all its medicines in line with requirements. The pharmacy does not store people's private information securely and its procedures about safeguarding vulnerable adults and children are not available.

Inspector's evidence

The pharmacy is within a shared use unit and it is situated on the main floor of an office building. At the time of the visit, a financial analyst from the offices upstairs allowed the inspector access to the premises. The pharmacy itself was open and unmanned. The pharmacy did not have a notice saying who the Responsible Pharmacist (RP) in charge of the pharmacy was.

An administrative assistant appeared a short while into the inspection. The administrative assistant informed the inspector that the superintendent pharmacist (SI) was the RP but was currently not available at the pharmacy as he had to travel to Birmingham. The Inspector contacted the SI who said that he would be back at the pharmacy within two hours. However, the SI did not return during the duration of the inspection (3.5 hours); he said he was stuck in traffic. After the inspection, the SI sent the RP and fridge temperature records to the inspector. The RP records showed that, on the day of the inspection, the SI was signed in as RP from 9am to 6pm. The SI had not signed out when travelling to Birmingham.

The pharmacy's controlled drugs (CDs) were not stored securely in line with requirements. Access to the CD cabinet had not been secured by the RP.

The pharmacy's standard operating procedures (SOPs) were not available at the time of the visit. The inspector was unable to access any records except controlled drugs (CD) records. The pharmacy's CD records were generally well maintained and running balances were audited at regular intervals. A random check of several CD balances reconciled with the recorded balances in the register.

People's private information in the pharmacy was not secured against unauthorised access. People other than pharmacy staff were able to access the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

Overall, the pharmacy has sufficient team members to manage the current workload within the pharmacy. But the pharmacy could do more to make sure support staff are enrolled on the necessary training for their roles and responsibilities in a timely way. And members of staff are not clear about what they can and cannot do when there is no pharmacist present.

Inspector's evidence

An administrative assistant was the only team member present during the inspection. The administrative assistant had not undertaken any accredited training for dispensing. He said that he was not involved in the dispensing process. No assembly of medicines took place during the visit. But he was observed generating dispensing labels. And a near miss log seen on the notice board consisted of two entries. One of the entries involving an incorrect strength of citalopram had been recorded by the administrative assistant. After the inspection, the SI confirmed that he had since enrolled the assistant on a recognised dispensing assistant's course.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy's premises are adequate for the services it provides. But the pharmacy is within a shared-use unit and access to the pharmacy by other users of the property is not adequately restricted.

Inspector's evidence

The pharmacy was situated within a larger unit in a residential area. The area behind the building had been leased to a company providing a Covid-19 testing service. People wishing to access the testing service had to use a separate entrance. The dispensary had adequate heating and lighting. It was generally kept tidy and well-organised. There was enough bench and storage space for the volume of work undertaken. The area outside the pharmacy was cluttered with defunct equipment and a push chair. A keypad lock had been installed on the door of the pharmacy. The pharmacy could be secured to prevent unauthorised access during working hours and when the pharmacy was closed. But on the day of the visit, the pharmacy was left open. People working in the offices upstairs could access medicines and patient confidential information. The main unit was secured against unauthorised access. It was kept locked.

Principle 4 - Services Standards not all met

Summary findings

Overall, the pharmacy is unable to provide adequate assurances that it provides its services safely and effectively. The pharmacy doesn't always store its medicines securely or make sure that medicines are kept and supplied with the right supervision. It does not always separate date-expired medicines from the rest of its stock and it doesn't routinely highlight short-dated medicines. This could increase the chance that people get medicines that are not fit for purpose. The pharmacy could do more to show that it takes the right action in response to safety alerts and recalls so that people only get medicines that are safe to use.

Inspector's evidence

The pharmacy did not provide any services directly to the public and there was no access by members of the public to the pharmacy. The main activity of the pharmacy was to assemble multi-compartment compliance packs on behalf of its two branches (in Coventry and Northampton). In a follow up email to the inspector, the SI explained that all the clinical checks of prescriptions were undertaken by the RPs at their respective branches. Any issues with the prescriptions were resolved by the RPs at the branches. Once the clinical checks had been completed, the prescriptions were released to the hub pharmacy for assembly. There was an electronic audit trail at each stage of the process. The hub pharmacy did not dispense any acute or interim prescriptions. These would be processed at the branches.

The pharmacy used a QR code on the dispensing label to keep an audit trail. These QR codes showed the name of the person who had added the dispensing label to the product. This might make it less easy to identify who had done each task if others are involved at different stages of the dispensing process. Several QR codes were checked during the inspection. These showed that the SI had attached the dispensing labels to the medicines.

The inspector was unable to check individual compliance packs. During the inspection visit, the administrative assistant placed bagged prescription medicines in tote boxes and handed them to the delivery driver for deliveries to the care home.

The pharmacy obtained its stock medicines from licensed wholesalers and these were generally kept tidy and well organised. Date-checking records were not available at the time of the visit. Short-dated medicines had not been marked to help identify them for removal at an appropriate time. A random check of stock medicines found quite a few expired medicines amongst the in-date stock. These were removed during the inspection. The administrative assistant explained that these would not have been supplied as they would have been flagged upon scanning during the dispensing process. Medicines requiring cold storage were stored in a refrigerator. The fridge temperature records provided after the inspection showed that the storage temperatures had been maintained within the required range. The pharmacy's CDs were not stored in line with requirements as explained under principle one. The pharmacy's procedures on how it dealt with safety alerts and recalls were not available during the inspection visit.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs to provide the services that it offers. It maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy's computers and patient medication records were password protected. The pharmacy had internet access. No hard copies of current reference sources were seen in the pharmacy. A stainless-steel tablet counter was available, and it was clean. The fridge was in good working order and cold chain medicines were stored within the required range of 2 and 8 degrees Celsius. All other electrical equipment appeared to be in good working order.

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.