

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: 19/07/2023

Pharmacy context

This hub pharmacy is located at the company's head office in Coventry, West Midlands. It is registered for the purpose of dispensing medicines and assembling multi-compartment compliance packs for two pharmacies within the same group. The compliance packs assembled at this pharmacy are mainly for care homes. It does not have its own contract to provide NHS funded services and its premises are not accessible to members of the public.

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 has written instructions to help deliver its services safely and effectively. And it keeps the records it needs by law to show that medicines are supplied appropriately. Members of the pharmacy team understand safeguarding requirements and they keep people's private information securely.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs), and the trainee dispenser was in the process of reading and signing the SOPs. The correct responsible pharmacist (RP) notice was on display and the trainee dispenser could explain the tasks he could or could not undertake in the absence of a pharmacist.

The pharmacy had systems to record dispensing incidents. Mistakes that were spotted before the medicines were sent out for delivery (near misses) were recorded. The records viewed showed that dispensing mistakes were last recorded in March 2023. But there was little evidence of a periodic review to identify how a mistake had happened or any emerging trends in the dispensing process. The superintendent pharmacist (SI) said that there were not many incidents to record as the pharmacy's dispensing volume was low and the advanced patient medication record (PMR) system had a unique barcode validation process which helped identify any picking errors. If an incorrect or an expired medicine was picked and scanned, the system would not generate a dispensing label but a near miss would be recorded. The company had a procedure for recording, reporting, and reviewing dispensing mistakes that had reached people (dispensing errors). The SI said that the pharmacy hadnt any recent dispensing errors to report.

The pharmacy had current professional liability and public indemnity insurance. Records about the RP and controlled drugs (CDs) were kept in line with requirements. CD running balances were kept and audited at regular intervals. A randomly selected CD checked during the inspection reconciled with the recorded balance in the register. The pharmacy did not dispense any private prescriptions or unlicensed medicines.

The pharmacy's IT system was password protected and confidential waste was collected by a waste contractor. The trainee dispenser understood the requirements of protecting people's confidentiality and he had completed training about protecting confidentiality. Completed prescriptions were stored securely. The SI had completed Level 2 training about safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team understand their roles and responsibilities. And the pharmacy has enough team members to manage its current workload safely.

Inspector's evidence

The SI was the RP on duty on the day of the visit and he was supported by a trainee dispenser. The trainee dispenser was in the process of completing his accredited training. The team was managing the workload comfortably and the team members were working well together. The SI completed his annual mandatory continuous professional development (CPD) and kept his knowledge and skills up to date by undertaking various training courses.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are adequate for the services it provides. And they are kept secured against unauthorised access.

Inspector's evidence

The pharmacy was situated on the main floor of the building, and it was fitted to a basic standard. The dispensary was generally tidy and well-organised. And it had enough space to undertake the pharmacy's current activities safely. There was adequate lighting in the dispensary and the ambient temperature was suitable for storing medicines safely. Members of the pharmacy team had access to hygiene facilities and a sink was available for handwashing. A keypad lock had been installed on the door of the pharmacy and it was kept closed at the time of the visit. The building was secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its dispensing services safely. It obtains its medicines from reputable sources and stores them properly. It takes the right action in response to safety alerts and recalls so that people 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 for members of the public to the premises. The main activity of the pharmacy was to dispense medicines in original packs and to assemble multi-compartment compliance packs on behalf of its two branches. The RPs at the respective branches clinically checked the prescriptions and resolved any potential issues identified with the prescriptions. There was good communication between the hub and the branches, and a record about this was kept. 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 were processed at the branches.

Baskets were used during the dispensing process to minimise the risk of prescriptions getting mixed up and to help prioritise workload. The pharmacy used a QR code on the dispensing label to keep an audit trail. The QR codes showed the name of the person who had dispensed the medicines and the RP who had completed the final accuracy check. Assembled compliance packs checked during the inspection, had been labelled with a description of the medicines contained within the pack. This helped people or their carers identify their medicines correctly. The SI was aware of the risks involved in supplying valproate-containing medicines to people in the at-risk group. The hub did not currently have any person being supplied with valproate-containing medicines.

The pharmacy obtained its stock medicines from licensed wholesalers, and these were kept tidy and well-organised. No date-expired medicines were found amongst the in-date stock. Medicines requiring cold storage were stored appropriately. Maximum and minimum fridge temperatures were recorded daily, and the records showed that these had been maintained within the recommended range for storing cold-chain medicines. The pharmacy stocked very few CDs and those it had were stored in line with requirements. The pharmacy had a process to deal with safety alerts and medicines recalls making sure the medicines it supplied were fit for purpose. Records of the actioned alerts were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy's computer and PMR were password protected. The pharmacy had internet access and reference sources were available on-line. The equipment for counting loose tablets and capsules was clean. The medical fridge was in good working order and 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.