

Registered pharmacy inspection report

Pharmacy Name: 12-14 Pharmacy Ltd, Unit 9, Flag Business

Exchange, Vicarage Farm Road, Peterborough, Cambridgeshire, PE1
5TX

Pharmacy reference: 9011438

Type of pharmacy: Closed

Date of inspection: 22/10/2024

Pharmacy context

This is a private pharmacy currently providing a remote dispensing service for people receiving care and support from specialist services for HIV in parts of East Anglia. It does not have a contract to dispense NHS prescriptions and it does not see people face to face. The medicines it dispenses are either delivered to people's homes or to clinics by the pharmacy's own delivery drivers. The pharmacy supplies medicines in multi-compartment compliance packs to a very small number of people where this level of support has been specifically requested.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 shares learnings about adverse events to improve how services are provided to people.
		1.7	Good practice	The pharmacy understands fully the sensitive nature of the service it provides to people and takes particular care to protect people's privacy.
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	4.2	Good practice	The pharmacy works closely with others involved in people's care to provide its services safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy identifies and manages the potential risks associated with its service well. It uses adverse events to improve its own services and shares feedback with service providers to help improve services to people more broadly. It generally keeps the records it needs to show that it is providing services safely. And it takes particular care to protect people's privacy.

Inspector's evidence

The pharmacy had a range of written procedures and policies to support safe ways of working. These had previously been available in hard copy but more recently were in electronic format. Examples seen included procedures and policies about handling complaints, dealing with adverse incidents, safeguarding vulnerable people, information governance, ordering and stock management. Procedures about dispensing were said to be available on the pharmacy's patient medication record (PMR) system, Titan. But these could not be located during the inspection. There were no procedures relating to management of controlled drugs (CDs) as the pharmacy did not dispense any of these. There were no specific written procedures about the Responsible Pharmacist Regulations; the Service Director worked full time as the usual responsible pharmacist (RP) so was able to supervise activities closely and they were the RP at the time of the inspection. They agreed to review the pharmacy's written procedures, make sure team members could access all procedures, and that they covered RP requirements.

As part of its contracts with service providers, the pharmacy kept and submitted governance reports about its performance regularly. These included details about its workforce and incidents including dispensing errors. Both dispensing errors which had reached people and dispensing near misses which were detected and corrected before leaving the pharmacy were recorded. These were also reviewed to identify how they had happened and any learning points to prevent similar events happening. As a result of a previous incident, the pharmacy had started using a colour-coding system to identify different clinics. This was to reduce the chances of mixing up supplies intended for clinics with similar names. The pharmacy had also worked with clinics when it had identified communication problems resulting in missing prescriptions to prevent delays in treatments to people. The RP explained they had named points of contact with service providers to help resolve issues quickly and were in regular contact with them.

The pharmacy had a complaints policy and complaints or other feedback would also be reported as part of its service contracts. Repeated annual service-user satisfaction surveys had indicated high levels of satisfaction with the level of service provided to people by the pharmacy with ratings achieved of 95% of respondents extremely or very satisfied.

Though not open to the public, there was a RP notice displayed at the pharmacy as required and this reflected the RP on duty. The pharmacy provided evidence of having indemnity insurance in place to protect people. Records about supplies of medicines to people were kept electronically and were complete. The pharmacy did not dispense or hold any controlled drugs requiring secure storage. Certificates of conformity were kept for unlicensed medicines and details about the prescriber and patient supplied were kept with these. The RP indicated that records about who the RP had been were made daily on the pharmacy's patient medication record system (Titan). However, when checked, this

functionality was not yet working and so was not storing the daily records as had been thought. The RP took immediate steps to address this by using an alternative recording method and gave an undertaking to ensure this record would be maintained fully in future.

Protecting people's privacy and information was seen as critical to the pharmacy's service. Access to information held electronically was password protected and auditable. Waste containing confidential information was stored separately and was disposed of securely. There was mandatory staff training and policies to ensure team members knew how to protect people's information. As noted elsewhere in the report, delivery vans were not liveried to help anonymise the service provided to people and packaging did not draw attention to the contents.

There was mandatory training for team members about safeguarding vulnerable people and supporting policies and procedures. The RP had completed level 3 safeguarding training and knew how to escalate concerns if they arose; there had been none to date.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff who have the right skills to provide its services safely. Team members do ongoing training to keep their skills and knowledge up to date. And there is dedicated support to make sure new members of the team have the right clinical skills to work safely.

Inspector's evidence

There was a small team involved in providing the pharmacy's services. At the time of the visit, there was no dispensing activity, so the only members of staff present were the regular RP (the service director), one of the owners who was also a pharmacist, and a member of support staff who worked largely in the stores. The main dispenser who was a qualified accuracy technician worked part-time and wasn't in. The RP explained that the staffing patterns had been adjusted to align with the current workload which was planned in advance and was sufficient to cope with the workload safely.

Team members completed ongoing training, including mandatory annual refresher training, on topics such as information governance, safeguarding and health and safety through Bluestream Academy. Progress through training was monitored so completion of those modules considered mandatory could be assured. Team members had time at work to complete their training, including delivery drivers who could use time at the end of their shifts when needed.

Due to the specialised nature of the service, pharmacists new to the business would receive training from experienced pharmacists and service providers as part of the agreed contracts and there was ongoing training with the service providers to keep the pharmacy's team members skills and knowledge current.

The RP explained that they had completed various courses including leadership training. They were a pharmacist independent prescriber though didn't prescribe for this service but had also undertaken some advanced clinical practitioner training modules. They said they felt able to exercise their professional judgement in this pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for the activities it undertakes. And it keeps its premises secure and well-maintained.

Inspector's evidence

The pharmacy premises was located in an upstairs room in a larger business unit from which the company also operated a medicine wholesaling business. Entry to the registered pharmacy premises was tightly controlled and only those with certain permissions could unlock the pharmacy door. The premises had CCTV and were alarmed. To maintain optimum medicine storage conditions, the pharmacy's room temperature was monitored continuously and regulated. Lighting and ventilation were suitable for a safe dispensing environment. The pharmacy premises were very clean and organised. And there was plenty of clear dispensing bench space and medicine storage space for the work undertaken.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. People can contact the pharmacy for advice, and it takes particular care to protect people's privacy. It makes sure the medicines it supplies are fit for purpose and it tries to reduce medicines waste where possible.

Inspector's evidence

The pharmacy was commissioned to supply HIV treatments to people receiving care from specialist service providers in the east of the country. Prescriptions were usually for six months of treatment at a time. Some medicines were delivered to people's own homes where this was considered suitable by clinicians. In other cases, the dispensed medicines were delivered to clinics for collection by people. The pharmacy didn't have a contract to dispense NHS prescriptions or other NHS services. And it did not provide services face-to-face at the pharmacy. Occasionally, it was asked about NHS prescriptions particularly those with supply issues and would signpost people to a community pharmacy for help. The pharmacy provided a patient advice line via a dedicated number. Any advice or interventions arising were added to people's records for future reference and were reported as part of the submissions to the service commissioners.

Though none was carried out during the inspection, the RP explained the dispensing process. The dispensing bench was cleared before any work started. Medicines were booked out from stock, using those with the shortest expiry date first. There were several checks throughout the process to make sure the correct medicine was dispensed to the right person, including validating prescriptions against delivery notes. There were separate sections of bench used for dispensing and accuracy checking to minimise risk. And there was a clear audit trail showing who had carried out various tasks in the dispensing process including clinical checks and final accuracy checks. Medicines were supplied in sealed bags which did not make reference to the contents to protect people's privacy, and the delivery vans did not have any markings which might draw attention to the type of service provided. The pharmacists had access to the person's medical records and accessed these when undertaking clinical checks of prescriptions. These checks included looking at blood tests, viral loads and any new medication started. Clinical interventions on prescriptions were recorded and reported as part of the service contracts every three months.

As mentioned above, all medicines were delivered either to people or to clinics. There was an audit trail for the delivery of all dispensed medicines and the pharmacy used a colour-coding system to distinguish between different clinics to prevent medicines being delivered to the wrong place. It also dispensed prescriptions for one clinic at a time to prevent mix-up. The pharmacy contacted people ahead of deliveries to confirm the date of delivery and the person's address. Multiple attempts were made where needed. Records were kept about failed deliveries and the pharmacy liaised with clinicians if there were concerns about treatments becoming out of sync. The RP indicated that the pharmacy had not been accountable for any missed deliveries.

Medicines were obtained from licensed wholesalers and were stored in appropriate conditions. There were robust processes to check and record expiry dates and batch numbers from receipt to supply. Because of the nature of the medicines and the duration of treatment supplied to some people, the RP

explained it was very important to ensure medicines dispensed would remain in date for the duration of the treatment. Where shorter-dated medicines had to be supplied, the pharmacy numbered medicine containers to help people use medicines with the closest expiry date first. It also applied alert stickers to bags informing people what order to take their medicines in. There were other alert stickers applied to medicine bags when an alternative brand or generic needed to be given to reassure people that the medicines were the same and to support compliance with treatment.

To minimise medicine waste and cost, there was an agreement with service providers to retrieve medicines from clinics that had not been handed out to people so they could be re-dispensed. The pharmacy was contacted about potential returns and assessed the condition of medicines before re-dispensing and invoicing was also adjusted to account for this. Medicines requiring refrigerated storage were excluded.

In the event of stock shortages, this information was escalated to the service providers so decisions could be made about duration of supply or alternative treatments where needed. The pharmacy received safety alerts and information about medicine recalls from the MHRA. Because the pharmacy kept track of batches supplied to people, the records were checked to see if any affected medicines had been supplied to people. This was followed-up by contacting affected people and arranging for replacement medication to be supplied.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it has systems in place to ensure service continuity.

Inspector's evidence

The pharmacy used limited equipment to deliver its services. It did not reconstitute any medicines so did not require any measuring cylinders. Patient medication records were password protected to restrict access and protect people's information. The pharmacy team had access to a variety of current reference sources to support clinical checks and professional advice. Ones used commonly were the British National Formulary and Liverpool Drug Interactions. The team also used references sources specifically for HIV treatment.

Electrical equipment looked in good working order and was safety tested on a regular basis. There was a business continuity plan which included back-up internet access in the event that normal systems went offline, as the vast majority of work relied on electronic communications. The pharmacy didn't have its own fridge but on the rare occasions it needed to order temperature-sensitive medicines it would store these in the warehouse medicine fridge pending supply. This was subject to routine temperature monitoring as part of medicine wholesaling activity.

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.