

Registered pharmacy inspection report

Pharmacy Name: Remedi Solutions, 16 Berkeley Court, Manor Park, Runcorn, Cheshire, WA7 1TQ

Pharmacy reference: 9011467

Type of pharmacy: Internet / distance selling

Date of inspection: 31/08/2021

Pharmacy context

This is an online pharmacy situated in a large warehouse in Runcorn. People access the pharmacy using the website www.remedipharmacysolutions.co.uk. The pharmacy dispenses NHS prescriptions for people who reside in care homes. It also provides some services in person, such as coronavirus vaccinations to members of the public from their registered premises.

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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team understand how to keep private information safe. Members of the team record things that go wrong, but they do not review the records, so they may miss some learning opportunities.

Inspector's evidence

There was a current set of standard operating procedures (SOPs). Training sheets had been signed by members of the pharmacy team to say they had read and accepted the SOPs. A paper log was used to record any near miss incidents. The pharmacist described how he would discuss incidents with members of the pharmacy team as they occurred. But there was no formal review of the records to identify any underlying trends. So some learning opportunities may be missed. Any dispensing errors were reported to the superintendent (SI) to be investigated.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A locum dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms. The responsible pharmacist (RP) had their notice displayed prominently.

The pharmacy displayed information about how to make a complaint on their website. Any complaints would be recorded and followed up by senior management or the SI. A current certificate of professional indemnity insurance was on display.

Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register. Records of unlicensed specials were available, but some records did not have the required details of who the medicine was supplied to and when.

An information governance (IG) policy was available. The pharmacy team had read and signed the IG policy to confirm they understood it. When questioned, a locum dispenser was able to correctly describe how confidential waste was segregated to be destroyed using the on-site shredder. A privacy notice was available on the pharmacy website and described how people's data was handled.

Safeguarding procedures were included in the SOPs. The SI and the other regular pharmacist had completed level 2 safeguarding training. Contact details to raise a safeguarding concern were available. A locum dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete the required training for their roles, but they do not have regular ongoing training so their knowledge may not always be up to date.

Inspector's evidence

The pharmacy team included two regular pharmacists – one of whom was the SI, two dispensers – one of whom was trained and the other in training, and two staff who had recently started in the past few weeks. The normal staffing level was a pharmacist and three to four staff. The volume of work appeared to be managed. Staffing levels were maintained by locum dispensary staff and a staggered holiday system. During the inspection, two locum dispensers were providing cover for staff who were absent.

There was an introduction programme for new members of the pharmacy team. After successful completion, new starters were enrolled onto the relevant training course. But there was no ongoing training programme for those members of the pharmacy team who had completed their dispensing course. The SI explained that he was in the process of arranging ongoing training for all members of the pharmacy team, to address their learning needs.

A locum dispenser gave an example of how she would refer a telephone call regarding a clinical query to the pharmacist. Members of the pharmacy team were seen to be working well together. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no performance targets in relation to professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. And steps have been taken to make the premises COVID secure.

Inspector's evidence

The majority of the pharmacy's services were accessible remotely via the pharmacy website. People could visit the pharmacy for specific services, such as COVID vaccinations. People would enter through the building's main entrance near the car park. There was adequate signage to guide people to the entrance and into the vaccination facility. Partition walls were used to create the facility and guided people in a one-directional flow. There was a booking in area, queuing area, 5 vaccination pods, and a post-vaccination waiting area. There were also restricted areas for staff, such as a breakout area, stores and vaccination assembly, and resus room.

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. Members of the public were not able to view any patient sensitive information. The staff had access to a kitchenette and WC facilities. Markings were used on the floor to help encourage social distancing between staff. Hand sanitiser was available.

The website contained the required details of who supplied the medicines, where they were based, who the superintendent was, and how to contact the pharmacy with a query. It offered NHS dispensing services for members of the public, but the SI explained that they had yet to start providing services nationally, and currently only dispensed medicines for people residing in care homes who had signed up for their service.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages and provides its services safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But the pharmacy team does not highlight high-risk medicines or make extra checks to make sure they are being used appropriately.

Inspector's evidence

For people who accessed the in-person pharmacy services, such as COVID vaccinations, there was appropriate access to the pharmacy which was suitable for people who used wheelchairs. Information on the website signposted people to healthcare advice, some of which was available in different languages. There were various options to contact the pharmacy, including email and telephone.

The pharmacy had a delivery service for patients' resident in care homes. This had been adapted in response to current COVID guidance. A paper record was kept as an audit trail, with a specific record for items which had additional storage requirements. At the time of inspection, the pharmacy was only dispensing for local people so had not yet needed to use a third-party courier.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

The pharmacist described how, during the final accuracy check, he would ensure prescriptions remained valid on the expected date of supply, such as for medicines classed as schedule 3 or 4 CDs. But there was no system in place for review of patients supplied with high-risk medicines (such as warfarin, lithium and methotrexate). So the pharmacy does not carry out any checks to make sure that the medicines are being used properly and are still suitable for the patients. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacy team said they were not aware of any current patients who met the risk criteria.

The pharmacy dispensed medicines for patients who were residents of care homes. Medication administration record (MAR) charts were provided to care homes by the pharmacy. The pharmacist said he would check the accuracy of MAR charts before being provided to the care home. Repeat prescriptions were ordered by the homes and they provided the pharmacy with details of the medicines requested, medicine changes and any handover notes. When prescriptions were received from the GP surgery, they were checked against the re-order sheet to confirm all required medicines had been issued. Any queries were sent to the care home to chase up with the surgery. Medicines were supplied in original packs and conventional containers.

The COVID vaccination service operated at defined hours during the day. It was supervised by a pharmacist and used the national protocol in order to supply the vaccines. Various healthcare professionals were employed as vaccinators, including nurses, pharmacists and physiotherapists. The pharmacy had carried out the necessary checks to ensure all vaccinators had completed suitable

training. To help manage the flow of people, volunteers were also sourced from the 'good SAM initiative'. The SI confirmed a risk assessment for the service had been completed and SOPs had been signed by staff delivering the service.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was routinely checked, and a date checking matrix was signed by staff as a record of what had been checked. Short dated stock was highlighted and removed at the start of the month of expiry. Liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock and patient returns. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had remained in the required range for the last 3 months. Medication requiring disposal had been segregated and placed in designated bins for collection by an authorised waste carrier. Drug alerts were received by email from the MHRA.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles. Equipment was kept clean.

Computers were password protected. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted 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.