

Registered pharmacy inspection report

Pharmacy Name: Meds2Home Pharmacy (Ferndown), Rear of Ferndown Post Office, 97 Victoria Road, Ferndown, BH22 9HU

Pharmacy reference: 9011539

Type of pharmacy: Internet / distance selling

Date of inspection: 16/06/2021

Pharmacy context

This is a pharmacy located at the rear of a post office in Ferndown that is closed to visitors to its premises. It serves its local population which is mostly elderly. The pharmacy operates five days a week. The pharmacy dispenses and delivers NHS prescriptions and provides multi-compartment compliance aids to people and one local care home. This inspection was carried out during the COVID-19 pandemic.

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 procedures to help make sure the team works safely. It has made some adjustments to some of these procedures to help minimise the spread of coronavirus during the pandemic. Pharmacy team members record and review some mistakes that happen. But it could do more to analyse why these mistakes happen to mitigate the risk of future errors. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information well and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

The pharmacy team had taken some measures to mitigate the risk of transmission of COVID-19. Hand sanitiser was available around the pharmacy and staff members were wearing face masks in the pharmacy. A COVID-19 premises risk assessment had been carried out. But risk assessments to assess the impact of COVID-19 on individual staff members had not been completed and the pharmacist reported that he would address this. Each staff member carried out COVID-19 lateral flow tests twice a week.

Processes were in place for identifying and managing risk in the pharmacy. Near misses were recorded and reviewed regularly by the pharmacist. Incidents would be discussed with the members of staff involved and coaching and advice would be given as necessary. Dispensing errors were recorded electronically. But a recent dispensing error did not contain details of a root cause analysis. There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. Team members used stackable containers to hold dispensed medicines to prevent them mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for all the dispensary tasks and were reviewed regularly. The pharmacist reported that some of these had been modified in response to the COVID-19 pandemic. The pharmacy team explained that they were all aware of their roles and responsibilities.

A complaints procedure was in place within the SOPs and the staff were all aware of this. The pharmacy website also contained information about how people could complain or offer feedback. The pharmacy team were planning to carry out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS terms of service. An indemnity insurance and public liability certificate from the NPA was displayed and was valid and in date.

Records of controlled drugs (CDs) and patient returned CDs were kept electronically and were all seen to be in order. The controlled drug balances were checked regularly. The responsible pharmacist record was held electronically and was in order. Some entries omitted the time that the pharmacist ceased responsibility. A responsible pharmacist notice was displayed in pharmacy. The fridge temperatures were recorded daily and these were within the two to eight degrees Celsius range. The pharmacist reported that he had not dispensed any private prescriptions or given any emergency supplies at the

time of the inspection. The specials records were retained and were in order. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and records of this were kept.

The computers were all password protected and the screens were not visible to the public. Staff were required to complete training for information governance. Smartcards were kept securely when not in use. Patient confidential information was stored securely. Confidential waste was shredded intermittently.

The pharmacist had completed a training package on safeguarding children and vulnerable adults. But staff could not locate contact details for local safeguarding advice, referral and support on request. On questioning, staff were aware of what signs to look out for when identifying potential safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist and one dispensing assistant present during the inspection. They were seen to be working well with each other. The pharmacist reported that staff meetings would take place on an ad-hoc to discuss any business updates or significant errors. The pharmacy team was small and so staff were always discussing and sharing ideas.

The staff reported that they kept their knowledge up to date by studying third party materials, such as training available on the AAH website, and would ask the pharmacist if they had any queries. The pharmacist had completed training on safeguarding children and vulnerable adults and reported that this had made him more aware of these types of issues. Staff received time to complete any required training. During the COVID-19 pandemic, pharmacy staff reported that they had utilised online resources from the PSNC and Public Health England. This included learning more details about the virus, how its spread and the significance of testing and tracing.

Staff reported that they felt comfortable to approach the superintendent pharmacist with any issues regarding service provision. There were no formalised targets in place at the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect people's private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had been operational since April 2021. It was based in at the rear of post office and it was closed to the public. Fixtures and fittings were modern and the pharmacy was presented in a professional manner. Staff reported that they cleaned the pharmacy regularly.

There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing. Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out.

The pharmacy had a consultation room as they were planning to do flu vaccinations in the future. The pharmacy was well soundproofed and people would be escorted by a member of staff when using it. People's confidential information was stored securely. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy generally obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose and maintains audit trails to demonstrate this.

Inspector's evidence

The pharmacy provided a limited range of services as it was closed to the public. There were banners and posters in and around the post office advertising pharmacy services. The pharmacy also advertised services in local magazines. The pharmacy had a website where people could sign up to their services. The pharmacy delivered medicines mainly in the Ferndown, West Mores and Verwood area.

The pharmacy team dispensed multi-compartment compliance packs for 33 patients in their own homes and for 1 care home. Audit trails were kept to indicate where each compliance pack was in the dispensing process. One compliance pack was examined and an audit trail to demonstrate who dispensed and checked the compliance pack was incomplete. The pharmacist explained that audit trails were usually completed. Descriptions were routinely provided for the medicines contained within the compliance packs. Patient information leaflets (PILs) were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to people who may become pregnant. The pharmacist reported that he would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The pharmacy used recognised wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. Specials were ordered via Quantum specials. Invoices from some of these wholesalers were seen.

CD destruction kits were available for the destruction of controlled drugs. Designated bins for storing waste medicines were available for use. A bin for the disposal of hazardous waste medicines was not available for use at the time of the inspection and the pharmacist agreed to address this. Waste collection was regular, and the team explained they would contact the contractors if they required more frequent waste collection.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically through the company's intranet and the pharmacist explained that these were actioned appropriately. Records to demonstrate this were kept and included audit trails.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there was a counting triangle available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access. Hand sanitiser was available around the pharmacy. The pharmacy team were able to access reference sources such as the BNF, a BNF for Children and a Drug Tariff via the internet.

There was one fridge in the pharmacy and temperatures were recorded daily and were seen to be between two to eight degrees Celsius. Designated medicine waste bins were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

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.