

# Registered pharmacy inspection report

**Pharmacy Name:** Remote Pharma Solutions Ltd, Unit 2, Horizon Business Centre, Alder Close, Erith, DA18 4AJ

**Pharmacy reference:** 9011566

**Type of pharmacy:** Closed

**Date of inspection:** 08/03/2022

## Pharmacy context

The pharmacy is located on in a business park near to Erith town centre. It is open five days a week and does not have an NHS contract. The pharmacy is not open to the general public and is mainly supplying medicines to ships captains. The 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy adequately identifies and manages the risks associated with its services to help provide them safely. It protects people's personal information. And it keeps its records up to date and accurate. Team members understand their role in protecting vulnerable people. And people can provide feedback about the pharmacy's services.

### Inspector's evidence

The pharmacy adopted adequate measures for identifying and managing risks associated with its activities. These included documented, up-to-date standard operating procedures (SOPs). Team members had signed to show that they had read, understood, and agreed to follow the SOPs. There was a near miss log available to use if there was a dispensing mistake which was identified before the medicine had reached a person. The pharmacist explained the procedure that team members would follow, but he said that there had not been any near misses since the pharmacy had opened. The pharmacy had a dispensing error reporting system, which would be used if a dispensing mistake had reached a person. The superintendent pharmacist (SI) explained that a root cause analysis would be undertaken, and a report would be completed. He said that there had not been any such incidents at the pharmacy.

Workspace in the dispensary was free from clutter. There were designated areas for dispensing and checking medicines. The SI explained that team members would sign the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members' roles and responsibilities were specified in the SOPs. The SI explained that team members could not access the pharmacy if one of the pharmacists had not turned up. And only pharmacists worked in the pharmacy during its opening hours.

The pharmacy had current professional indemnity and public liability insurance. The right responsible pharmacist (RP) notice was clearly displayed, and the RP record was completed correctly. The pharmacy had not yet dispensed any private prescriptions. But the SI explained the information that would be recorded when a private prescription was dispensed and where it would be recorded. He said that the pharmacy would not make supplies of prescription-only medicines in an emergency without a prescription. And people wanting this type of supply would be referred to another pharmacy. The pharmacy carried out regular audits to ensure that all necessary documentation was completed correctly and that the relevant SOPs were being followed.

Confidential waste was shredded, computers were password protected and the people using the pharmacy could not see people's personal information. The SI had completed training about the General Data Protection Regulation and other team members had received some training about confidentiality.

The pharmacy had not received any complaints. The complaints procedure was available for team members to follow and the SI said that he would address any complaints. The pharmacy's contact details were available online and the pharmacy would also accept complaints over the phone.

Team members had undertaken some training about protecting vulnerable people. The SI could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the relevant authorities if needed. There had not been any safeguarding concerns at the pharmacy. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough trained team members to provide its services safely. They undertake regular training to maintain their knowledge and skills. And they can do this during the day. They can raise any concerns or make suggestions and can take professional decisions.

### Inspector's evidence

There was one pharmacist (who was the SI) working at the pharmacy. The second pharmacist was not working on the day of the inspection. The SI explained that there were usually two pharmacists available during the day and that they managed the workload well. He was aware of the restrictions on sales of pseudoephedrine-containing products. And he would question a person if they regularly requested to purchase medicines which could be abused or may require additional care. He explained the questions he asked before selling medicines to ensure that they were suitable for the person.

The SI was aware of the continuing professional development requirement for the professional revalidation process. Staff training records were kept at the pharmacy. The SI had recently undertaken some training about face and respiratory protection. He said that he regularly read articles in pharmacy-related journals and he was a fellow of the Royal Society for Public Health. The SI explained that team members regularly discussed relevant pharmacy related topics to keep their knowledge up to date. And he had learned about post exposure prophylactic kits before supplying them to people.

The SI felt able to take professional decisions. The inspector discussed with the pharmacist about the reporting process in the event that a team member tested positive for the coronavirus. There was a small team working at the pharmacy and they felt able to discuss any issues as they arose. They had informal daily discussions to ensure that any issues were addressed promptly. The SI mentioned ongoing informal appraisals and performance reviews. These were not documented, but team members did have their training records reviewed on a yearly basis. Targets were not set for team members.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean, and tidy throughout which presented a professional image. Air conditioning was available, and the room temperatures were suitable for storing medicines.

The SI explained that if someone wanted to discuss something in private, the pharmacy had blinds covering the windows and conversations at a normal level of volume in the consultation room could not be heard from the shop area.

Team members were able to keep a suitable distance to help minimise the spread of infection. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services safely and manages them well. The pharmacy gets its medicines from reputable suppliers and stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use. People with a range of needs can access the pharmacy's services.

### Inspector's evidence

The pharmacy was in a storage unit and was located up a set of stairs. People wanting to use the pharmacy had to ring a bell to gain access to the premises. If a person was not able to physically access the pharmacy, the pharmacist would arrange for them to collect their medicines downstairs.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the MHRA. The pharmacist explained the action the pharmacy took in response to any alerts or recalls. Any action taken was recorded and kept for future reference. This made it easier for the pharmacy to show what it had done in response.

The pharmacy had not yet dispensed any higher-risk medicines. All medicines would be handed out by a pharmacist. So, there would be the opportunity to speak with people about how to take their medicines.

Stock was stored in an organised manner and expiry dates were checked frequently. There were no expired items found in with the stock. The pharmacy did not make deliveries of medicines and people collected them from the pharmacy at an arranged time.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

### Inspector's evidence

Up-to-date reference sources were available in the pharmacy and online. The shredder was in good working order. The pharmacy used a mobile phone which was portable, and it could be taken to a more private area where needed. The pharmacy had hand sanitiser and surface wipes available to help minimise the spread of infection.

Fridge temperatures were checked daily. Maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridges were suitable for storing medicines and were not overstocked. The pharmacy produced a temperature record report each month to show that the medicines had been stored correctly.

### 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.