

# Registered pharmacy inspection report

**Pharmacy Name:** Dispensing Centre, Unit G5, Little Heath Industrial Estate, Old Church Road, Coventry, West Midlands, CV6 7ND

**Pharmacy reference:** 9011612

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 16/12/2022

## Pharmacy context

This is a pharmacy which provides its services at a distance. It is in an industrial estate in Coventry, West Midlands. The pharmacy dispenses NHS and private prescriptions and offers seasonal flu vaccinations off-site. It supplies medicines to a large number of care homes, and most medicines are supplied in multi-compartment compliance packs to help people take their medicines at the right time. The pharmacy is closed to the public and its website provides information about the pharmacy and its services.

## 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 identifies and manages the risks associated with providing its services. It has written instructions to help make sure its services are delivered safely and effectively. Members of the pharmacy team record and review their mistakes so that they can learn and improve from these events. The pharmacy generally keeps the records required by law to show that medicines are supplied safely and appropriately. But it could do more to ensure its controlled drug registers are kept up to date and in line with requirements. Members of 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 team members had read and signed the SOPs that were relevant to their roles and responsibilities. The correct Responsible Pharmacist (RP) notice was on display in the pharmacy. Members of the pharmacy team could explain the tasks they could or could not undertake in the absence of a pharmacist.

The operations manager explained the procedure members of the pharmacy team would follow when recording mistakes that were made during the dispensing process. An electronic template for recording mistakes that were detected before the medicines left the pharmacy (near misses) was available. Near misses were recorded and reviewed to identify and emerging trends. The operations manager commented that since automating the dispensing process, the error rates in the pharmacy were significantly lower. And they hadn't had many mistakes that had reached people (dispensing errors). Dispensing error reports were sent to the superintendent pharmacist (SI) and to the care homes where appropriate to provide assurances that the pharmacy had investigated the error and had identified learning points to prevent the likelihood of similar events in the future.

The pharmacy's contact details and a link to report complaints were available on its website. The operations manager explained that complaints about the pharmacy were rare and there were some positive testimonials from care homes about the pharmacy. All complaints would be referred to the SI and all care homes could contact him directly. The pharmacy's computers were password protected and members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. Confidential information was stored securely, and confidential waste was separated and collected by a contractor for safe disposal.

The pharmacy's current indemnity insurance certificate was on display in the pharmacy. Records about the RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were generally kept in line with requirements. The pharmacy kept electronic CD registers and the running balances were audited bi-weekly. Not all random balance checks of CDs matched the recorded balance. This was addressed during the inspection. A separate register was used to record patient-returned CDs. The pharmacy dispensed a handful of private prescriptions which were mainly from local dentists and GPs. The SI said that the pharmacy did not dispense any private prescriptions from doctors not based in the UK.

Members of the pharmacy team had all completed safeguarding training relevant to their roles and responsibilities. The RP and SI had completed level 2 safeguarding training. The contact details for local

agencies to escalate any safeguarding concerns were available in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to provide its services safely. Members of the pharmacy team work well together and are supportive of each other. They have the right skills and qualifications to deliver pharmacy services safely and effectively. And they have access to some training resources to help keep their skills and knowledge up to date.

### Inspector's evidence

At the time of the inspection, the RP, SI, operations manager (a qualified dispenser), four trained dispensers, a trainee dispenser and a recently recruited team member were on duty. The operations manager said that the recently recruited team member would be enrolled on an appropriate training course on successful completion of his probation period. The pharmacy also employed four delivery drivers. Members of the pharmacy team worked well together, and they were managing their workload comfortably. They had access to some training materials and journal articles to help keep their skills and knowledge up to date. The operations manager said that she was looking into an external training provider to help the pharmacy deliver a more formalised training programme to team members. The pharmacy's whistle blowing policy was included in the staff handbook which was issued to team members during their induction period. Members of the pharmacy team said that they were well-supported by their operations manager and the SI. And they felt comfortable making suggestions about how to improve pharmacy's services. The pharmacy did not incentivise its services or set targets for its team members.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are fitted to a good standard. And they are spacious, professional in appearance and suitable for the provision of healthcare services. They are kept secure from unauthorised access.

### Inspector's evidence

The pharmacy was bright, clean and spacious. It had been fitted to a good standard and was well-maintained. The dispensary had plenty of space to store medicines safely and undertake its current dispensing workload safely. A clean sink with hot and cold running water was available for preparing medicines. Room temperatures in the premises were controllable, and levels of ventilation and lighting were suitable for the activities undertaken. Members of the pharmacy team had access to good staff facilities, and these were kept clean and tidy. The pharmacy could be secured against unauthorised access when it was closed. The pharmacy's website included the SI's name and their registration number. And it also included the address of where the medicines were supplied from. The pharmacy supplied pharmacy-only medicines via a third party.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services safely and effectively to help make sure that people receive appropriate care. It gets its medicines from reputable sources and stores them properly. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

### Inspector's evidence

The pharmacy provided its services at a distance, and members of the public could access its services remotely via the internet or telephone. Its current activity was predominantly dispensing NHS prescriptions to care homes. And it was not linked with any on-line prescribers. The pharmacy delivered its medicines via four delivery drivers and an electronic audit trail was kept at each stage of the process to ensure these were delivered safely. The workflow in the pharmacy was well organised. Members of the pharmacy team used baskets during the dispensing process to prioritise workload and minimise the chances of dispensed medicines getting mixed up. 'Owing notes' were issued to keep an audit trail when prescriptions could not be supplied in full when first dispensed. The operations manager said that the pharmacy was experiencing difficulties in obtaining some stock medicines from wholesalers especially antibiotics. And this had created additional workload as team members spent significant time calling GPs to source suitable alternatives to supply to patients.

The assembly of multi-compartment compliance packs was mainly automated. The disposable packs were printed with a QR code which provided a robust audit trail at each stage of the dispensing process. The packs included photographic descriptions to help people and their carers identify individual medicines. Patient information leaflets (PILs) were not always included, so people might not easily access additional information about their medicines. The operations manager said that, in the future, she would ensure team members included PILs when supplying the packs. Vulnerable patients or those not stabilised on current medication were supplied with weekly packs. Medicines with variable doses such as methotrexate and warfarin, and 'when required' medicines were generally supplied as original packs.

Members of the pharmacy team were aware of the additional guidance that needed to be provided when supplying valproate-containing medicines to people. The SI said that most valproate packs now included warnings and the pharmacy did not have any person in the at-risk group currently being supplied with valproate. Prescriptions for all CDs, including those that did not require secure storage were flagged during the dispensing process to ensure these were not supplied beyond their 28-day validity period.

The pharmacy obtained its medicines from licensed wholesalers and specials suppliers. Most medicines were stored in the dispensing robots. Medicines were scanned into the robot and this included the system recording the batch numbers and expiry dates of medicines. Bulky items such as dressings and liquid medicines were stored in an organised fashion on shelves. No date-expired medicines were found in amongst stock. Liquid medicines with limited shelf lives were marked with the date of opening so that team members knew if they were suitable to supply. All CDs were stored securely. Temperature-sensitive medicines were stored appropriately, and the fridge temperatures were monitored and recorded daily. Medicines that were returned for destruction were well separated from regular stock

and placed in designated containers. The pharmacy had a process to deal with safety alerts and medicines recalls. Records of these and the action taken by the team 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 its services safely. And it maintains its facilities and equipment well.

### Inspector's evidence

The pharmacy had an internet connection and members of the pharmacy team had access to on-line reference sources. All electrical equipment appeared to be in good working order and well-maintained. The pharmacy had clean calibrated glass measures for measuring liquid medicines and equipment for counting loose tablets and capsules. Members of the pharmacy team had access to items of personal protective equipment such as gloves and hand sanitisers. A service contract was in place for the dispensing robots and a support helpline was available in the event of a system failure. Contingency plans were in place for service disruptions.

### 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.