

Registered pharmacy inspection report

Pharmacy Name: Quba Pharmacy, 30 Back Harehills Avenue, Leeds,
West Yorkshire, LS7 4EU

Pharmacy reference: 9011625

Type of pharmacy: Internet / distance selling

Date of inspection: 07/02/2022

Pharmacy context

This pharmacy provides its services at a distance and access to the premises is closed to the public. People can visit the pharmacy website and contact the pharmacy by telephone. The pharmacy's main activities are dispensing NHS and private prescriptions and delivering medicines to people's homes. The pharmacy supplies some medicines in multi-compartment compliance packs to help people take their medication. The pharmacy was inspected 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 generally identifies and manages the risks associated with its services. The pharmacy has up-to-date written procedures for the team to follow to help ensure the pharmacy's services are provided safely. The pharmacy team members respond appropriately when errors happen. They identify what caused the error and they act to prevent future mistakes. The pharmacy protects people's private information. And it mostly keeps the records it needs to by law.

Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. The team had access to Personal Protective Equipment (PPE) such as disposable gloves and wore face coverings. The team members only came into regular contact with the drivers from the wholesalers. This meant contact with people other than colleagues was kept to a minimum. The pharmacy provided lateral flow tests to people as part of a national service.

The pharmacy had a range of up-to-date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of the pharmacy's services. The pharmacist owner who was the Responsible Pharmacist (RP) on duty at the time of the inspection had produced and signed the SOPs signature sheets. The only other team member had recently started working at the pharmacy and was in the process of reading the SOPs.

The pharmacy had procedures to manage and record errors spotted during the dispensing process known as near miss errors. And it had separate procedures for errors that reached the person. The record of near miss errors showed one entry. This provided clear details of what had been dispensed in error and the actions taken to prevent the same error. The pharmacy had not had the occasion to report an error that had reached a person. The RP mostly dispensed and checked his own work. To reduce the risk of errors not being spotted the RP took a mental break between dispensing and checking the prescription. Or dispensed the prescription one day and checked it the next day. The pharmacy had a procedure for handling complaints raised by people using its services. And the pharmacy's website provided information for people on how to give feedback or raise a concern about its services.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the RP records met legal requirements. The pharmacy kept electronic records of supplies made against private prescriptions. A sample of these records found the prescribers details were not always recorded. The pharmacy had not received any prescriptions for controlled drugs (CDs) since it opened. It had CD registers available so a legal record could be promptly made when a prescription was presented. The RP decided to only order CDs when a prescription was presented, rather than having items in stock. The pharmacy used several wholesalers who delivered at least once a day. This meant the RP could quickly receive CD stock when needed. The pharmacy had a book to record CDs returned by people for disposal but had not had the occasion to use it. The pharmacy had a procedure covering information governance and data protection. The pharmacy website displayed details on the confidential data kept and how the pharmacy complied with legal requirements. It also displayed a privacy notice. The team separated confidential waste for shredding onsite.

The pharmacy had safeguarding procedures and guidance for the team to follow. The team members had access to contact numbers for local safeguarding teams. The RP had completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. But had not had the occasion to report a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team with the qualifications and skills to support its services. The team members support each other in their day-to-day work and when completing training courses. The pharmacist reaches out to other pharmacists when planning new services to ask for advice and guidance to help ensure the pharmacy delivers its services safely.

Inspector's evidence

The RP covered all the opening hours. The pharmacy had recently recruited a part-time team member who had never worked in a pharmacy before. The new team member was enrolled on to a medicines counter assistant (MCA) course, as an introduction to pharmacy and its services. And the RP was planning to move them on to a dispenser training course once they completed the MCA training. The trainee was provided with support from the RP and had protected time when completing the training course.

The RP kept his knowledge and skills up to date as part of his professional revalidation. The RP was planning to introduce new services and had contacted pharmacists who worked in similar pharmacies to ask how they managed their services. The inspector directed the RP to the Knowledge Hub on the GPhC website for information on other pharmacies who were providing services similar to the ones the RP was planning.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are appropriate for the services the pharmacy provides. And the pharmacy is suitably clean, hygienic and secure.

Inspector's evidence

The pharmacy premises were tidy and hygienic. The pharmacy was regularly cleaned and the team used hand sanitisers. The pharmacy provided separate sinks for the preparation of medicines and hand washing. The pharmacy had sufficient space for dispensing activities and the team mostly kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had enough storage space for stock, assembled medicines and medical devices.

The pharmacy was secure and had restricted access during the opening hours. The pharmacy did not have any signs on the outside of the building to show it was a pharmacy.

The pharmacy website provided people with an opportunity to buy over-the-counter (OTC) medicines. The website informed people the service was operated by a third-party registered pharmacy that offered this service to many distant selling online pharmacies in the UK. The third-party pharmacy managed the process once the person selected the OTC product they wished to purchase. The RP reported no OTC sales had been made since the pharmacy opened.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides basic services that supports people's health needs. And the team manages the pharmacy services well. The pharmacy obtains its medicines from reputable sources and it stores and manages its medicines appropriately. The pharmacy keeps sufficiently detailed records of prescription requests to enable the pharmacist to deal with queries effectively. But it doesn't keep records of deliveries it makes to people for the team to refer to when a person enquires about their delivery.

Inspector's evidence

The pharmacy was closed to the public which meant that people could not access the pharmacy premises directly. The pharmacy website provided people with information about the services offered, the operating hours and contact details for the pharmacy. The pharmacy provided the NHS Pharmacy First service which offered people self-care advice on minor ailments and supplied medication when required. The RP provided people with clear advice on how to use their medicines. The RP was aware of the criteria of the valproate Pregnancy Prevention Programme (PPP). And the pharmacy had PPP information to give to people when required. The pharmacy didn't have anyone prescribed valproate that met the criteria. The RP used the pharmacy's patient medication records (PMR) to record information such as specific brands of medicine required by the person.

The pharmacy provided a prescription management service to help people order their regular medication. The team had a dedicated set of folders that held the repeat prescription forms in the day of the month the prescription request had to be submitted. The team usually ordered the prescriptions a week before supply via a secure NHS email to the GP team. And kept a record of the request. This gave time to chase up missing prescriptions, order stock and dispense the prescription. All of the private prescriptions the pharmacy received were issued by a GP, who was known to them and ran a private travel clinic within a local medical centre. The pharmacy didn't have a delivery driver. The RP delivered medication to people of an evening when the pharmacy closed. The pharmacy didn't keep a record of the delivery of medicines to people for the team to refer to when queries arose.

The pharmacy provided multi-compartment compliance packs to help around 23 people take their medicines. To manage the workload the RP divided the preparation of the packs across the month. The RP kept an audit trail of the completion of the stages of preparing and supplying the packs. So, he knew which packs had been completed and which were due to be prepared. The RP usually ordered prescriptions a week before supply to allow time to deal with issues such as missing items and the dispensing of the medication into the packs. The RP didn't write on the packs the descriptions of the medication inside to help people know what medicines were inside the packs they received. But he did supply the manufacturer's patient information leaflets so people had information about their medicines. The pharmacy sometimes received copies of hospital discharge summaries via the NHS communication system, PharmOutcomes. The RP checked the discharge summary for changes or new items.

The pharmacy provided separate areas for labelling, dispensing, and checking of prescriptions. The RP used baskets during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. The pharmacy had checked by and dispensed by boxes on dispensing labels. A sample looked at found that the RP completed the boxes. The pharmacy used fridge stickers on bags

and prescriptions to remind the pharmacist when preparing prescriptions for delivery to include these items.

The pharmacy obtained medication from several reputable sources. The RP kept the stock levels to a minimum which helped to keep the shelves tidy and reduced the risk of selecting the wrong product when dispensing. The pharmacy team checked the expiry dates on stock and kept a record of this. The team members marked medicines with a short expiry date to prompt them to check the medicine was still in date. No out-of-date stock was found. The dates of opening were recorded for medicines with altered shelf-lives after opening. This meant the pharmacist could assess if the medicines were still safe to use. The pharmacist checked and recorded fridge temperatures each day. A sample of these records were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. And it had appropriate denaturing kits available to destroy CDs. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The RP usually printed off the alert, actioned it and kept a record.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to appropriately provide safe services and it has facilities to help protect people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy had equipment available for the services provided. The equipment included a range of CE equipment to accurately measure liquid medication. And an appropriate pharmacy fridge. The pharmacy completed safety checks on the electrical equipment.

The pharmacy computer was password protected and access to people's records restricted by the NHS smart card system. The pharmacy completed a backup of the computer each night to help secure the confidential information it kept.

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.