

# Registered pharmacy inspection report

**Pharmacy Name:** Coatham Pharmacy, 2B High Street West, Redcar, North Yorkshire, TS10 1SG

**Pharmacy reference:** 9011636

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

**Date of inspection:** 16/03/2022

## Pharmacy context

This is a distance selling pharmacy in Redcar. It dispenses NHS and private prescriptions. People do not access the pharmacy premises for services, so the pharmacy delivers medicines to people to their homes. It supplies some people with their medicines in multi-compartment compliance packs to help them with taking their medicines. The inspection was completed during the COVID-19 pandemic and is the first inspection since the approval inspection in July 2021.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	4.1	Standard not met	Not all services advertised on this closed pharmacy's website are provided.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy suitably manages the risks associated with the services it provides to people. It mostly maintains the records it needs to by law and keeps people's private information secure. The pharmacy team members manage people's personal information safely, and they understand their role in protecting and supporting vulnerable people.

### Inspector's evidence

The layout of the pharmacy helped the team to socially distance during the COVID-19 pandemic. The team had access to face masks, gloves, and alcohol gel.

The pharmacy had a set of standard operating procedures (SOPs). The Superintendent (SI) hadn't signed these or included the date of preparation or the review date. The SOPs had an index which made locating an SOP easier. They covered various processes such as dispensing and the requirements of the Responsible Pharmacist (RP) regulations. Team members had read them and had signed the record sheet to indicate they understood their contents. The pharmacy had a process in place to record and report near miss errors made during dispensing. The team had a separate sheet to record nursing home near miss errors. The near miss error rate fluctuated and the SI explained that near misses spiked when new members of staff joined the team. He thought this was because of the team members unfamiliarity with the pharmacy and its procedures. The records had little detail of how the error had occurred and the circumstances surrounding it. The team members hadn't recorded any changes they had made to prevent similar errors happening again. The SI completed a monthly near miss review, the actions taken section had been ticked but no notes of actual changes made had been recorded. So, the team might be missing out on opportunities to make changes to prevent a similar error occurring. There had been no dispensing errors to date. But the pharmacy had a procedure for reporting the incident through the NPA if one should occur. The pharmacy had a complaints procedure. And the pharmacy displayed details of how to complain on the pharmacy website. The pharmacy had received no complaints so far.

The pharmacy displayed a valid NPA indemnity insurance certificate. An RP notice clearly displayed the name and registration number of the RP on duty. The pharmacy kept an electronic RP record, the records only showed the time the pharmacist logged in at the start of the day. The SI had not recorded the time he logged out each evening. The SI checked CD balances at least monthly and sometimes twice a month. The controlled drug (CD) cabinet held a range of CDs. And the team used tubs to hold stock and keep items separate. The SI held records containing personal identifiable information in areas of the pharmacy that only team members could access. And team members understood the importance of keeping people's private information secure. Team members had completed information governance training in their previous pharmacy roles. A team member described how she protected people's private information. The team used large bins to segregate confidential paperwork for shredding off-site. The SI had completed Level 2 training on safeguarding vulnerable adults and children via the Centre for Pharmacy Postgraduate Education (CPPE) and the team had a safeguarding procedure for the team to follow. The SI explained that they would get the contact numbers online for local safeguarding services if the need arose.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy employs a small, dedicated team of people who have the appropriate skills and knowledge to deliver its services effectively. Members of the pharmacy team work well together and they're comfortable about giving feedback on how to improve the pharmacy's services. Regular appraisals help to ensure that any training needs are identified.

### Inspector's evidence

The pharmacy team on the day consisted of the SI, two dispensary assistants, two NVQ level 3 assistants, and a delivery driver who worked part time hours. The SI advised that the nursing home business had expanded rapidly so he was in the process of advertising for experienced people to join the pharmacy team in anticipation of the continued growth in the business. The team managed the workload comfortably on the day and confidently provided pieces of evidence during the inspection. Most had joined the company recently so received three monthly appraisals as part of their probationary period. The SI had a training file with a section for each member of the team which he showed to the inspector. The file held team members contract of employment and their appraisal records to date along with certificates of qualification. The team had informal chats at the beginning of each week to discuss the tasks that needed to be completed and by whom. The team members described the training they had received at their previous place of work. All team members did on the job training for tasks such as preparing multi-compartment compliance packs for nursing homes. A team member explained that they found the SI approachable and felt comfortable about making suggestions on how to improve the pharmacy and its services. And had made suggestions for improvements when assembling the compliance packs. The team felt able to approach the SI or a director if they had a professional concern. The SI had targets for the growth of the business and had plans in place to help them to achieve these.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable and secure environment for people to receive healthcare. And its premises are clean and well equipped.

### Inspector's evidence

The pharmacy had been designed and laid out so that the team had separate areas to work in for different steps in the dispensing process. For example, the pharmacist had a separate clear area for checking prescriptions. The unit had very little natural light so to compensate the pharmacy had bright strip lighting units with antiglare covers. All areas looked clean and mostly clutter free and the team worked hard to create a tidy organised environment from which to provide its services. The floor area had been cleared of obstructions. The team stored stock tidily on the shelves. The temperature in the pharmacy on the day was comfortable. The dispensary had a good-sized sink with hot and cold running water for medicines preparation and for staff use. The pharmacy had staff toilets with a sink with hot and cold running water. Some of the paintwork on the outside of the building was flaking.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy provides a range of services to support people's health needs. But the pharmacy website is not clear and this could mislead people who may try to access the pharmacy for a service which the pharmacy does not provide. The pharmacy has a robust procedure in place for the provision of compliance packs. It obtains its medicines from reputable sources. And it stores and manages them appropriately.

### Inspector's evidence

The pharmacy advertised its services through its website and leaflet drops. And people could access the pharmacy's services by telephone or from the information on their website. The pharmacy website outlined the pharmacy's opening hours and the services provided. But some of the information on the website was inaccurate. For example, the pharmacy leaflet referred to a consultation room for confidential discussion but the pharmacy doesn't have one. It also refers to services that are not provided such as Medicine Use Reviews (MURs), Flu vaccinations and having a wide range of over-the-counter medicines. The leaflet does not refer to or make it clear that this is a closed pharmacy and people should not access. But it does refer to this on another location on the website. In the 'About Us' section it refers to the use of a Synmed dispensing robot. But the pharmacy doesn't have a robot. In the services section it mentions that unwanted medicines can be dropped off for disposal, but this is a closed pharmacy.

The bulk of the business came from the provision of multi-compartment compliance packs for nursing and residential homes. The pharmacy had a comprehensive procedure for preparing compliance packs which the team followed. The team used a colour coded tracking sheet which clearly showed at what stage each prescription was in the system. For example, when they needed to be ordered by, the delivery date and the start date. The SI explained that they used the biodose trays because they found it the best system to meet the needs of the care home teams. The team ordered the prescriptions two weeks in advance to allow adequate time to receive and assemble the packs. And, to query any changes. Each patient had a Medical Administration Record (MAR) sheet. With a picture of the patient so that the patient can be easily identified. The details included a record of the medication, who had dispensed and checked it, the dose, and a picture of each tablet.

When dispensing the pharmacy team used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. They used separate areas of the benches to carry out the dispensing process and do final checks of prescriptions. The driver delivered all medicines to people but the pharmacy had a licence with Parcel to Go and TNT but haven't needed to mail any medicines yet. The driver used delivery sheets and people signed on receipt of CDs. A check of completed prescriptions confirmed that the dispensing labels had been initialled. This provided an audit trail to indicate who had dispensed and checked the item.

The pharmacy team kept stock on the shelves in a neat and tidy manner. The pharmacy team date checked medicines in the pharmacy regularly and the SI provided the date checking matrix to show this. The team would highlight short dated items so they could be identified easily and removed from the shelves a month before expiry. Sampling of two areas in the pharmacy showed that items were within

the manufacturer's expiry date. The team had marked the date of opening and the date of expiry on opened bottles of medicines.

For high-risk medication that required monitoring such as warfarin the home had a chart with test results and details of the dose. So, the SI could check with the home if he had a query. The pharmacy team demonstrated their understanding of the pregnancy prevention programme for people who were prescribed valproate.

The pharmacy had a controlled drug cabinet with adequate space to segregate expired stock and items awaiting destruction. The pharmacy purchased medicines and medical devices from recognised suppliers such as Alliance, AAH and DE. Team members used a large glass fronted larder fridge to keep stock at the required temperature. And used plastic bags for fridge and CD lines, so people could easily check the contents before supply. Team members monitored and documented the temperature of the fridge daily, to ensure they were operating within the accepted range of between 2 to 8 degrees Celsius. And the electronic record was complete. The pharmacy had medical waste containers and CD denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy received electronic notifications of drug alerts and recalls. So far none of the alerts had been applicable to the stock they held.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

### Inspector's evidence

Team members had access to up-to-date electronic reference sources such as the BNF. And the team had internet access to look up information to help with queries. The pharmacy used a range of CE quality marked measuring cylinders. And they cleaned the equipment they used to measure, or count, medicines before they used it. The pharmacy used an industrial grade fridge to store pharmaceutical stock requiring refrigeration. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. Most members of the pharmacy team responsible for the dispensing process had their own NHS smartcard.

### 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.