General Pharmaceutical Council

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: 31/08/2023

Pharmacy context

This is a distance selling pharmacy which offers services to people through its website, coathampharmacy.co.uk. This means people do not access the pharmacy premises directly. The pharmacy dispenses NHS prescriptions mainly to people residing in care homes. It supplies some medicines in multi-compartment compliance packs, designed to help people to take their medicines. The pharmacy supplies all medicines through its delivery services.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 adequately identifies and manages risks associated with providing its services. It generally keeps the records it needs to by law up to date. And it keeps people's private information secure. The pharmacy advertises how people can feedback about its services. And it acts on this feedback appropriately. Pharmacy team members have the knowledge and ability to recognise and raise concerns to help safeguard vulnerable people. They openly and honestly discuss the mistakes they make during the dispensing process to improve the safety of the pharmacy's services.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to support its team members in working safely and effectively. The SI and a director had reviewed the SOPs in August 2022, and they were tailored to the pharmacy's business model. Most team members had signed the SOPs to confirm they had read and understood them. Some team members recently employed by the pharmacy had not yet signed the SOPs. They explained they had started reading the SOPs as part of their induction. Pharmacy team members had a good understanding of their own roles and were confident in asking questions and referring queries to a senior member of the team or pharmacist when needed. And they were observed completing dispensing tasks in accordance with SOPs. The pharmacy employed an accuracy checking pharmacy technician (ACPT), the ACPT worked within their designated role and completed accuracy checks of medicines following a recorded clinical check of a prescription by a pharmacist.

Accuracy checkers provided feedback to team members following mistakes found and corrected during the dispensing process, known as near misses. Some of these mistakes were recorded on an overarching record and team members were also encouraged to keep a personal log of their mistakes to help support self-reflection and improvement. Team members acknowledged that gaps in near miss recording did occur, particularly during busy periods. They discussed mistakes in staff briefings, and they demonstrated actions they took to help reduce risk. For example, they shared information about similar packaging of different medicines. And the team had placed warning labels on shelf edges to help prompt additional checks during the dispensing process. The pharmacy recorded any mistakes found after a medicine had been supplied to a person, known as a dispensing incident. There was a clear process for reporting these types of mistakes. This included sharing learning following incidents through the NHS 'Learn from patient safety events' (LFPSE) portal and retaining incident reports along with evidence associated with the dispensing incident. This supported the pharmacy in sharing learning with its team members and in answering any queries related to the mistake that may later arise.

The pharmacy had a complaints procedure, and it advertised how people could provide feedback on its website. A team member demonstrated how the team had used feedback about how it communicated queries and tasks to increase the use of the pharmacy's communication book. The pharmacy had procedures and information to support its team members in recognising and reporting safeguarding concerns. Contact information for local safeguarding teams was readily accessible. The SI explained they were in the process of enrolling all team members on formal learning on the subject through the Centre for Pharmacy Postgraduate Education (CPPE). Some team members including the pharmacist had completed this learning. A dispenser shared examples of the types of concerns they might come

across when providing pharmacy services at a distance and they knew how to report these concerns.

The pharmacy had current indemnity insurance. The responsible pharmacist (RP) notice displayed the correct details of the RP on duty. The RP record was generally completed in full; occasional records did not have the sign-out times of the RP. The pharmacy generally kept its CD register in accordance with legal requirements. But it did not always complete page headers and it did not routinely record the address of the wholesaler when entering the receipt of a CD into the register. Regular full balance checks of physical stock against the register took place. A physical balance check conducted during the inspection complied with the balance recorded in the register. The pharmacy had a patient returned CD destruction register. And this was kept up to date by the pharmacy team. Some recent certificates of conformity for unlicensed medicines did not contain full audit trails of who the medicine had been supplied to. The SI confirmed these would be brought up to date. The pharmacy had record keeping arrangements set up in case it dispensed a private prescription. The SI reported that no private prescriptions had been received since opening in 2021. The pharmacy was registered with the Information Commissioner's Office (ICO). It had procedures and information relating to confidentiality requirements and team members understood these. The pharmacy segregated its confidential waste, and this was securely collected and disposed of at regular intervals.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy regularly reviews its staffing levels and skill mix to ensure it provides its services safely and effectively. And it engages its team members in relevant learning to support them in their roles. Pharmacy team members are encouraged to share ideas during team meetings. And they know how to raise a concern at work.

Inspector's evidence

The SI worked as the regular pharmacist full time. Regular locum pharmacists covered their days off and leave. The pharmacy reviewed its staffing levels and skill mix at regular intervals; it was in the process of recruiting several apprentices following workload steadily increasing. Current staffing levels reported were the ACPT, four qualified dispensers, a delivery driver and five trainees. There was flexibility within the team to cover both planned and unplanned leave when required. There was a varied approach to training arrangements for each trainee. This was partly due to some being apprentices with specific training arrangements and different work experience in previous pharmacy roles amongst the trainees. The SI was not aware of specific training requirements for the delivery driver to ensure compliance with current GPhC guidance. They took the opportunity to act on this and enrol the driver on an accredited training course immediately after the inspection. Team members felt there was a supportive approach to learning and were confident in asking questions and seeking support. They had regular one-to-one discussions with the SI to speak about their performance and development. Qualified team members completed some ongoing learning relevant to their roles.

The pharmacy did not set specific targets for its team members to meet. There was a focus on working in a timely manner to ensure medicines were ready to be delivered to care homes ahead of the next cycle beginning. Pharmacy team members engaged in regular briefings and staff meetings to share learning and information relating to workload. The team created a list of topics to discuss at staff meetings, but it did not record specific information discussed to help measure the effectiveness of actions that may be agreed during these meetings. The pharmacy had a whistleblowing policy and team members were confident in providing feedback and suggesting ideas at work. They knew how to raise and escalate a concern about the pharmacy if needed.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is appropriately secure and maintained to an acceptable standard. Its team work well to manage workflow effectively in the space available.

Inspector's evidence

The pharmacy was secure and clean. It consisted of the dispensary with staff kitchen and toilet facilities provided in separate rooms to the far side of the premises. The SI provided details of an application they had submitted to relocate the pharmacy to a much larger premises. This was needed as the team used all available space it had. Medicine waste was held on the floor in the centre of the dispensary which was not ideal. But efforts had been made to ensure the waste did not pose a trip or fall hazard and the waste was clearly identifiable. Team members demonstrated an effective workflow which utilised under bench storage space and shelving to help keep work benches free for dispensing tasks. Lighting was adequate throughout the premises. Fans provided some ventilation. But team members stated it could be warm during periods of hot weather and room temperature was not seen to be monitored. The pharmacy was fitted with hand washing sinks and a sink for the preparation of liquid medicines.

The pharmacy's website included its name, address, registration details and contact information. It displayed the GPhC's voluntary internet pharmacy logo which provided a link to the GPhC's premises register. It also provided details of the SI, but it did not provide the option for people to check the SI's registration details against the GPhC register or explain how they could do this. The pharmacy did not sell medicines through its website.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to people. It stores its medicines safely and securely and it makes regular checks to ensure they remain safe to supply. Pharmacy team members work well to prioritise and complete urgent work alongside their scheduled workload. They complete effective audit trails when dispensing medicines which allows them to confidently answer any queries that may arise. And they provide relevant information to people and care home teams when supplying medicines.

Inspector's evidence

People accessed the pharmacy's services through either the website, by email or by telephone. The pharmacy's website provided clear information about the services provided. And it provided information about popular NHS health promotion campaigns. Pharmacy team members understood how to signpost people to other pharmacies or healthcare providers if they were unable to provide a service.

The pharmacy supplied medicines in both original packs and in multi-compartment compliance packs. It had considered some risks associated with supplying medicines in compliance packs. For example, the SI discussed checks they had carried out before removing a medicine from its original packaging to include within a compliance pack. It dispensed some valproate containing medicines into compliance packs and although it had verbally discussed how the risks associated with doing this were managed with care home staff, it had not documented these within a risk assessment. The pharmacy team had an awareness of the requirements of the valproate Pregnancy Prevention Programme (PPP) and the SI discussed the checks they made when supplying valproate to people within the at-risk group. The pharmacy provided monitoring tools to care homes when supplying medicines that required ongoing monitoring.

The pharmacy used effective audit trails throughout the dispensing process to support it in managing its workload and answering queries that may arise. For example, team members recorded the outcome of queries with surgeries on the patient medication record (PMR) system. They also sent and received correspondence via secure NHS email. The team monitored the receipt of prescriptions and ensured queries were recorded and wherever possible resolved ahead of scheduled supply dates. If a query could not be resolved, it informed care homes of this and provided a written record of the query when delivering medicines to the care homes. The pharmacy provided medication administration records (MARs) for all the medicines in supplied to the care homes. The MARs contained photographs to support care home teams in completing their own identity checks and the pharmacy asked care homes to update photographs annually. The pharmacy had an effective system for managing acute prescriptions for people residing within the care homes with prescriptions for urgent medicines prioritised for same day delivery. It kept an effective audit trail of the medicines it owed to people, and it had a process for regularly contacting pharmaceutical wholesalers to try to obtain these medicines. It kept an effective audit trail of all the deliveries it made through its local delivery service. And it had suitable arrangements to support the delivery of medicines to people nationwide.

The team used baskets throughout the dispensing process. This helped to organise workload and kept medicines with the correct prescription. Team members used original prescriptions, backing sheets and

PMR information throughout the dispensing process. They took ownership of their work by signing the 'dispensed by' and 'checked by' boxes on medicine labels and on compliance packs when dispensing medicines. A sample of assembled compliance packs contained full audit trails and clear descriptions, including photographs of the medicines inside them. But the pharmacy did not include adverse warnings about the medicines inside compliance packs on the attached backing sheet when dispensing medicines in this way to people living in their own homes. The SI explained the pharmacy used different backing sheets for the community service and acted immediately to rectify this issue. The pharmacy mostly supplied patient information leaflets at the beginning of each four-week dispensing cycle or when dispensing medicines in original packaging.

The pharmacy sourced medicines from licensed wholesalers and a licensed specials manufacturer. Medicine storage in the dispensary was orderly with most medicines stored in their original packaging. It stored a small number of medicines in amber bottles. These were labelled with the batch number and expiry date of the medicine inside the bottle. The pharmacy stored medicines subject to safe custody arrangements appropriately in a secure cabinet. Medicines inside the cabinet were stored in an orderly manner. It stored medicines subject to cold chain requirements safely in a medical fridge. And it maintained temperature records for the fridge that showed it was operating within the required temperature range. Team members annotated liquid medicines with details of the dates they had been opened. This prompted checks during the dispensing process to ensure the medicine remained safe to supply. The team completed regular date checking tasks and it recorded these. No out-of-date medicines were found during random checks of dispensary stock. The pharmacy had medicine waste receptacles available to support the team in managing pharmaceutical waste. It received details of drug alerts and recalls by email, but it did not routinely keep an audit trail of the checks it made about the alerts.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. Its team members use the equipment and facilities in a way which protects people's confidentiality.

Inspector's evidence

Pharmacy team members had online access to current reference sources including the British National Formulary (BNF) and BNF for children. The team used passwords and NHS smartcards to access the computers. There was no public access to the premises, this helped to safeguard people's personal information. The pharmacy had some crown marked glass cylinders suitable for measuring liquids. It also had two plastic measures which bore no markings to confirm they met British Standard. A discussion highlighted the risks of using equipment which did not conform to British Standard and the measures were discarded. The pharmacy had suitable equipment for counting tablets and capsules and it kept these clean. Team members used separate equipment for counting cytotoxic medicines and measuring higher-risk liquid medicines to prevent any cross contamination. The pharmacy's electrical equipment was clean and electric leads were free from wear and tear.

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.