

# Registered pharmacy inspection report

**Pharmacy Name:** Remedi Health, 21A Southgate Street, Winchester, Hampshire, SO23 9EB

**Pharmacy reference:** 9011738

**Type of pharmacy:** Community

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

## Pharmacy context

This is a private pharmacy located in central Winchester, Hampshire. It provides Covid-19 testing, an ear wax removal service, a travel clinic and sales of medicines. The pharmacy also provides phlebotomy services including allergy testing, menopause and womens health clinic and health checks. The pharmacy was registered with UKAS (the United Kingdom Accreditation Service) for COVID-19 testing.

## Overall inspection outcome

✓ **Standards 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>	Good practice	1.1	Good practice	The pharmacy keeps risk assessments for the services it provides and ensures they are regularly reviewed and updated.
		1.2	Good practice	The pharmacy holds regular clinical governance meetings to ensure all the services are reviewed and risk assessments are up to date.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Good practice	3.1	Excellent practice	The pharmacy is presented extremely well and is very modern and professional in appearance. The overall image is striking.
		3.3	Good practice	The pharmacy is able to isolate the consultation rooms and use its air conditioning units to extract the air in the room and help to control the spread of infection.
<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 ✓ Good practice

### Summary findings

The pharmacy identifies and manages its risks well. The pharmacy has detailed written procedures in place to help ensure that its team members work safely. And it regularly reviews the safety of its services and quickly makes any changes that may be needed. Team members record incidents and make the necessary changes to stop them from happening again. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance to cover its services. And it keeps all of the records required by law. It keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

There were a range of policies and protocols in place and held electronically, including standard operating procedures (SOPs). The pharmacy had SOPs for all the services it provided. They covered all the relevant activities and GPhC requirements, including responsible pharmacist (RP) regulations. Pharmacy staff had read through these and confirmed they agreed to adopt them. The role of the responsible pharmacist was outlined in the SOPs, so responsibilities and lines of accountability were clear. Some of the SOPs had initially been templates, but the pharmacy's team members had re-written them to make them more relevant to how they provided the service. The team was planning to review the SOPs at least every year. The superintendent explained that they regularly audit all the SOPs for the purposes of their UKAS review and the regular changes in the Covid testing service meant that the team was regularly reviewing the process and SOPs for the testing procedure. The pharmacy held valid indemnity insurance.

During the inspection all members of staff were observed to be wearing surgical face masks and regularly cleaning their hands either by washing them or by using alcohol hand gel. The pharmacy was large enough to ensure social distancing was maintained.

The pharmacy had processes in place to identify, record and learn from mistakes. The data from incidents would be collated and any risks and trends would be identified regularly. Any incidents or errors would be shared with the whole pharmacy team. The pharmacy team held monthly Clinical Governance meetings with all the directors and staff where they discussed the services and an agenda to include quality management systems, risk registers and incident reports. The pharmacy had risk assessments for the services they were providing and these were reviewed every month and updated where necessary.

People were able to provide feedback to the pharmacy by calling them and in writing. The pharmacy also had many positive reviews on Google and the team explained they analysed the reviews every month and used them to help improve the service.

The pharmacy used CDRx as one of their electronic systems where they maintained an electronic responsible pharmacist record and fridge temperature records. A valid Responsible Pharmacist notice was on display in the pharmacy.

Information governance training was mandatory for each member of the pharmacy team and repeated

annually. Passwords to access the pharmacy IT systems were only known by staff and each member of staff had their own password. Confidential material was suitably located and stored securely. Confidential paper waste was segregated and shredded regularly.

The pharmacists had completed level 2 safeguarding training, and the pharmacy has a safeguarding SOP and policy in place. Contact details for safeguarding authorities across Southampton, Hampshire, Portsmouth and Isle of Wight were available in the pharmacy with the out of hours contact details for Hampshire in place too.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. Team members complete appropriate training to allow them to deliver the services safely. They have the confidence to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback.

### Inspector's evidence

There were enough suitably qualified and skilled staff present to manage the workload. During the inspection, there were two pharmacists, one of whom was the Superintendent, and two members of the admin team who had recently started and had been enrolled onto the Medicines Counter Assistant Course from the NPA. All the SOPs defined the staff roles which may work under the SOP.

The pharmacy was part of a company which also had a training and consultancy company called Pharmacy Complete which they used to provide training for the healthcare services. Some of the training included public health training and mental health training. One of the pharmacists was due to begin the Pharmacist Independent Prescribing course which would allow them to be more flexible in their service and also more freedom when deciding on treatments for people.

Staff were observed working well together during the inspection and following the SOPs. One of the new trainee members of staff was observed asking appropriate questions following a query from a member of the public and referring to the superintendent pharmacist. Staff received feedback regularly throughout the day and would also receive feedback during their appraisals. Regular team meetings were used to communicate current issues and to provide updates.

The pharmacy had an open culture, where staff were able to contribute ideas or raise issues. And there was a company whistleblowing policy in place which all staff members were aware of.

Team members were able to use their own professional judgements and empowered to ask questions and make changes as needed for the benefit of people using their services. The superintendent explained that having new members of staff in the pharmacy meant that they were able to see things differently and could make changes to improve the service. The team members described how they would meet regularly to discuss SOPs, process and anything else and take ideas from one another on how to best change and adapt the services to ensure that they worked well for the benefit of people and they were safe.

## Principle 3 - Premises ✓ Good practice

### Summary findings

The pharmacy provides a very professional, safe and secure environment for people to receive specialist healthcare services. It provides a bright and modern space from which to deliver these services. The pharmacy has made changes to the layout to reduce the spread of COVID-19. The pharmacy has a consultation room set away from the public where services can be provided in private. The air in the consultation room could be isolated and removed to aid with infection control. The pharmacy is secured to prevent unauthorised access.

### Inspector's evidence

The pharmacy had recently opened in the centre of Winchester. It had a large window which allowed a lot of natural light into the main waiting and dispensary area. A screen was in place by the window to advertise services. In the pharmacy, the dispensary was based inside a glass cube with a large image of sequenced DNA at the back. The dispensary was temperature controlled. The overall image and presentation of the pharmacy was professional, clinical, and very modern.

The dispensary had a sink, plenty of counter space, polymerase chain reaction (PCR) machines to amplify DNA, a computer and a pharmacy fridge. Pharmacy medicines for sale were displayed inside the dispensary glass and out of reach of the public. Medicines and products available for selection were displayed on glass shelves in the waiting area of the pharmacy.

There were two consultation rooms in the pharmacy which were set away from the main waiting area. They both had fresh air conditioning units which could be set to extract air from the rooms for the reasons of infection control. The rooms had wipeable raised edge flooring which could be cleaned thoroughly. One consultation room was used for COVID-19 testing and included a screen between the person being tested and the healthcare professional. The other room included an examination bed.

There was also a staff room at the back of the building which included a staff kitchen, storage and workstations for admin work. Cleaning was completed daily, and the pharmacy was very clean and well presented. The team members explained they were more conscious of cleaning more regularly due to the Covid-19 pandemic.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. The pharmacy offers a range of private services, which the pharmacy team delivers safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines and stock from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy disposes of waste appropriately.

### Inspector's evidence

People with a range of needs were able to access the services provided by the pharmacy. The Superintendent explained that while they do not have an NHS contracts, they do signpost people who require NHS services appropriately.

The pharmacy provided Covid-19 testing and sent the test samples via courier for analysis. The pharmacy was also providing phlebotomy services, taking blood samples for testing. Using those samples, the pharmacy was able to provide a menopause clinic, a male hormone clinic, including prostate specific antigen (PSA) checks, and general health checks. Once the samples were taken, they were couriered to a UKAS and CQC registered laboratory in London for analysis and results could be back with the pharmacy the following day. Once the results were emailed to the pharmacy, the pharmacy could draft a certificate showing the result which was then signed off by a pharmacist and emailed to the person who had the test. Some test results were reviewed by the medical director when required.

The pharmacy had an ear wax removal service and used an otoscope to view and assess the condition of the ear. If any issues arose during an ear consultation, the pharmacist explained how they had access to an ENT specialist who could provide further advice. The specialist was GMC registered, based in the UK and practised in the UK.

The superintendent explained that the pharmacy held an electronic client management system where they would record people's details including a clinical history. The team members wrote up worksheets for every day they were open which outlined all the services they delivered that day. This allowed them to audit the work carried out. The labs produced reports for the pharmacy which included the results of the blood tests and other tests which the pharmacy would then use to decide the appropriate treatments where necessary. The superintendent explained that they were trying to establish communication between the pharmacy and people's GPs. They were having meetings with local GPs and were contacting others to see how they would like to receive people's blood results and how much information about people's treatments they would like to be made aware of to ensure the continuity of information.

The pharmacy provided a travel clinic whereby they used Patient Group Directions (PGDs) to supply and administer medicines to people based on where they were travelling. The PDGs viewed were all valid and signed appropriately. The team was planning to introduce human papilloma virus (HPV), chicken pox and shingles vaccines in the future.

The pharmacy was open seven days a week and had business continuity plans in place should any of its systems go down. People could contact the pharmacy by phone if required and other contact details were available on their website. People were able to book appointments on the phone, in person or online.

There were clear working processes and work would be prioritised on their computer systems, and tasks allocated to different staff members. The superintendent explained how the team members were able to track a person's journey with a service to ensure that they received their results on time and there were no delays. All supplied medicines were labelled appropriately.

The pharmacy sourced stock from various licensed suppliers and direct from some manufacturers. Medicines were stored in controlled environments and monitored continuously. The pharmacy had air conditioning throughout the building to keep all medicines in the acceptable temperature range.

The pharmacy had waste contracts with Biffa for clinical and trade waste. Hazardous waste and confidential waste were all disposed of appropriately using the correct disposal methods. Drug alerts and recalls were received by the pharmacy team regularly. The recalls were read, circulated where relevant and logged on CDRx as being received, read and actioned as necessary. Expiry date checks were undertaken on a rolling basis.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It ensures its equipment is well-maintained and it keeps the necessary records. The pharmacy uses its equipment in a way that protects people's private information.

### Inspector's evidence

Up-to-date reference sources were available such as a BNF, a BNF for Children and other reputable information sources and texts. Machines used for the services provided were calibrated daily and records of the calibration were kept in the daily worksheets. Internet access was available should the staff require further information sources.

There were suitable pharmacy facilities including fridges and maintenance contracts were also available. Designated bins for the disposal of waste medicines and clinical waste were available for use and the team also had separate bins for the disposal of hazardous waste.

All computer screens were suitably located and access to computers containing patient data was protected using individual passwords which were changed regularly. All data was saved on secure servers.

### 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.