

Registered pharmacy inspection report

Pharmacy Name: Exmed Pharmacy Hub, Unit 3, Bedford Street, Parr Industrial Estate, St. Helens, Merseyside, WA9 1PN

Pharmacy reference: 9011744

Type of pharmacy: Closed

Date of inspection: 28/11/2022

Pharmacy context

The pharmacy is located on an industrial estate in St Helens. It operates as a dispensing hub for other pharmacy branches in the company and is not open to the public. It assembles medicines in multi-compartment compliance aids and sends them to the pharmacy branches for supply to people. All patient contact is handled by the pharmacy branches.

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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe.

Inspector's evidence

There was a set of standard operating procedures (SOPs). Members of the pharmacy team had signed training sheets to show they had read and accepted the SOPs.

The pharmacy had paper logs to record any near miss incidents. It also had a system to record and investigate any dispensing errors. Members of the pharmacy team were not aware of any near miss incidents or dispensing errors resulting from the incorrect assembly of blister packs. And the only errors which they had identified involved the incorrect medicines being sent by the pharmacy branch. These had been logged and reported back for the pharmacy branch to investigate.

Roles and responsibilities of the pharmacy team were documented on a matrix in the SOPs. A dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The pharmacy had a feedback system for any complaints from the pharmacy branches. A current certificate of professional indemnity insurance was seen. Records for the responsible pharmacist (RP) appeared to be in order. But the RP notice was not on display. This was promptly rectified after it was highlighted to the pharmacist.

An information governance (IG) policy was available. Each member of the pharmacy team had signed a confidentiality agreement. When questioned, a dispenser was able to describe how confidential information was destroyed using the on-site shredder. Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist said he had completed level 2 safeguarding training. Members of the team knew where to find the contact details for the local safeguarding team. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. But members of the team do not complete additional training or have formal performance reviews. So there may be missed opportunities to help members of the team to develop and expand their skills.

Inspector's evidence

The pharmacy team included a pharmacist, two dispensers, one of whom was trained to accuracy check, and a new starter. All members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist and two other staff. The volume of work appeared to be well managed. Staffing levels were maintained by a staggered holiday system and relief staff from nearby pharmacy branches.

The dispenser said she had previously completed training when she was working in a pharmacy branch. But since moving to the hub, she had not been required to complete any additional training. And feedback about her work was limited to informal discussions throughout the day. The dispenser provided an example of when she would refer to the pharmacy branch in order to query a prescription.

Members of the team were seen to work well with each other. And they felt able to ask the pharmacist for further help if they felt they needed it. A dispenser was aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. There were no professional based targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. And are kept clean and maintained to a level expected of a healthcare setting.

Inspector's evidence

The pharmacy was located within a business premises which members of the public could not access. The dispensary appeared clean and tidy, and adequately maintained. The size of the dispensary was sufficient for the workload. The temperature was controlled using electric heaters. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages and provides its services safely. It has effective procedures for compliance aids to be assembled in an efficient manner. And it keeps records so that it can demonstrate accountability of each stage of the process.

Inspector's evidence

The pharmacy provided services to other pharmacy branches which belonged to same company. Branches would be signed up by head office staff and provided with the operational procedures, contact details and hours of operation.

The pharmacy provided an assembly service for multi-compartment compliance aids. The pharmacy branch was responsible for ordering the prescriptions, the clinical checks, and contacting the patient or GP surgery with any queries. An audit trail was available to show who had clinically checked the prescription.

The pharmacy branch printed the dispensing labels, picked the stock required to be dispensed and sent it in a tote to the hub. A paper record was used to provide an audit trail which identified the prescriptions sent to the hub for dispensing. Plastic wallets contained the prescription tokens, dispensing labels, and the information sheets which were used to inform team members about what time medicines were placed into the compliance aids.

Disposable equipment was used to provide the service. A dispensing and accuracy check audit trail was written onto the backing sheet. But the labels did not include descriptions so people may not be able to identify the individual medicines. And patient information leaflets were not routinely supplied with the compliance aids. So people may not always have up to date information to help them take their medicines safely.

The assembled compliance aids were bagged for each person, with a label attached to the bag to indicate where medicines had been assembled. These were placed back into totes and returned to the pharmacy branch, and a paper record was used to help identify each stage of the delivery process.

Medicines were not usually stored at the pharmacy. All stock was received from the respective pharmacy branch, and any leftover or unused stock was returned to the pharmacy branch it originated from. A small amount of leftover medicines was waiting to be returned to pharmacy branches. No controlled drugs or fridge items were dispensed. Designated bins were used to dispose of any unwanted medicines. Drug alerts were received by email from the MHRA. But the pharmacy did not keep any records to show how they had been dealt with, so they could not demonstrate whether they had taken appropriate action.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they clean the equipment so that it is fit for use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. The pharmacy also had counting triangles for dispensing and counting loose tablets. Members of the pharmacy team used a de-blistering machine which was cleaned each day. Team members seemed to understand which medicines were suitable to be de-blistered using the machine. Otherwise, medicines were de-blistered by hand into tablet counters. Equipment appeared to be kept clean.

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.