

# Registered pharmacy inspection report

**Pharmacy Name:** Careplus Chemist, 34 Shakespeare Street,  
Southport, Merseyside, PR8 5AB

**Pharmacy reference:** 9011758

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

**Date of inspection:** 07/09/2022

## Pharmacy context

This is a community pharmacy located on a high-street in Southport, in Merseyside. Due to the NHS contractual arrangements in place, people have their medicines delivered by the pharmacy as the pharmacy are not permitted to provide face-to-face dispensing services. It had a website: <https://www.carepluschemist.com/> which had details about the pharmacy's services. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time. The majority of the pharmacy's workload was dispensing medicines for people who resided in care homes.

## 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 not all met | 1.6                          | Standard not met | Controlled drug registers are not kept up to date. |
| <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 met         | N/A                          | N/A              | N/A  |
| <b>5. Equipment and facilities</b>                 | Standards met         | N/A                          | N/A              | N/A  |

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy team has written procedures to help it work effectively. And members of the team record things that go wrong and discuss them to help identify learning. But controlled drugs records are not properly maintained. Which means the pharmacy is not able to show that controlled drugs are being effectively managed.

### Inspector's evidence

There was a set of standard operating procedures (SOPs) which had been recently updated. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Near miss incidents were written on a paper log before being recorded onto an electronic recording system. The pharmacist reviewed the records periodically and discussed any learning points with the team. Recent mistakes were mostly related to quantity-based errors. But the records did not include details of any action taken to prevent further mistakes. So the pharmacy may have missed some opportunities to improve the safety of its service. Dispensing errors were recorded on the electronic recording system and a national learning database and learning points were included.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee dispenser was able to explain what his responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Information on the pharmacy's website advised people they could discuss any concerns or feedback with the pharmacy team. A current certificate of professional indemnity insurance was seen.

Controlled drugs (CDs) registers were maintained with running balances recorded and generally checked monthly. But recently the records had not been kept up to date. No records had been made for the past 10 days although several CDs had been dispensed during that time. Two balances were checked, and both were found to be inaccurate. One of the balances in the register was recorded with a negative figure. The pharmacist admitted he had fallen behind with the record keeping. This was due to a delay in the pharmacy receiving the prescription orders from the care homes, which meant they had to prioritise dispensing the medicines in order for the care home to receive them on-time. Patient returned CDs were recorded in a separate register. Records for the RP and private prescriptions appeared to be in order.

An information governance (IG) policy was available. When questioned, members of the team showed an understanding about how to protect people's information. And a trainee dispenser was able to describe how confidential information was destroyed using the on-site shredder. But the team had not read the IG policy so may not always have fully understood what was expected of them. A privacy notice explaining how people's information was handled was available on the website.

Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A trainee dispenser gave an example of how she had raised a concern to the pharmacist on duty.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are generally enough staff to manage the pharmacy's workload, but they do not always work effectively. So when the pharmacy is busy lower priority tasks are sometimes neglected. Members of the pharmacy team are appropriately trained for the jobs they do and complete some ongoing training to keep their skills up to date.

### Inspector's evidence

The pharmacy team included a pharmacist, a trainee pharmacist, two dispensers, and three trainee dispensers. All members of the pharmacy team were appropriately trained or on accredited training programmes. All members of the team worked full time. The workload appeared to be managed. Staffing levels were maintained by a staggered holiday system. Relief staff could be requested if needed.

Members of the pharmacy team completed some additional training. For example, some members of the team were training to become vaccinators. But there was no structured training programme beyond the core training for pharmacy roles. So learning needs may not always be addressed. A trainee dispenser gave an example of how she had queried the dosage instructions for a medicine by speaking to the pharmacist, before contacting the GP surgery to confirm whether the dose was correct. Several members of the team were still completing the mandatory training for their roles. They reported a good level of support and that they felt able to ask for further help if they needed it.

Members of the team had monthly appraisals with their manager. A trainee dispenser said she felt these were useful as it helped her to identify any development needs. The pharmacist held a team meeting every Monday to discuss the work for the week ahead. Members of the team also discussed any errors or complaints which had occurred to help learn from them. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. There were no performance targets set in relation to professional services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. And the website contains the required information for people to know who is providing the pharmacy services.

### Inspector's evidence

This was a 'closed' pharmacy located in the rear of a retail store. The pharmacy was currently not providing any face-to-face services. The dispensary was located behind a locked door. The dispensary floor was cluttered with wholesaler totes and boxes containing stock which had yet to be placed away by team members. This presented a tripping hazard for staff. The size of the dispensary was sufficient for the workload. The staff had access to a kitchenette and WC facilities. Lighting was sufficient, and the sink area was clear. The front retail area of the store was vacant and was currently not in use. However, they did not intend this to be part of the registered area. A consultation room was available but not in use. There were intentions to use the room to provide some private services in the future.

A website provided information about the services the pharmacy offered. It also had the required information about who was providing the pharmacy services, and details of the superintendent pharmacist.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access, and it manages them effectively. And members of the team speak to people about their medicines to make sure they are using them safely. The pharmacy gets its medicines from recognised sources and stores them appropriately. And it carries out checks to make sure the medicines are in good condition. But these checks are not recorded so the team cannot show whether they are always completed.

### Inspector's evidence

Information about the pharmacy's services was available on the pharmacy website, including contact details and opening hours.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Dispensed medicines were sent out for delivery to the patient. All dispensed medicines were delivered using the pharmacy's own delivery service. An electronic delivery record was used as an audit trail. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt. The pharmacist said he made sure all medicines were delivered within the validity of a prescription. And if any contained any high-risk medicines (such as warfarin, lithium and methotrexate), the pharmacist said he would contact the patient to provide counselling. The pharmacist was aware of the risks associated with the use of valproate during pregnancy. He said he would counsel patients when necessary but that the pharmacy did not currently have any patients meeting the risk criteria. Educational material was available to supply with the medicines.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on these, members of the pharmacy team would verbally assess whether a compliance aid would be suitable. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. But patient information leaflets (PILs) were not routinely supplied. So people may not always have important information to help them take their medicines safely.

The pharmacy dispensed medicines for a number of patients who resided in care homes. The pharmacy team were informed about the repeat prescriptions ordered by the care homes. Then when prescriptions were received from the GP surgeries, they were compared to the re-order information to confirm all medicines had been received back. Any queries were chased up with the GP surgery. And the care home was informed about any outstanding queries.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Members of the pharmacy team said they checked the expiry dates of stock medicines every week, but these checks were not recorded. A random sample of stock was checked,

and no expired medicines were found. And short-dated medicines were found to have been highlighted using stickers. Some liquid medication had the date of opening written on, including a bottle of glycopyrronium oral solution which would expire 2 months after opening.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge equipped with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins. Drug alerts were received electronically. Details about the action taken, by whom and when was recorded on the computer.

## 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 maintain the equipment so that it is safe to 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. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy.

### 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.  |