

# Registered pharmacy inspection report

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

**Pharmacy reference:** 9011758

**Type of pharmacy:** Internet

**Date of inspection:** 24/04/2023

## Pharmacy context

This is a community pharmacy located on a high-street in Southport, Merseyside. Due to the type of contract this pharmacy has with the NHS, it is not able to provide face-to-face dispensing services. So people have their medicines delivered. The pharmacy provides some face-to-face pharmacy services such as COVID vaccinations. It also 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 met**

**Required Action:** None

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## 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 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 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 understand how to keep private information safe. They discuss things that go wrong so that they can learn from them, but they do not keep records of this. So they may miss some learning opportunities.

### Inspector's evidence

The pharmacy had recently installed a new patient medical record (PMR) system, and this had changed some of their processes. To reflect these changes, standard operating procedures (SOPs) were being updated by the superintendent (SI). The existing SOPs had been read by most pharmacy team members, except for those who had recently started their employment.

Electronic software was used to record any near miss incidents to enable a review. But none had been recorded and the SI admitted that the team had not recorded some incidents that had occurred. He explained that the pharmacist did highlight any mistakes to members of the team at the time they happened and discussed any possible learning points. Dispensing errors were recorded on the electronic recording system and included details of learning they had identified.

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 available.

Controlled drugs (CDs) registers appeared to be in order. Running balances were recorded and generally checked each month. 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 displayed an understanding about how they would protect people's information. And a trainee dispenser was able to describe how confidential information was destroyed using the on-site shredder. But team members had not read the IG policy, so they may not always fully understand what is expected of them. A privacy notice which explained how people's information was handled was available on the website.

Safeguarding procedures were included in the SOPs. Members of the pharmacy team had completed safeguarding training, and the pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A trainee dispenser knew that they should raise any concerns with 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. Members of the pharmacy team complete training related to their roles. But they do not complete regular ongoing training, so their learning needs may not always be addressed.

### Inspector's evidence

The pharmacy team included two pharmacists, one of whom was the SI, a dispenser who was trained to accuracy check, and five dispensers, two of whom were in training. All members of the pharmacy team were appropriately trained or on accredited training programmes. Each member of the team worked full time and staffing levels were maintained by a staggered holiday system. The workload appeared to be managed.

Members of the team did not complete regular ongoing training . So their skills and knowledge may not always be kept up to date. Some members of the team had recently trained to become vaccinators, so that they could help provide the covid vaccination service. 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 it was correct. Several members of the team were completing their dispenser training course and said they felt a good level of support.

Members of the team had an appraisal with their manager each month. A trainee dispenser said she felt these were useful as it helped her to identify any areas of improvement. The pharmacist held a weekly team meeting to discuss the work for the week ahead. Members of the team also discussed any errors or complaints which had occurred to help share any learning. 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 in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. And the website contains enough information to inform people about who is providing the service.

### Inspector's evidence

This was a 'closed' pharmacy located in the rear of a retail store. A consultation room was available for some face-to-face NHS and private services to be provided in the future. Due to contractual arrangements, people could not attend the pharmacy to access NHS dispensing services, and so the dispensary was located behind a locked door. The dispensary floor was cluttered with wholesaler totes, which presented a tripping hazard for team members. 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.

A website provided information about the services the pharmacy offered. It also had appropriate 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 accessible, and it manages them effectively. 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.

### Inspector's evidence

Information about the pharmacy's services was available on the pharmacy website. This included details about the services provided, opening hours and how to contact the pharmacy.

The pharmacy used a PMR system which had built-in accuracy checking software. Prescriptions were organised into different 'workflows' on the PMR system and assigned to different roles within the pharmacy team. The first workflow upon receipt of a prescription was for a pharmacist to perform the clinical check of each prescription. The prescription was then released to a dispenser, who would pick the stock and scan each box of medication using the PMR system. If the medication matched the electronic prescription, a dispensing label would print, and the dispenser would affix this to the box. If it did not match the dispenser had to amend the product or request assistance from the pharmacist. The pharmacist did not perform a further accuracy check unless the medicine fell within an exception category programmed by the SI. For example, a CD, a split pack, or a medicine which required refrigeration. The PMR system kept an audit trail of who carried out each stage of the process.

Dispensed medicines were supplied to patients using the pharmacy's own delivery service. An electronic delivery record was kept as an audit trail. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a CD 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), he contacted the patient to provide counselling. He 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 who met 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 ask questions to 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 care home ordered the repeat prescriptions and provided the pharmacy with copies of what they had

ordered. Then when prescriptions were received by the pharmacy, they were compared to the re-order information to confirm they were as requested. Any queries were chased up with the GP surgery. And the care homes were informed about any outstanding queries.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 3 monthly cycle. A record was kept of what had been checked. Short, dated stock was highlighted using a sticker and liquid medication had the date of opening written on. 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 the recorded temperatures had remained within 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

Members of the team 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 team members 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.