

# Registered pharmacy inspection report

**Pharmacy Name:** Automeds Pharmacy, Unit 2 Hoburne Enterprise Park, Embankment Way, Ringwood, Hampshire, BH24 1WL

**Pharmacy reference:** 9011761

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

**Date of inspection:** 17/02/2022

## Pharmacy context

This is a closed pharmacy located in an industrial estate in Ringwood, Hampshire. It provides pharmacy services to care homes across Dorset. The pharmacy is able to provide medicines in multi-compartment compliance aids and as well as the supply of medicines, it provides a New Medicines Service and a delivery service.

## 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
<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 appropriately manages its risks and has procedures in place to ensure that its team members work safely. They know what they can and cannot do and what they have responsibility for. The pharmacy regularly reviews the safety of its services and team members understand how to protect vulnerable people. They keep the records they need to by law, and they keep people's private information safe and secure.

### Inspector's evidence

There were a range of policies and protocols in place and held electronically, including standard operating procedures (SOPs). These were reviewed every two years or when there were any significant changes. They covered the relevant GPhC activity and 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. The team also had SOPs for the rest of the pharmacy tasks which all included the roles and responsibilities of the staff. As well as written SOPs, the team also had video tutorials showing how to complete some tasks. The Superintendent explained that this visual aid helped the staff members who were visual learners. Appropriate professional indemnity insurance was in place.

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 on its Asana electronic system. All errors would be reported on an electronic near miss log. The data from the incidents would be collated and any risks and trends would be identified regularly. The Superintendent explained that since the introduction of a scanning system for the dispensing process, the near misses and incidents had drastically reduced. This was due to the computer system not generating labels if the dispenser picked and scanned items which did not match the prescription. Any incidents or errors would be shared with the whole pharmacy team. People were able to raise complaints with the pharmacy by calling them and in writing. Details of how to do this were supplied to the care homes and were available online on the company's website.

The pharmacy used an electronic responsible pharmacist record, and a valid Responsible Pharmacist notice was on display in the pharmacy on a screen. Controlled drugs (CDs) registers were maintained, and the balance of CDs was checked every month. The maximum and minimum fridge temperatures were checked daily and recorded electronically.

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 profiles online so their work could be audited. Confidential material was suitably located, and confidential paper waste was segregated and removed for safe disposal. Safeguarding training was also mandatory for all staff and this was repeated regularly online. The pharmacists had both completed level 2 safeguarding training, and the team held the details of the local safeguarding

authorities electronically should they be required. The Superintendent explained that the drivers had safeguarding training too as they would visit the care homes regularly and they had all completed the Buttercups driver training program or were enrolled on to it.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough suitably qualified members of staff. The team members keep their skills and knowledge up to date. So, they can deliver safe and effective care. They make appropriate decisions about what is right for the people they care for. And their professional judgement is not affected by targets.

### Inspector's evidence

There were enough suitably qualified and skilled staff present to manage the workload. During the inspection, there were two pharmacists, one locum accredited checking technician (ACT), three dispensers and one trainee dispenser. All the staff had either completed, or were in the process of completing, accredited training. The pharmacy team used Buttercups training modules. The more experienced members of staff were observed coaching the trainee member of staff and explaining tasks to her. All the SOPs defined the staff roles which may work under the SOP.

Staff were observed working well together during the inspection and following the SOPs. Staff received feedback during their appraisals which were held annually on a one-to-one basis.

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 work within their own professional judgements and staff were empowered to ask questions and make changes as needed for the benefit of people using their services. The staff stated that there were no financial incentives in place within the pharmacy and they only had targets to ensure the care homes received their medicines on time.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment from which to run its services. The premises are clean and secure, and the recent relocation has provided the pharmacy team with more space to work in. And enough space for expansion.

### Inspector's evidence

The pharmacy had recently opened following a relocation. It included a large bright dispensary, a room for the dispensing robot and a storage area. On the first floor, the pharmacy had a large storage room, an office, training room and a staff kitchen. The dispensary fixtures and fittings were brand new, and the pharmacy was well-presented, bright and airy. There was plenty of space for the staff to work while observing social distancing.

The pharmacy had a room dedicated for the preparation of multicompartiment compliance aids and a robot which dispensed medicines into the compliance aids. The room was temperature controlled by an air conditioning system to ensure that the robot could function effectively and medicines were stable. Air conditioning units were also available throughout the pharmacy building.

The public could not come into the pharmacy and any visitors were spoken to via an intercom which also took an image of the visitors for security purposes.

Cleaning was completed daily and there was a rota in place showing the different cleaning tasks the staff members would carry out. The pharmacy was cleaned more regularly due to the COVID-19 pandemic.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy makes its services easily accessible to people who live in care homes. It makes regular deliveries to those care homes so that people get their medicines on time. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

### Inspector's evidence

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The Superintendent explained that while they service care homes locally, they have also recently taken on some domiciliary patients as those patients were unable to access similar services elsewhere.

The pharmacy assists care homes in managing their medicines safely by ensuring they receive medicines when required and that they do not have excessive stocks of medicines. The pharmacy also provides training to care home teams so that they are able to administer medicines safely to patients and ensure that they store medicines safely. The superintendent explained that in the future, he was hoping to have a training room in the pharmacy for care home staff where they could be trained on site in the pharmacy on the administration of medicines.

The pharmacy uses a robot to help dispense the multi-compartment compliance aids. Staff prepare for this by popping medicines out of blisters where necessary and storing them in containers inside the robot where the batch number and the expiry date are also noted. The pharmacy team explained that to help keep the medicines stable, the room in which the robot was placed was temperature controlled.

The pharmacy computer system, Titan, was created especially for them. It allowed the team to track prescriptions around the pharmacy and know which stage each prescription was at. Any messages or notes could also be placed on the records so that the messages were passed around from the clinical checking stage right through to the accuracy checking stage. Audit trails on the system meant that it was easy to identify who had changed anything or left messages. Once a prescription was prepared, QR codes were generated on the labels which when scanned, would bring up all the prescription details. The team demonstrated how the labels would change once a prescription had been fully checked and was ready to be delivered. The pharmacy offered care homes the eMAR system (electronic medicines administration record system) which allowed both the pharmacy and the care home to monitor the administration of medicines in real time.

Medicines were delivered daily to various local care homes and the team used a full audit trail for the delivery of the medicines. It allowed them to locate which delivery tote each prescription item was in and this was useful when the care homes couldn't find medicines. The pharmacist demonstrated how they would also take images of tote boxes when packed so that they also had a visual image of each

item in the box. If there were any queries with the medicines, the pharmacy could be contacted for clarification.

The pharmacy was open five days a week throughout the year and had business continuity plans in place should any of its systems go down. People could contact the pharmacy by phone if required. The pharmacy was able to produce large print labels for people with poor sight and had access to translation services. The team explained that during the height of the COVID-19 pandemic, they did not have to change their practise much other than ensuring they maintained social distancing inside the pharmacy while wearing PPE, washing their hands regularly and maintaining the cleanliness of the pharmacy. The drivers also wore PPE and maintained social distancing when delivering medicines.

There were clear working processes and work would be prioritised on their computer systems, and tasks were allocated to different staff members. All supplied medicines were labelled appropriately, and all high-risk medicines were double checked prior to issue. The pharmacy team were aware of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate cards and leaflets were available for use during dispensing of valproates to all people in the at-risk group.

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 a suitable waste contract and medicines that had been returned were segregated and sorted prior to disposal. Hazardous waste and confidential waste were all disposed of appropriately using the correct disposal methods. Drug alerts and recalls were received by the pharmacy regularly and any follow-up action was taken as necessary. There was an audit trail for the recall notices showing the actions that were taken. The notices were printed off and held in a file with the audit trail. Expiry date checks were undertaken on a rolling basis.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. And its team makes sure the equipment it uses is clean.

### Inspector's evidence

There were crown-stamped measures available for use and amber medicine bottles were seen to be capped when stored. There were also clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF, a BNF for Children and other reputable information sources and texts. Internet access was also available should the staff require further information sources.

There were suitable pharmacy facilities including CD cupboards and a fridge. There were maintenance contracts for the refrigerator, the robot and the air conditioning systems. Designated bins for the disposal of waste medicines 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.