

Registered pharmacy inspection report

Pharmacy Name: Hope Pharma Solutions Ltd, Stratford House,
Waterside Court, Neptune Way, Medway City Estate, Rochester,
Kent, ME2 4NZ

Pharmacy reference: 9011807

Type of pharmacy: Community

Date of inspection: 20/04/2023

Pharmacy context

The pharmacy is in a large business park in Medway. It uses its registration to sell pharmacy-only medicines and to supply medicines against private prescriptions. And it provides a range of private services, including ear wax removal and it supplies medicines against Patient Group Directions for weight loss and travel vaccinations. A phlebotomy service and COVID testing service are provided from a non-registered part of the building.

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 identifies and manages the risks associated with its services to help provide them safely. And it keeps its records up to date and accurate. It has processes for reviewing any mistakes. And it protects people's personal information well. People can provide feedback about the pharmacy's services. And team members know how to protect vulnerable people.

Inspector's evidence

There were standard operating procedures (SOPs) available at the pharmacy and the pharmacist explained that she was in the process of updating them. And she said that team members would re-read them and sign them after the updates had been amended. The complaints procedure was available for team members to follow if needed and people could complain via the pharmacy's website, phone, or email. The pharmacist said that there had not been any complaints received.

Team members' roles and responsibilities were specified in the SOPs. The pharmacy would remain closed if the pharmacist had not turned up in the morning. The pharmacist said that team members initialled the dispensing label to show who had dispensed and checked an item. She explained that she took a mental break between dispensing and checking medicines. A near miss record was available to record any dispensing mistakes which were identified before a medicine had reached a person. The pharmacist said that there had not been any near misses, and this was likely due to medicines only being ordered when a prescription was received. The pharmacist said that there had not been any dispensing errors, where a dispensing mistake had reached a person. She would make a record of any dispensing errors and undertake a root cause analysis.

The pharmacy had current professional indemnity and public liability insurance. The private prescription records were completed correctly. And there were signed in-date patient group directions available for the relevant services offered. The right responsible pharmacist (RP) notice was clearly displayed, and the RP record was completed correctly. Confidential waste was shredded, computers were password protected and the people using the pharmacy could not see information on the computer screens. Team members had completed training about protecting people's personal information.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. And other team members had been provided with some training about how to safeguard vulnerable people. The pharmacist could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the relevant agencies. She said that there had not been any safeguarding concerns at the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They do the right training for their roles. They are provided with some ongoing training to support their learning needs and maintain their knowledge and skills. And they can complete this training at work. They can discuss any concerns, make suggestions, and have regular team meetings.

Inspector's evidence

There was one pharmacist (who was also the superintendent pharmacist) and one trainee medicines counter assistant (MCA) working during the inspection. The trainee MCA had been enrolled on an accredited course for her role. The pharmacist explained that team members working hours varied depending on the workload. She said that she was always in the pharmacy when registerable activities were being undertaken. And she was signed in as the RP. The pharmacist explained the types of questions she would ask a person to make sure that an over-the-counter medicine was suitable for them.

The pharmacist was aware of the continuing professional development requirement for the professional revalidation process. She had recently completed some training about the flu vaccination service, travel vaccinations and sepsis. The pharmacist said that he had completed declarations of competence and consultation skills for the services offered, as well as associated training. She also worked as an independent prescriber in a local GP surgery and regularly attended training sessions provided by the surgery. She said that team members were allowed time during the working day to undertake any training. The pharmacist read pharmacy-related magazines and online articles. And passed relevant information on to other team members. And she felt able to take professional decisions.

The pharmacist explained that team members had ongoing informal appraisals and yearly formal performance reviews. The pharmacist said that team members discussed any issues as they arose and there were weekly team meetings to discuss any ongoing issues. Team members felt comfortable about discussing any issues or making any suggestions. Targets were not set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean, and tidy throughout which presented a professional image. Pharmacy-only medicines were kept in locked glass fronted display cabinets. Air conditioning was available, and the room temperature was suitable for storing medicines. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

There were several chairs in the waiting area for people to use if needed. These were positioned away from the consultation rooms to help minimise the risk of conversations being heard. The consultation room was accessible to wheelchair users. The room was suitably equipped and kept secure when not in use. And there were anaphylaxis kits available. The window was see-through, the pharmacist said that she would ensure that this was covered during consultations where needed. Conversations at a normal level of volume in the consultation room could not be heard from the shop area.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy provides its services safely and manages them well. It gets its medicines from reputable suppliers and stores them properly. And it responds appropriately to drug alerts and product recalls. The pharmacy ensures that people receive information about how to take their medicines safely.

Inspector's evidence

The pharmacy area was on the first floor of a building in a business park and a lift was available. Services and opening times were clearly advertised on the pharmacy's website. And a variety of health information leaflets was available in the pharmacy. There were several signs on the roads leading up to the pharmacy to help people find it. The phlebotomy and COVID services were provided from the ground floor which was not part of the registered premises.

The pharmacy supplied a weight loss medicines against a Patient Group Direction. People had regular face-to-face consultations with the pharmacist and their weight and blood pressure were monitored. The pharmacist ensured that people were losing weight in line with the guidelines. And she said that she referred people to their GP where needed. The pharmacist said that she would check monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin where available. She would keep a record of blood test results on the person's medication. And she would speak with people about their medicines to ensure that they knew how to take them safely. The pharmacist said that the pharmacy had not yet supplied valproate medicines. She knew about the risks with taking them and would ensure that anyone who needed to be on the Pregnancy Prevention Programme was on one. And she would refer a person to their GP where needed.

Stock expiry dates were checked regularly, and this activity was recorded. And there were no date-expired items found during a random check of the shelves. Fridge temperatures were checked daily with maximum and minimum temperatures recorded. Records indicated that the temperatures were consistently within the recommended range. The fridges were suitable for storing medicines and were not overstocked. The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. The pharmacist explained the action the pharmacy took in response to any alerts or recalls. Any action taken was recorded and kept for future reference. This made it easier for the pharmacy to show what it had done in response.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

Suitable equipment for measuring liquids and triangle tablet counters were available and clean. The pharmacist said that equipment was cleaned after each use. Up-to-date reference sources were available in the pharmacy and online. The blood pressure monitor was replaced in line with manufacturer's guidance. The weighing scales were regularly calibrated, and the shredder was in good working order. The phones were portable so they could be taken to a more private area where needed. The equipment used for the phlebotomy and COVID services were regularly calibrated.

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.