

Registered pharmacy inspection report

Pharmacy Name: Vision Pharmacy, Unit 4, Cross Street, Oadby,
Leicester, Leicestershire, LE2 4DD

Pharmacy reference: 9011816

Type of pharmacy: Internet

Date of inspection: 10/11/2022

Pharmacy context

This is a distance-selling pharmacy that is in a small mixed use industrial area. The pharmacy opened in March 2022. Most of its activity is dispensing NHS prescriptions, and supplying medicines in multi-compartment compliance packs to people who live 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
1. Governance	Standards not all met	1.2	Standard not met	The pharmacy doesn't adequately identify and manage all the risks associated with the services it provides. It does not record or learn from dispensing errors that it makes.
		1.8	Standard not met	The pharmacy team doesn't know how to safeguard people it comes into contact with.
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 not all met	4.4	Standard not met	The pharmacy doesn't have a system to receive drug alerts. This means it cannot be certain that its medicines or devices are safe for people to use.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy doesn't adequately identify and manage all the risks associated with the services it provides. It does not record or learn from dispensing errors that it makes. The pharmacy team doesn't know how to safeguard people it comes into contact with. Its team members work safely but because they haven't all read the pharmacy's written procedures there is a risk that they might not always work as effectively as they could. The pharmacy maintains the records it is required to by law and protects people's personal information.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs). But it did not have a SOP that explained the process for dispensing the specific compliance packs that the pharmacy used to supply medicines to care homes. Most of the staff hadn't read or signed the SOPs. But they were seen dispensing medicines for compliance packs safely. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. The pharmacy had processes in place to make sure medicines were only delivered while still valid.

Dispensing mistakes that were identified before reaching a person (near misses) were discussed with the member of staff at the time, but no further action was taken. The pharmacy manager said that they should be recorded in a near miss log and reviewed but this wasn't being done. The pharmacy manager said that when they were made aware of a dispensing mistake that had reached the person (errors) they supplied the correct medicine to the care home. But there was no process in place for reviewing and learning from these mistakes.

The pharmacy maintained the necessary legal records to support the delivery of pharmacy services. These included the responsible pharmacist (RP) record and the CD registers. At the start of the inspection a RP notice was not on display, but it was later put up. The pharmacist carried out regular checks of CDs to make sure the stock held matched the quantity in the register. A random check of the recorded running balance of a CD reconciled with the actual stock in the CD cabinet. The pharmacy managed patient-returned and out-of-date CDs appropriately.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential information was destroyed securely. Professional indemnity insurance was in place. Although the pharmacy manager had completed safeguarding training, other staff, including delivery drivers had not. The team had not considered how to safeguard vulnerable people they might come into contact with.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the day-to-day workload within the pharmacy. New team members have an induction to allow them to develop their knowledge and skills. Team members can raise concerns if needed.

Inspector's evidence

During the inspection the pharmacy team adequately managed the day-to-day dispensing workload. The responsible pharmacist present worked there on a regular part-time basis. There was one qualified dispenser. The other three members of the team had only recently started working at the pharmacy. They didn't have UK based qualifications but had completed overseas pharmacy qualifications. The pharmacy manager, who had a dispensing qualification, knew that they would need to complete a UK based pharmacy qualification. The pharmacy manager said that the new starters had gone through an induction programme which had included regular informal reviews. She said she felt supported by the superintendent and felt able to raise any issues or concerns if necessary.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained.

Inspector's evidence

There was no public access to the pharmacy. The pharmacy was a reasonable size for the assembly of medicines. With sufficient areas for the assembly and checking of medicines. The pharmacy had suitable heating and lighting, and hot and cold water was available. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy doesn't have a system to receive drug alerts. This means it cannot be certain that its medicines or devices are safe for people to use. However, overall the pharmacy's healthcare services are adequately managed. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely.

Inspector's evidence

This was a closed pharmacy so there was no public access into the pharmacy. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. But because the pharmacy was supplying sodium valproate in compliance packs, they were sending the patient information leaflets (PILs) but not the warning card. The pharmacist said that they would start sending the warning card. If the pharmacist wanted to give advice about a medicine she would ring the care home. And care homes regularly rang her for advice as well. But the pharmacist did not routinely seek information about whether people who were on medicines that required ongoing monitoring were receiving that monitoring. She said that she would start asking for the information.

The main business of the pharmacy was supplying medicines in multi-compartment compliance packs to people living in care homes. Homes were separated into a four-week cycle. Each person had their own record sheet which was updated when there was a medicine change. The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on a label on the compliance pack to help identify who had done each task. Each pack was dispensed on a separate work bench to keep medicines and prescriptions for different people separate to reduce the risk of error. The sample of Medicines Administration Records looked at which were sent with the compliance packs recorded the colour and shape of the medicines to make it easier for people to identify the medicine. The pharmacy sent patient PILs every month.

Medicines were stored on shelves in their original containers. Some of the shelves were a little untidy. Opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable for use. The pharmacy team had a process for date checking medicines but were not making a record of when the date checking took place. A check of a small number of medicines didn't find any that were out of date. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers.

The pharmacy didn't have a process for managing drug alerts. They had assumed that when they opened they would automatically receive any alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). During the inspection the pharmacist set up an email address and said that she would check all the alerts since the pharmacy had opened.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy's portable electronic appliances were new when the pharmacy opened.

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.