

# 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:** 28/06/2023

## Pharmacy context

This is a distance-selling pharmacy that is in a small mixed-use industrial area. Most of its activity is dispensing NHS prescriptions and supplying medicines in multi-compartment compliance packs to people who live in care homes. It also sells over-the-counter medicines through a website.

## 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

Overall, the pharmacy identifies and manages the risks associated with the provision of its services. It has some written instructions to help its team members work safely. Its team members have defined roles and accountabilities. The pharmacy keeps the records it needs to by law, to show that medicines are supplied safely and legally. And the pharmacy has procedures to learn from its mistakes. But because it doesn't review its mistakes for trends and patterns it might miss opportunities to improve its ways of working. The pharmacy keeps people's private information safely and its team members know how to protect vulnerable people.

### Inspector's evidence

The pharmacy had some up-to-date standard operating procedures (SOPs) which had been signed by the pharmacy team members to show they had read and understood them. The team members were seen following the SOPs and 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.

The pharmacy also sold a range of over-the-counter medicines through a website. Each medicine sale was reviewed by the pharmacist and records showed that the pharmacist had considered the risks of the sale and had taken appropriate action. For example, in the sale of the morning after pill. However, the pharmacy had not fully developed its clinical governance procedures and assessed all the risks to support this service. The superintendent pharmacist subsequently provided more robust clinical governance procedures.

The pharmacy had processes for learning from dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time and were then recorded in the near miss log. The pharmacy didn't have a process for regularly reviewing the near miss log, but the pharmacist said any significant incidents were discussed with the whole team.

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. 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. All the pharmacy team, including the delivery drivers had completed safeguarding courses. Staff had discussed the signs they should look for and understood the need to raise any concerns with the superintendent.

## 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 effectively managed the day-to-day dispensing workload. There was a regular locum pharmacist present. There was one qualified dispenser and the other five members of the team were registered on appropriate training courses. The pharmacy manager said that the new starters went through an induction programme which had included regular informal reviews. Staff said they felt supported 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. It has sufficient space to safely manage its workload.

### 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 assembling and checking 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. The pharmacy's website complied with professional guidelines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's healthcare services are suitably managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it knows the right actions to take if medicines or devices are not safe to use to protect people's health and wellbeing.

### Inspector's evidence

This was a closed pharmacy so there was no public access into it. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacy team obtained and recorded information such as INR levels for warfarin and methotrexate blood levels to make sure that people were taking their medicines safely.

The main business of the pharmacy was supplying medicines in multi-compartment compliance packs to people living in care homes. The pharmacist phoned the care homes to give advice and care homes regularly rang for advice as well. Homes were separated into a four-week cycle. Each person being supplied medicines 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 information leaflets about the medicines supplied, every month.

Medicines were stored on shelves tidily in their original containers. 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. 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. A team member explained the process for managing drug alerts which included a record of the action taken.

## 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 two and eight 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.  |