

# Registered pharmacy inspection report

**Pharmacy Name:** Remedium Pharmacy, 15 Aldiss Court, High Street, Dereham, Norfolk, NR19 1TS

**Pharmacy reference:** 9012193

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

**Date of inspection:** 01/05/2024

## Pharmacy context

This pharmacy is located in the town of Dereham in Norfolk. It mainly dispenses NHS prescriptions to people in the local area and delivers all medicines to people's homes. It also dispenses medicines in multi-compartment compliance packs to people who have difficulty remembering to take their medicines. The pharmacy provides the Pharmacy First service under patient group directions (PGDs) as well as other services also under PGDs, such as travel vaccinations, which people visit the pharmacy for.

## 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 manages the risks associated with its services well. And its team members review their mistakes regularly. The pharmacy has written procedures in place to help the team work safely. And it keeps the records it needs to by law. The pharmacy has appropriate insurance arrangements in place to protect people. And it keeps people's private information safe.

### Inspector's evidence

The correct responsible pharmacist (RP) notice was on display in the pharmacy. The RP was also the superintendent pharmacist (SI). The pharmacy had a range of standard operating procedures (SOPs). These were said to have been read by all team members, but the SI said not all team members had signed to say that they had read them. The SI said she would get all team members to sign to say that they had read the SOPs. The pharmacy had opened in autumn 2023 and the SOPs were new but did not have a review date documented on them. The SI said the SOPs would be reviewed yearly and would get a review date added to them.

The pharmacy recorded near misses (dispensing mistakes spotted before the medicines leave the pharmacy) on paper log sheets in the dispensary regularly and in a good level of detail. The SI said that near misses would also be discussed with the team member involved. With regards to dispensing errors (mistakes that had reached a person), the SI said that none of these had occurred since opening. However, she said that if a dispensing error occurred, it would be investigated, an error report would be completed, and a note made on the person's medication record (PMR). The SI said a meeting would also take place with the team to discuss the error.

Complaints and feedback about the pharmacy could be submitted in several different ways. The pharmacy's website provided details about how people could make a complaint or provide feedback to the pharmacy. This could be done via email or over the phone. Complaints were usually dealt with by the SI. The website provided details for NHS England where people could also complain or give feedback about the pharmacy.

The pharmacy had current indemnity insurance in place. Balance checks were carried out regularly of controlled drugs (CDs), and the CD register contained all the details required by law. A balance check of a CD showed that the amount in stock matched the recorded stock. The pharmacy had only dispensed a few private prescriptions. However, these were not all entered correctly with one entry seen having the incorrect name of the prescriber. The SI said this would be amended. The RP record was complete with all entries seen showing a start and finish time. The pharmacy had not yet made any emergency supplies of medicines and had not yet supplied any unlicensed medicines.

Confidential material was shredded on site once it was no longer needed. No confidential waste was found in the general waste bin, and no person identifiable information could be seen from outside the dispensary. There was a privacy notice on display in the consultation room explaining how the pharmacy used people's personal information. This information was also available on the pharmacy's website. The pharmacy also had a chaperone policy on display in the room. The SI confirmed she had completed level three safeguarding training with e-Learning for healthcare (e-lfh). The SI explained that all team members had completed safeguarding training. The SI said there had not been any recent

safeguarding concerns, but that the pharmacy had contact details of local safeguarding leads if a concern needed to be reported.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload effectively. And team members do the right training for their roles. Team members can provide feedback or raise any concerns they have about the pharmacy.

### Inspector's evidence

The team consisted of the SI who worked two days a week in the pharmacy as the RP and another pharmacist who worked as the RP the other days of the week. There were also two dispensary assistants and a delivery driver. The SI stated that all team members had either completed or were in the process of completing a training course with an accredited training provider. The SI said the pharmacy had enough team members to manage its workload and dispensing was up to date. The SI said that team members received some ongoing training when a new product or service was introduced at the pharmacy. The SI said that she had regular informal reviews with team members to monitor their progress. Team members said they had no concerns raising any issues or providing feedback. They said they would usually go to the pharmacist on duty or the SI with any issues that they had. And team members knew what could and could not be done in the absence of an RP. The SI confirmed that the team was not set any targets in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy, and its team members have enough space to carry out their work. It has a consultation room for people who wish to have a conversation in private. The pharmacy is kept secure from unauthorised access.

### Inspector's evidence

The front fascia of the pharmacy was in an adequate state of repair. The pharmacy was clean, bright and there was a cleaning rota in place to ensure the pharmacy was kept clean and tidy. There was enough space for team members to carry out their work. The temperature and lighting of the pharmacy were adequate. The pharmacy had a sink for preparing liquid medicines which was generally clean. The team had access to a toilet with hot and cold running water and handwash. The pharmacy had a consultation room for people who wished to have a private conversation. It was of a good size, clean and tidy and allowed for a conversation at a normal level of volume to take place without being heard from the outside. The pharmacy was kept secure from unauthorised access.

The pharmacy had a website where people could find out more information about the services it provided, as well as making a booking to see a pharmacist. The website had details of the pharmacy including the address, contact information and premises registration number. It also had details of the SI including their name and registration number.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services safely and efficiently. And it stores its medicines appropriately. The pharmacy obtains its medicines from reputable sources. And it generally takes the right actions in response to safety alerts and recalls for medicines and medical devices to ensure people are getting medicines that are fit for purpose.

### Inspector's evidence

The pharmacy had step-free access via a ramp and a manual door. The pharmacy could cater for people with other accessibility issues, for example by printing large-print labels for people with sight issues. The team members explained that all medicines were delivered to people by the delivery driver. People could not collect their medicines from the pharmacy and the pharmacy did not sell any medicines. However, people could access the pharmacy to attend an appointment with a pharmacist.

For deliveries of medicines, the driver used an electronic device to manage the deliveries. The pharmacy also kept a paper log book of delivery records. If there was a failed delivery, a note would be left to arrange a redelivery and the medicines returned to the pharmacy. For CDs there was an extra sheet that a person would sign when taking in a delivery. This extra sheet would be returned to the pharmacy and stored so it could be checked if there were future queries.

Multi-compartment compliance packs were prepared in a separate area of the pharmacy. Packs seen were labelled with dosage instructions as well as a description of the medicines. This included the colour, shape and any markings on the medicines to help people identify their medicines. But the packs did not include the necessary warning notices. The SI said these would be added to all packs going forward. The team confirmed that patient information leaflets (PILs) were supplied monthly with all packs. Team members stated that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment. As all people got their medicines delivered to them, there were potentially fewer opportunities for people to ask questions or get information about their medicines. The SI explained that she would call people taking higher-risk medicines to discuss their medicines with them so that people got appropriate counselling for their medicines. And contact details for the pharmacy were also available on the website for people to call and speak to the pharmacist if necessary.

The team members were aware of the risks associated with sodium valproate and knew what to do if they received a prescription for someone in the at-risk category. The SI said the pharmacy did not have anyone currently in the at-risk category taking sodium valproate. Team members knew where to apply a dispensing label to not cover any important details. And the SI was aware of the recent guidance changes about supplying sodium valproate in original packs and only supplying outside of the original pack if a risk assessment had been completed.

The pharmacy obtained its medicines from licensed wholesalers and invoices were seen to confirm this. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were also stored appropriately. Minimum, maximum and current temperatures for the fridge were recorded daily and were all within the required range including the temperatures seen during the inspection. Expiry date checks were carried out every three months. A random check of medicines on the shelves found no

expired medicines.

Safety alerts and recalls of medicines and medical devices were received by email. These were actioned by the RP or SI before being archived electronically. However, the team was not recording what action they took for alerts, which could make harder for team members to recall what action they had taken if this was required in the future. The SI said that going forward, the action taken for all alerts would be recorded.

The pharmacy had the appropriate PGDs for all the services it was providing. These were all signed and in date. The pharmacy also had access to an appropriate anaphylaxis kit in the consultation room should any one experience a reaction to a vaccination. The kit was in date and fit for use. Emergency instructions on what to do if someone had an anaphylactic reaction were also on display in the consultation room.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy largely has the equipment it needs to provide its services effectively. And it uses its equipment to protect people's privacy.

### Inspector's evidence

The pharmacy had computers with access to the internet, which allowed team members to access any online resources they needed. Computers were all password protected. Team members were observed using their own NHS smartcards. The SI stated that the electrical equipment had not yet been safety tested but gave assurances that this would be done in the near future. The pharmacy had measures for preparing liquid medicines which were clean. However, they were plastic and did not have the appropriate markings to show that they were approved for use to prepare liquid medicines. The use of appropriately calibrated glass measures was discussed with the SI who provided assurances that glass measures would be ordered to replace the plastic ones as a priority. The pharmacy had triangles for counting tablets and a separate one for cytotoxic medicines such as methotrexate, however, this was not marked to be used for cytotoxic medicines only. The SI said a label would be added to the triangle to reflect this. The pharmacy had a blood pressure monitor in the consultation room; the SI confirmed that it was new and so did not require recalibration or replacement.

### 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.