

Registered pharmacy inspection report

Pharmacy Name: Medstone, Basepoint Innovation Centre and Business Base, 110 Butterfield road, Great Marlings, Luton, Bedfordshire, LU2 8DL

Pharmacy reference: 9012386

Type of pharmacy: Internet

Date of inspection: 21/08/2024

Pharmacy context

This is a pharmacy which is closed to members of the public and provides its services at a distance. It is in a Business Centre in Luton, Bedfordshire. The pharmacy has an NHS contract and an online presence <https://medstonepharmacy.co.uk/>. It supplies multi-compartment compliance packs for people who find it difficult to manage their medicines at home and offers a delivery service. The pharmacy does not sell medicines over the counter or provide any other services.

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 has the right systems in place to identify and manage the risks associated with its services. Members of the pharmacy team understand their role in safeguarding the welfare of vulnerable people. The pharmacy protects people's confidential information suitably. And it maintains its records as it should. But team members could do more to make their internal processes safer by routinely maintaining relevant audit trails.

Inspector's evidence

This is a new pharmacy which had only been open for a few months. The pharmacy had a range of standard operating procedures (SOPs) which provided guidance for the team on how to complete tasks appropriately. They had been read and signed by the staff. Only the regular, responsible pharmacist (RP) was present during the inspection. She understood her roles and responsibilities well. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. In line with the GPhC's guidance for registered pharmacies providing services at a distance, including the internet, risk assessments were in the process of being updated and whilst no audits for the services that were provided at a distance, had been completed, the pharmacy had not been operational long enough for it to have done this. These points were discussed at the time.

People consented to use the pharmacy's services verbally by telephone and through the pharmacy's website. The pharmacy retained documented information to help verify this. The pharmacy was clean, tidy, and organised. It was kept clear of clutter. There were designated sections for staff to work in. This included a separate area for the pharmacist to accurately check prescriptions from and an area where the team stored assembled medicines requiring delivery. A dedicated basket was used for queries, staff placed details in here as they worked, this was checked and reviewed by the RP daily. Team members only prepared medicines into multi-compartment compliance packs once they had the required stock. This helped ensure compliance packs were not left unsealed. In addition, the RP had created laminated cards to attach to assembled prescriptions. They helped identify fridge items, controlled drugs, paediatric medicines, if pharmacist intervention was required and higher-risk medicines. They served as a reminder to prompt staff to ask relevant questions. This included the delivery driver who was trained to counsel people effectively (see Principle 4).

Staff used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After dispensing labels had been generated, there was a facility on them which helped identify who had been involved in the dispensing process. However, team members were not routinely using this as an audit trail. This included the RP. This situation was not in accordance with the pharmacy's SOPs.

The pharmacist's process to manage dispensing errors which reached people was suitable. The pharmacy's complaints process was also available through the pharmacy's website and people could contact the pharmacy to provide feedback. The team had identified and clearly highlighted medicines which looked-alike or sounded-alike (LASA) amongst the pharmacy's stock. Staff had been recording their near miss mistakes, the numbers seen were in accordance with the pharmacy's activities. As the pharmacy was closed to the public, there were fewer distractions, and a lower likelihood of mistakes occurring because the team could effectively concentrate more easily. The details had not yet been

reviewed. This was discussed at the time.

The pharmacy had current professional indemnity and public liability insurance. The pharmacy's records were kept in accordance with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs), the RP record, and records of unlicensed medicines. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Checks to verify the balance of CDs were made and documented regularly. Records verifying that fridge temperatures had remained within the required range had also been suitably maintained.

The pharmacy ensured people's confidential information was kept secure. Staff used their own individual NHS smart cards to access electronic prescriptions and the pharmacy's computer systems were password protected. Confidential waste was disposed of suitably, team members had access to documented guidance and had signed confidentiality clauses. The pharmacy was also registered with the Information Commissioner's Office (ICO) and displayed details about how it maintained people's sensitive information.

The pharmacist and staff were trained to safeguard the welfare of vulnerable people to level two. This included the delivery driver. Their certificates to verify this were seen during the inspection. The pharmacy displayed details about its chaperone policy and staff could easily contact relevant agencies in the event of a concern. They had access to suitable contact details which included access to the NHS application.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Team members are suitably qualified. And the pharmacy provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

The pharmacy team usually consisted of a pharmacy technician and the RP who was the regular pharmacist as well as a part-time delivery driver. Certificates to verify the team's qualifications were seen. There were enough staff to manage the pharmacy's workload and staff were up to date with this. They were a small team, who communicated verbally and regularly discussed things with one another. The RP clearly liked working at the pharmacy. She was seen to be very organised and efficient. The team's progress was to be monitored annually. The RP provided updates and guidance; staff also had access to training material for ongoing training through a few support organisations.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and suitable for the activities the pharmacy undertakes. The pharmacy has enough space to deliver its services safely. And the premises are suitably clean.

Inspector's evidence

The pharmacy premises consisted of a spacious room which was used as a dispensary. One side of the room contained stock; the other side was used by staff for dispensing with a dedicated area for the pharmacist. There was enough space in the dispensary to prepare and store medicines. The pharmacy did not have a consultation room, as it was closed to the public and did not provide any public facing services. This was therefore not required. Fixtures and fittings were maintained appropriately. The pharmacy was kept clean, it was clear of clutter, appropriately ventilated, and bright. The pharmacy team had access to the business centre's staff facilities. The pharmacy was secured appropriately, and unauthorised access was restricted. The pharmacy also had its own online website (<https://medstonepharmacy.co.uk/>). This website gave clear information. It displayed the superintendent pharmacist's details, information about the pharmacy's opening times, how people could complain, the pharmacy's contact details and GPhC registration information.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has organised processes in place. It obtains its medicines from reputable sources and stores them appropriately. Members of the pharmacy team ensure prescription medicines are suitably delivered. But the pharmacy doesn't always record details when relevant checks are made with people who receive higher-risk medicines. This limits its ability to show that people are provided with appropriate advice when supplying these medicines.

Inspector's evidence

The pharmacy had plenty of parking spaces outside, but the premises were closed to the public, so access was limited. The pharmacy's internet presence highlighted how its service worked. The pharmacy could generate dispensing labels with a larger sized font for people who were visually impaired, a messaging application was used to provide written information, the team used representatives and the RP could speak Urdu as well as Pothwari. This was said to have been useful for people whose first language was not English.

The pharmacy supplied some people's medicines inside compliance packs once a need for this had been identified. The pharmacy ordered prescriptions on behalf of people, and specific records were kept for this purpose on the pharmacy's system. Details on prescriptions were cross-checked against the records, queries were checked with the appropriate person, and the records were updated accordingly. Compliance packs were not left unsealed overnight after they had been prepared, and all medicines were removed from their packaging before being placed inside them. Higher-risk medicines such as warfarin (see below) and CDs were provided separately. Descriptions of the medicines inside the compliance packs were provided but patient information leaflets (PILs) were not routinely supplied. The latter is a legal requirement and could make it harder for people to have up-to-date information about how to take their medicines safely. The RP explained that PILs had been supplied with the first month's supply of compliance packs and people had been asked whether they required further supplies. But no details had been recorded about this situation to help justify deviating from this requirement.

Team members were aware of the risks associated with valproates; they ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and educational material was available to provide upon supply. No one who could be at risk, had been supplied this medicine. The team also routinely identified people prescribed higher-risk medicines. A range of laminated cards for different higher-risk medicines were attached to prescriptions during the dispensing process. On delivery, the driver asked details about relevant parameters, but no records were kept about this.

People's medicines were delivered to them, and the pharmacy kept suitable records about this service. The records identified CDs and fridge lines. People were contacted before the pharmacy attempted to deliver, failed deliveries were brought back to the pharmacy and no medicines were left unattended.

The pharmacy's stock was stored in a very organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. The pharmacy had processes in place to help identify and check medicines for expiry, but they were not yet fully in use. This included maintaining records of when this process had taken place. The pharmacy's SOPs stated to complete this task every three months, so this

situation was in accordance with the SOP. Short-dated medicines were identified and there were no date-expired medicines in place. CDs were stored under safe custody. Drug alerts were received electronically, actioned appropriately and records were kept verifying this.

Medicines returned by people were collected by the pharmacy's delivery driver and returned to the pharmacy for disposal. They were then stored within designated containers. This did not include sharps which were redirected. At the point of inspection, the pharmacy did not have a waste licence to enable them to transport unwanted medicines in this manner. As the pharmacy was providing a waste collection service from people's homes, it required an environmental permit or registration as waste carriers as per NHS England's 'Safe and sustainable management of healthcare waste.' This was discussed with the RP and following the inspection, confirmation was received that this was in the process of being obtained.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean and used in a way which maintains people's confidential information.

Inspector's evidence

The pharmacy had the appropriate range of facilities and equipment in accordance with its current activities. This included access to current reference sources, a suitable pharmacy fridge, triangle tablet and capsule counters as well as standardised conical measures. There was also a separate triangle tablet counter for cytotoxic medicines which helped prevent cross-contamination. The pharmacy did not have a dispensary sink to reconstitute medicines, but the team had access to a clean sink in the communal kitchen facilities as well as hot and cold water. The pharmacy's equipment was clean and maintained appropriately. Staff used their own NHS smart cards to access electronic prescriptions which were taken home overnight, they shredded confidential waste and computer terminals were password protected.

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.