

# Registered pharmacy inspection report

**Pharmacy Name:** Care Quality Pharmacy, Unit 2, Burnsall Road  
Industrial Estate, Burnsall Road, Coventry, West Midlands, CV5 6BS

**Pharmacy reference:** 9012435

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

**Date of inspection:** 18/11/2024

## Pharmacy context

This distance-selling pharmacy is situated in an industrial estate in Coventry, West Midlands. Its main activity is dispensing medicines to care homes. The pharmacy offers Covid-19 vaccinations, seasonal flu vaccinations and some services under the NHS Pharmacy First Service. The pharmacy is closed to the public except when providing advanced services such as flu vaccinations. Its website provides information about the pharmacy and its services.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

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## 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	3.1	Good practice	The pharmacy's premises are fitted to a good standard and they project a professional appearance.
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	The pharmacy uses automation to provide its services safely and effectively. There are in-built systems to safeguard against errors and to help ensure medicines are supplied safely to people.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has written instructions to help its team members manage risks associated with its services and provide services safely and effectively. Team members record and review mistakes they make during the dispensing process so that they can learn and improve the way they work. The pharmacy keeps people's private information securely and its team members know how to respond to concerns about vulnerable people.

### Inspector's evidence

The pharmacy had a business continuity plan and a range of standard operating procedures (SOPs) to support its safe and effective delivery of services. Its main activity was dispensing NHS prescriptions for care home residents. Team members from both the customer services team (CST) and the pharmacy team had signed the relevant SOPs to show they had read and understood them. The correct Responsible Pharmacist (RP) notice was on display in the pharmacy. Roles and responsibilities were clearly identified in the SOPs and team members could confidently describe the tasks they could not undertake in the absence of an RP.

The pharmacy's compliance manager explained the process team members would follow when recording mistakes that were made during the dispensing process. Mistakes that were spotted before medicines were supplied to people (near misses) were recorded and discussed with team members to identify learning points and to agree what actions could be taken to prevent similar events from occurring again. Dispensing mistakes which reached people (dispensing errors) were also recorded and a root cause analysis was undertaken to identify what had gone wrong. The compliance manager commented that dispensing mistakes had significantly reduced since the automation of the dispensing process and introduction of scanning equipment which checked the correct medicine had been picked. The system also had the capability of handling split packs and this had helped to reduce quantity errors. A recent incident involving an incorrect delivery had been recorded and reviewed. The team had identified a labelling mistake involving the person with the same surname. The person's record had been flagged to minimise the chances of this happening again.

A sample checked of the pharmacy's records found these were kept in line with requirements. These included a sample of controlled drugs (CD) registers, RP records and records about unlicensed medicines. Running balances of all CDs were kept and all balances were audited at regular intervals. The physical stock of several solid dose form CDs was checked against the recorded balance and was found to be correct. A separate register was used to record patient-returned CDs. Professional liability and public indemnity insurance was in place.

An information governance policy was in place and the pharmacy was registered with the Information Commissioner's Office. Its privacy policy was stated on its website. All team members had completed mandatory training about managing people's confidential information securely. Access to patient medication records (PMR) was password protected and team members used their own NHS smartcards to access electronic prescriptions. Confidential waste was separated and managed appropriately.

The pharmacy had a complaints procedure and this was available on its website. Complaints received about the service were dealt with and investigated by the care partnership manager. Any complaints

about the delivery service were discussed with the delivery drivers to identify what went wrong. Similarly, complaints about the dispensing services were discussed with the pharmacy superintendent (SI) to identify issues so that an appropriate response was sent to the complainant. The pharmacy held regular meetings with the care homes to discuss any issues with the service. The meetings were attended by the directors and the pharmacy's partnership manager. Most of the issues discussed with the care homes were around medicine shortages and delays in receiving authorisation from the person's GP for the pharmacy to supply an alternative.

The pharmacy had procedures in place about safeguarding vulnerable people. All team members including the delivery drivers had completed mandatory safeguarding training relevant to their roles and responsibilities. And they could describe the type of concerns they may come across and how they could report these to the SI or to the directors.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has sufficient team members to provide its services safely. Team members work well together and are supportive of each other. Team members have access to some training resources to help keep their skills and knowledge current.

### Inspector's evidence

The pharmacy employed approximately 50 people which included the CST team, six delivery drivers and warehouse assistants. The pharmacy's human resources (HR) tasks such as inductions, managing absences and recruitment were supported by an external HR company. All newly recruited team members were required to complete mandatory training such as health and safety, manual handling, IT training, data protection and safeguarding. The compliance manager said that performance appraisals were undertaken annually to identify training and development needs. Pharmacy team members had recently completed training about sepsis and the NHS Discharge Medicine Service. The pharmacy had not yet fully embedded systems to support its team members with on-going training. However, the director said that they were looking into several training platforms and at present team members were supported with journal articles and literature received from various healthcare companies to help keep their skills and knowledge up to date.

On the day of the visit, the SI was the RP on duty supported by two company directors (also pharmacy professionals), three dispensers and two accuracy checking technicians. The pharmacy's compliance manager was a pharmacy technician, and the care relationship manager was a qualified dispenser. The workflow in the pharmacy was organised, team members were observed working well together and demonstrated a good rapport with each other.

A whistleblowing policy was available and a team member said that the company's senior leadership encouraged an open and honest culture in the pharmacy. And they felt comfortable about raising concerns or give feedback to help improve the pharmacy's services. There were no specific targets or incentives set for team members.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are fitted to a good standard. They are spacious, professional in appearance and suitable for the services the pharmacy provides. They are kept secure from unauthorised access.

### Inspector's evidence

The pharmacy was in a large purpose-built unit which was fitted to a high standard and well-maintained. It was spacious and bright. The premises were kept secure from unauthorised access. Visitors to the pharmacy were required to ring a bell and sign into a visitor's book when entering and exiting the premises. The premises had a staff room, a training room, and several offices. The dispensary was large and housed an automated assembly system. It was clean and tidy. Dispensary benches were kept tidy and designated workspace was allocated for specific tasks such as assembling prescriptions and for final accuracy checks. Several clean sinks with hot and cold running water were available for hand-washing and for preparing medicines. Access to the dispensary was restricted to authorised personnel only. A separate room was used by the CST team for administrative tasks.

A private consultation room was available and it was in the reception area where seating was available for people visiting the premises. The pharmacy's activities were not visible to people visiting the site. Team members had access to other facilities such as hygiene and canteen facilities. Room temperatures in the premises were controllable, and levels of ventilation and lighting were suitable for the activities undertaken. The premises were locked and alarmed when closed. The pharmacy's website included all the relevant information about the pharmacy and services it provided.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy supplies medicines safely and people with different needs can access its services. It gets its medicines from licensed wholesalers and its team members take the right action in response to safety alerts and recalls so that people get medicines and medical devices that are fit for purpose.

### Inspector's evidence

The pharmacy largely provided its services at a distance, and members of the public could access its services remotely via the internet or telephone. Its current activity was predominantly dispensing NHS prescriptions to care homes. The pharmacy delivered its medicines via six delivery drivers and an electronic audit trail was kept at each stage of the process to ensure these were delivered safely.

The workflow in the pharmacy was very well organised and baskets were used during the dispensing process to prioritise workload and minimise the chances of mistakes happening. The pharmacy used an electronic dispensing audit trail to show team members involved in each task. 'Owing' notes were issued to keep an audit trail when prescriptions could not be completed in full when first dispensed. One of the directors commented that the pharmacy was experiencing severe stock shortages and this had created additional workload for team members having to spend considerable time calling GPs to obtain authorisation to supply suitable alternatives to people. All prescriptions were clinically checked by the pharmacists and an audit trail was kept electronically to verify this. The accuracy checking process involved the system flagging a basket ready for checking and the pharmacists or accuracy checking technicians accessed the 'checking' screen by scanning the basket's barcode. The system displayed the list of packs contained and each item was scanned and checked for accuracy including label details, drug name, strength, and expiry date. Any anomalies were corrected or reverted for relabelling. Once all medicines were checked, the system marked the basket as ready for packing.

The pharmacy's workload was monitored by the SI, and this was tracked to make sure work was completed on time. Workload was organised by the delivery date and team members could view the upcoming work due to be completed. Approximately 96% of the pharmacy's dispensing process was automated. Hand-held scanners were used for picking medicines. The automated labelling system used barcode or QR code technology linking each prescription item for individual patients. The system alerted team members if any medicines which could not be read electronically or if an intervention was required by pharmacists or accuracy checking technicians. This was sent to the exception workstation and a pharmacy professional then had to log-in to complete the intervention before the dispensing could proceed.

The pharmacy supplied its medicines in original containers. The director said that the pharmacy supported care homes by supplying a hand-held electronic medication administration record (eMAR) system that was fully integrated for managing the administration of medicines and care records. Care home staff were also supported with annual refresher training to ensure medicines were administered safely. The pharmacy ran a full day accredited training course for newly recruited care home staff and it also supported care homes with an online medication audit to prepare them for CQC inspections.

The pharmacy obtained its medicines from licensed wholesalers and unlicensed medicines were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Stock levels and

controls were maintained electronically to prevent overstocking. All CDs requiring safe custody were stored securely and the CD cabinets were organised. Obsolete CD stock and patient-returned CDs were separated and marked. Denaturing kits to dispose of waste CDs were available. Team members were aware of the guidance for supplying valproate-containing medicines and the requirement to supply these in their original container.

The automated system alerted team members when medicines were due to expire and these were removed at an appropriate time. Some stock medicines were checked at random during the inspection and no date-expired medicines were found amongst in-date stock. Temperature-sensitive medicines were stored in large medical refrigerators and temperatures were monitored and recorded daily. Records seen showed that the temperatures had remained within the required range of 2 and 8 degrees Celsius. Medicines returned for disposal were stored in designated containers ahead of collection by a specialist waste contractor. The pharmacy received drug alerts and medicine recalls electronically from the MHRA and the NHS. Team members could explain how these were dealt with and records of previous actioned alerts were available to show what action the team had taken in response to these.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains its equipment and facilities well.

### Inspector's evidence

The team had access to the internet connection and a range of online resources for reference purposes. A large number of computer terminals were available and they were password protected. All electrical equipment appeared to be in good working order and well-maintained. The pharmacy had clean calibrated measures and equipment for counting loose tablets and capsules. Team members had access to cordless phones and head sets so they could have phone calls in private if required. A service contract was in place for the automated dispensing system and a support helpline was available in the event of a system failure.

### 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.