

Registered pharmacy inspection report

Pharmacy Name: Arlesey Pharmacy, 31 High Street, ARLESEY,
Bedfordshire, SG15 6RA

Pharmacy reference: 1028782

Type of pharmacy: Community

Date of inspection: 09/03/2020

Pharmacy context

This is the only pharmacy in the village. It provides NHS and private prescription dispensing mainly to local residents and it sells a range of medicines over the counter. The team dispenses medicines in multi-compartment compliance packs for some people. They offer a delivery service in the village and flu vaccinations.

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

Members of the pharmacy team work to professional standards and identify and manage risks effectively. They are clear about their roles and responsibilities. They log any mistakes they make during the pharmacy processes. And they learn from these to avoid problems being repeated. The pharmacy keeps its records up to date which show that it is providing safe services. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were written by the superintendent pharmacist. The SOPs covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random which were found to have been reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes in the process in order to learn from them. They regularly logged any issues and had regular meetings to discuss trends and learning from these near misses. There were notices on the shelving to indicate medicines which were 'look-alike, sound-alike' (LASA) medicines. There were plans to change the colour of these labels every few months to help the staff to continue to heed them.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice when needed.

The pharmacy sought the opinion of its service users on a regular basis. The last survey had highlighted the need for more chairs for people to use when waiting for prescriptions and there were also comments about facilities for having conversations in private. As a result of feedback, an extra chair had been added and people were encouraged to order their prescription in advance and come to collect it once it was ready rather than have to wait for it to be dispensed on the day. The pharmacy had a consultation room and was looking for ways to make this facility more obvious to people visiting the pharmacy. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies in a book and these records were up to date and accurate. The controlled drugs registers were up to date and legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range.

Confidential material was kept in the dispensary and back room although prescriptions forms were often taken into the consultation room for admin tasks. The staff were aware that they should remove these before the consultation room was used. Confidential waste was shredded, and staff only used their own NHS smart cards to access electronic prescriptions, removing them from the computer when they moved away. All staff had had training about the General Data Protection Regulation (GDPR) and were getting written patient consent if third parties were to collect medicines on people's behalf. This was marked onto the person's medication record and checked before handing out. One person had

expressed a wish that only they should collect their medicines, and this had been put onto the prescription bag label, as another check.

The staff had all undertaken some safeguarding training appropriate to their roles and the local telephone contacts for the safeguarding boards were displayed on the notice boards. The pharmacist also had the NHS safeguarding app on his phone.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. Its staffing rotas enable it to have good handover arrangements and effective staff communication. Training is provided by the company and staff find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

There was a pharmacist, an accredited checking technician (ACT), and a counter assistant present during the inspection. The ACT said that she did not use her checking skills that often as it was not easy to have items to check that she had not dispensed. However, in the past, she had been left items dispensed on her day off to check the next morning. The team members thought that they should get back into this habit so that she was able to keep her checking skills current and use her qualification effectively'

The staff all had recognised qualifications for the roles they undertook and there was a regular pharmacist working one day a week to cover the normal pharmacist's day off. The team members worked closely together and there was a good rapport within the team. They had access to pharmacy magazines and on-line training facilities to help them all keep up to date. They all had regular appraisals and discussed issues within the team at any time to make changes as soon as appropriate. During the Covid-19 pandemic they were concentrating on tasks to ensure that people got their medicines safely and in a timely manner. The ACT had recently suggested it would be a good idea to change the way stock was organised so it was arranged in alphabetical order , and this had been done. The staff all agreed that it was now easier to find the required medicines and had reduced picking errors.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The premises were small, and carefully designed to make the maximum use of the space available. The shop facias and windows gave a very professional image to the public and made good use of the NHS logo. The shop area had enough room for people to wait for prescriptions to be dispensed, with a small amount of counter stock. It was clean, tidy and bright.

The consultation room was to one side of the counter, and was also clean, tidy and bright. There was enough room for two chairs and a table which was used for administration tasks when not needed for consultations. The staff would remove any confidential information before the member of the public was allowed into the room.

The dispensary was clean, tidy and bright. There was a moveable table used for storage to allow easy access behind it. There were two separate benches, one for dispensing and one for checking. Extra storage had been created behind the dispensary to give more space for medicines storage and completed prescriptions awaiting collection. This meant that none of the shelves in the dispensary were too cluttered.

There were two sinks, both with hot and cold water; one for the dispensary and one in the kitchen area. There were also toilet facilities and air conditioning.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. They try to make sure that people have all the information they need so that they can use their medicines safely although there are times when this does not happen consistently. It is possible that prescriptions might be handed out beyond their validity because the team doesn't always follow the systems in place.

Inspector's evidence

Access to the pharmacy was level from the road. There was ample space for pushchairs and wheelchairs in the pharmacy. There would be adequate space for most people in the consultation room. Large-print labels were available for to use on medicines which were supplied to partially sighted people, if required.

The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact. Computer-generated labels included relevant warnings and were initialised by the dispenser and checker which allowed an audit trail to be produced.

Some people were supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. There was a list of packs to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs. The workload had been divided into four weeks. The staff were hoping to keep the numbers of people supplied in each week even, by starting new patients in the week with the fewest people supplied. They said that this did not always work out as people went into hospital and then came out, requiring medicines immediately. One of the dispensing team usually dispensed the packs, but both team members knew what should be done. This meant that if one member of staff was off, the packs could still be assembled.

Prescriptions for warfarin, lithium or methotrexate were usually flagged by the pharmacist and, if this was done, staff would ask about any recent blood tests or the person's current dose. If the pharmacist did not flag the prescription, the staff would not always notice the medicine and ask the questions. So, the pharmacy could not show that it was always monitoring the patients in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were routinely counselled about pregnancy prevention. And appropriate warning stickers were available for use if the manufacturer's packaging could not be used. Schedule 4 controlled drug prescriptions were not always highlighted to staff who were to hand them out. This could increase the chance of these items being given out more than 28 days after the date on the prescription.

The pharmacy got its medicines from licensed wholesalers and stored them on shelves in a tidy way. There were 'use first' stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy. The pharmacy had the

software to commence scanning medicines dispensed under the Falsified Medicines Directive (FMD) but had yet to start doing so.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.