

Registered pharmacy inspection report

Pharmacy Name: Graham Jones (Pharmacy) Ltd.,, Broadway Pharmacy, Lambourn, NEWBURY, Berkshire, RG17 8XY

Pharmacy reference: 1028936

Type of pharmacy: Community

Date of inspection: 08/07/2019

Pharmacy context

A pharmacy located on a parade of shops in the village of Lambourn, near Newbury. The pharmacy dispenses prescriptions and provides Medicines Use Reviews (MURs), New Medicines Service (NMS), monitored dosage system (MDS) trays for patients in their own homes, flu jabs, supervised consumption and a needle exchange service.

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

Overall, the pharmacy's working practices are safe. However, the pharmacy does not always keep its written operating procedures on the premises which means that the team cannot refer to them when required. The pharmacy does not keep its records of private prescriptions and specials items up to date. And its team members do not regularly check the stock levels of some of its medicines. This means that mistakes could occur and may not be identified easily. The pharmacy keeps people's information safe and team members help to protect vulnerable people.

Inspector's evidence

The team recorded near misses in a log kept in the dispensary. However, not all near misses were recorded and there was not much detail in the near miss log. The pharmacist explained that the near misses and errors would be summarised every 6 months and the learning from this would be shared with the team. This summary would be kept with the near miss log and signed by the dispensers to say they had read and understood it. The dispenser explained that following incidents where amlodipine and amitriptyline were mixed up, the team had labelled the shelves where the two items were kept and separated the items on the shelves to try and prevent a recurrence.

The pharmacist explained that if the pharmacy made a dispensing error, it would be reported to the Superintendent and he would then add this to the patient's PMR and report it onto the NRLS website. The team explained that they had two patients with the same name and very similar addresses and so they had created a sign and placed it by the retrieval system saying to double check the address when these patients come in.

There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. The team explained that the SOPs were in place for the dispensing tasks, but they were not present in the pharmacy during the inspection as the company manager had them. The pharmacist explained that the SOPs would be regularly updated. A certificate of public liability and indemnity insurance from the NPA was on display in the dispensary and was valid until the 31st August 2019.

There was a complaints procedure in place in the pharmacy and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual CPPQ survey and the results of the latest one were seen to be very positive and displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of MST 10mg tablets was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked every 3 months by the pharmacist. However, the methadone balance was not checked and amended regularly which had caused very large overages when the balances were checked.

The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. However, the temperatures were not recorded daily. The specials records were not all completed with the required

information documented accurately.

The private prescription records were seen to be completed appropriately, but there were some private prescriptions that had not been entered into the private prescription register on the day of supply or the next day. The dispenser explained that they were behind with entries as they had some staff absence.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard clearly. However, the consultation room was kept open and the computer was not password protected. There were cordless telephones available for use and confidential waste paper was collected in confidential waste box in the dispensary and later shredded.

The pharmacist had completed the CPPE level 2 training programme on safeguarding vulnerable adults and children, and the team had completed the Dementia Friends training online. The team explained that they were aware of things to look out for which may suggest there is a safeguarding issue. The team were happy to refer to the pharmacist if they suspected a safeguarding incident.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to formal training initially, but not ongoing training which could affect how well they care for people and the advice they give. Pharmacy team members make decisions and use their professional judgement to help people. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

During the inspection, there was one pharmacist, one NVQ level two dispenser and two healthcare assistants, one of whom was new and was due to be enrolled on the Medicines Counter Assistant course. The staff were seen to be working well together and supporting one another. Certificates of completed training were on display in the dispensary.

The team had annual appraisals with the management team where any progress would be discussed as well as further opportunities to be developed. The team did not have a formal training programme following their initial training, but they explained that they would attend any local training events held by CPPE and the superintendent would often inform them of any changes or new products.

The pharmacy team explained that they were always happy to raise any issues with one another or anything which they believed could improve service provision. There were targets in place for MURs and NMS but the pharmacist explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally suitable for the provision of its services and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, dispensary, and staff room. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the store. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

The pharmacy was professional in appearance and clean. The team had a rota on display in the dispensary for all the cleaning tasks. Medicines were stored on the shelves in a suitable manner and the team explained that the shelves would be cleaned when the date checking was carried out.

The dispensary was suitably screened to allow for preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room could be locked and included seating, a computer with the PMR system, a sink for the provision of services and storage. However, the consultation room was unlocked during the inspection, the computer screen was not password protected and a sharps bin was on the counter.

The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy ensures that its services are accessible to people with different needs. Generally, the pharmacy team provides safe services and provides people with information to help them use their medicines. However, some people on high-risk medicines may not always be identified. This means it may be difficult for the pharmacy to show that some of those supplies are safe. The pharmacy gets its medicines from reputable sources and the team knows what to do if medicines are not fit for purpose.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy near the waiting area. The team had Healthy Living status and had a health promotion area in the retail area of the pharmacy which included information about children's oral health as per the current national campaign. The team explained that one of the medicines counter assistants was due to go onto the Healthy Living training.

There was step free access into the pharmacy and the team explained that they would provide a goodwill delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services.

The pharmacy team prepared MDS trays for domiciliary patients. The trays were seen to include accurate descriptions of the medicines inside. The team explained that they would provide Patient Information Leaflets on the first supply of trays and with any new medicines. The team explained that they were all aware of the requirements for patients in the at-risk group to be on a pregnancy prevention programme if they were on valproates and they had checked the PMR to see if they had any patients affected by this.

The team explained that they do not routinely check the blood test results of patients who are on warfarin, but they will do this during MURs and they have one patient who will contact them to provide their blood test results before collecting their prescription. For patients who are on methotrexate, the dispenser explained that she will mark any new prescriptions for methotrexate and the pharmacist would counsel the patient about methotrexate to ensure they were taking it safely.

The team explained they were aware of the European Falsified Medicines Directive (FMD) and had scanners in place. However, their PMR system was due to be updated in the coming week to be ready for FMD and to allow the team to decommission medicines.

The pharmacy obtained medicinal stock from Alliance, AAH and Phoenix. Invoices were seen to demonstrate this.

Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. Date checking was carried out regularly and the team highlighted items due to expire with a marker. There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste.

The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and secured to the wall of the dispensary. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for paracetamol 500mg tablets and an FMD alert. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure that it works.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml, 50ml, 25ml and 10ml measures. Amber medicines bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and t

The team could also access the NPA Information Service. Doop bins were available for use and there was sufficient storage for medicines. The computers were all password protected and conversations going on inside the consultation could not be overheard.

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.