

Registered pharmacy inspection report

Pharmacy Name: Priory Pharmacy, 2 Priory Road, HIGH WYCOMBE,
Buckinghamshire, HP13 6SE

Pharmacy reference: 1029131

Type of pharmacy: Community

Date of inspection: 05/08/2019

Pharmacy context

An independent pharmacy located in the centre of High Wycombe. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), New Medicine Service (NMS), NHS Urgent Medicines Supply Advanced Service (NUMSAS) and multi-compartment compliance packs (MDS trays or packs) for patients in their own homes.

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. Team members record and review their mistakes to help reduce the risk of them happening again. The pharmacy keeps the records required by law, but responsible pharmacist absence may not always be recorded. The pharmacy keeps people's information safe and team members help to protect vulnerable people.

Inspector's evidence

The team had a near miss log in place in the pharmacy and they explained that if a near miss was found, the dispenser would be informed that an error had been made and would be asked to spot it, correct it and then record it as a near miss. The ACT explained that the team would review the near misses every month and reviews would be recorded and kept in an 'Operations Manual' in the pharmacy. The pharmacist explained that the team had recently had a near miss where two boxes (56 tablets) were prescribed and dispensed, but only one box (28 tablets) was bagged. As a result of this near miss, the team implemented a procedure where another member of staff will bag a prescription after the pharmacist has signed it off as being accurate to ensure the correct quantities are being bagged. The team also demonstrated how the Sound Alike Look Alike (LASA) medicines are all highlighted on the shelf to remind the dispensers to exercise caution when picking these items and they explained that the Local Pharmaceutical Committee (LPC) newsletters would always be shared so they were aware of any local formulary changes.

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. Standard operating procedures (SOPs) were in place for the dispensing tasks from Avicenna. The team had signed the SOPs to say they had read and understood them, and they were reviewed every two years. Staff roles and responsibilities were highlighted in the SOPs and the team were all aware of their roles and responsibilities.

There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The team explained that they carry out an annual Community Pharmacy Patient Questionnaire (CPPQ) and the results of this were uploaded onto the nhs.uk website. A certificate of public liability and professional indemnity insurance from the NPA was available and was valid until the 31 July 2020.

Records of controlled drugs and patient returned controlled drugs were seen to be complete and accurate. A sample of MST 5mg tablets was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked regularly. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in the pharmacy where patients could see it. However, pharmacist absence was not always recorded on the PMR and the pharmacist was not present at the start of the inspection. The maximum and minimum fridge temperatures were recorded manually daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were seen to be completed appropriately electronically. The specials records were all seen to be complete with the required information documented accurately.

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. There were cordless telephones available for use and confidential waste paper was

shredded regularly. The team demonstrated their GDPR folder and the GDPR training they had completed. The pharmacist also explained that he had completed the Data and Security Protection toolkit for the pharmacy.

The pharmacists had both completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training programme on safeguarding vulnerable adults and children. The team explained that they were aware of things to look out for which may suggest there is a safeguarding issue and were happy to refer to the pharmacist if they suspected a safeguarding incident. The team had the local safeguarding policies for vulnerable adults and children displayed in the dispensary. The pharmacist explained that the team had all completed the Dementia Friends training online and each team member had downloaded the NHS Safeguarding app on their phone which they would use to obtain the most up-to-date safeguarding contact details when required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need. 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 were two pharmacists, one of whom was the superintendent, one accredited checking technician (ACT), two dispensers and a 2nd year pharmacy student. One of the dispensers was a pharmacist abroad but had not completed accredited training in the UK. When this was discussed with the pharmacist, he gave assurances that she would be placed on an appropriate training course. The staff were seen to be working well together and supporting one another.

The team used the AviAcademy from Avicenna for staff training which enabled them to access monthly training modules, the most recent of which was about skin health, eczema and dermatitis. The team also had access to Counter Skills publication from Alliance which they could all read as well as other pharmacy literature which was sent to the pharmacy. The pharmacist explained that the team were provided with dedicated training time to ensure they were all kept up to date.

The pharmacists explained that they usually attend local training modules when they became available to ensure they were kept up to date on changes in the profession and new services which would be implemented locally.

Staff were appraised annually through the AviPlus system, and this involved a two-way discussion between each staff member and the pharmacist to discuss their performance and any training they would like to complete over the coming 12 months. The team explained that they would lead the appraisals with the pharmacist and they were empowered to ask for what they wanted to improve on. The pharmacist explained that with each new member of staff, they would have a review at the end of their first month to see how they felt about their new role and to identify any development opportunities.

The pharmacy team explained that they were always happy to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are 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 and dispensary. Upstairs in the building was a stock room, staff kitchen and staff bathrooms. The pharmacy was laid out with the dispensary clearly defined away from the main retail area. 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 from the public view. The upper floor of the pharmacy was more dated with older fixtures and fittings. The team explained that they would clean the pharmacy between themselves daily and demonstrated a cleaning matrix they kept to ensure that all the cleaning jobs were completed. Medicines were stored on the shelves in a suitable manner and the ACT explained that the shelves would be cleaned when the date checking was carried out every month.

The dispensary was suitably screened to allow for the 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 included seating, a computer with the PMR system and storage. The ambient temperature was suitable for the storage of medicines. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. Its team members source, store and generally manage medicines appropriately. The pharmacy identifies people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely.

Inspector's evidence

Pharmacy services were displayed in the front 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. There was step-free access into the pharmacy and the team explained that they would provide a 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 multi-compartment compliance packs for domiciliary patients. The packs were seen to include accurate descriptions of the medicines inside, but the team did not always provide Patient Information Leaflets (PILs) with each supply of packs. The team explained that they were all aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were on valproates and they had checked to see if they had any patients affected by this. The pharmacist demonstrated the Practice Based Audit for valproate medicines safety and how they had identifying their affected patients and counselled them appropriately about valproate risks. The pharmacist explained that he would double check with patients on warfarin to see if they had regular blood tests, if they knew their dose of warfarin and their INR level, and these details were recorded on the patient's record. The pharmacist explained that he would also identify warfarin patients for MURs to ensure they were taking their medicines appropriately. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed but were awaiting an updated version of their PMR system to install scanners and start decommissioning medicines. The pharmacy obtained medicinal stock from Sigma, Alliance, AAH and B&S. Invoices were seen to verify this.

Date checking was carried out monthly and the team highlighted items due to expire with coloured stickers and recorded them. There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines 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 pharmacy. Expired, patient returned CDs and CDs ready to be collected were marked and 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 an alert for aripiprazole solution.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services safely. These are clean and fit for purpose.

Inspector's evidence

There were several crown-stamped measures available for use, including 250ml, 100ml, 50ml and 10ml measures. Amber medicine 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, Martindale, Stockley's, MEP, British Pharmacopoeia and a Drug Tariff, as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service. The computers were all password protected and conversations taking place inside the consultation room 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.