

# Registered pharmacy inspection report

**Pharmacy Name:** Glade Pharmacy, Victoria Road, MARLOW,  
Buckinghamshire, SL7 1DS

**Pharmacy reference:** 1029148

**Type of pharmacy:** Community

**Date of inspection:** 26/04/2019

## Pharmacy context

This is a community pharmacy located next to a GP surgery in a residential area of Marlow in Buckinghamshire. A range of people use the pharmacy's services, including a high proportion of older people. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use reviews (MURs) and the New Medicine Service (NMS).

## 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
<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	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages most risks effectively. Its team members work to professional standards and understand how they can protect the welfare of vulnerable people. The pharmacy's team members record mistakes that occur during the dispensing process. They learn from these and act to avoid similar problems being repeated. And, in general the pharmacy keeps the records that it must, in accordance with the law.

### Inspector's evidence

Most of the pharmacy's business was collection or repeat prescriptions. Some walk-in trade was seen. The pharmacy's paperwork was organised but some of its available workspace was taken up with clutter, baskets of prescriptions and medicines from the wholesaler. The latter were strewn across one bench in a haphazard manner. There was enough space to hold stock and to assembled prescriptions. The Responsible Pharmacist (RP) explained that the dispensary was usually kept clearer.

Counter staff confirmed that they asked and confirmed the number of items people were expecting before they handed out prescriptions as an additional safety check. The pharmacy routinely kept different brands of several medicines. Dispensary staff explained that they specifically selected different brands of the same medicine if different strengths were required at the same time. This was to help people to differentiate between them, to easily identify them and to prevent mistakes from occurring.

The pharmacy team's near misses were recorded. Staff identified and segregated similar sounding medicines such as amitriptyline and amlodipine or metformin and metoprolol. They explained that if prescriptions were handed in for different people at the same time, these were highlighted to ensure the correct details were used. When selecting medicines with different formulations such as Tegretol, they triple-checked details to ensure the correct form was selected. Tablets and capsules were mixed up in the past and the team's awareness was subsequently raised.

Near misses were described as reviewed by the second regular pharmacist and this process occurred every so often. There were some details about the review of these seen recorded but this was not routine. Following the inspection, the RP confirmed in an email that the team had downloaded the Royal Pharmaceutical Society's near miss error improvement tool, this was now being used and near misses would be regularly reviewed every month.

The pharmacy's complaints procedure was on display. Pharmacists handled incidents. A documented complaints procedure and previous incident report forms were present to verify the process. The RP explained that details were checked, an apology was issued, the situation rectified and the person involved was kept informed of the outcome.

A range of documented Standard Operating Procedures (SOPs) were present to support the provision of services. SOPs were last reviewed in 2017. Staff had read and signed these.

Staff could safeguard vulnerable people and knew the process to take in the event of a concern. They brought concerns to the attention of the RP in the first instance and were trained through reading relevant material that was present or from volunteer work that was conducted outside of work. There

were local contact details and policy information present. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE).

People using the pharmacy's services were informed about how their privacy was maintained. This was through a notice that was on display. Sensitive details from assembled prescriptions that were awaiting collection could not be seen from the retail space.

Staff shredded confidential waste. They were trained on the General Data Protection Regulation (GDPR) and described reading through associated paperwork. The latter was seen and had been signed by staff to signal that it had been read. Summary Care Records were accessed for emergency supplies or for queries about people's medicines. The RP obtained consent to access this record verbally from the person. The pharmacy held an Information Governance policy to provide staff with guidance. There were also audit checklists seen completed to ensure confidential data was sufficiently protected. However, some confidential information was accessible (see Principle 3).

The correct RP notice was on display. This provided details of the pharmacist in charge. Records for the minimum and maximum temperatures for the fridge were maintained on a daily basis and these were within the appropriate range. The team maintained a complete record for the receipt and destruction of Controlled Drugs (CDs) that were brought back by the public.

Most of the pharmacy's records were maintained in line with statutory requirements. This included a sample of registers for CDs that were checked, records of private prescriptions, unlicensed medicines, the RP record and most emergency supplies. Balances for CDs were checked every week. On checking a random selection of two CDs, quantities held matched balance entries in corresponding registers. Odd records of emergency supplies were recorded as "script to follow" with no further details present about the nature of the emergency. This was discussed at the time. The pharmacy was appropriately insured. This included professional indemnity insurance which was through the National Pharmacy Association (NPA) and due for renewal after August 2019.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. The pharmacy now ensures that all its team members are undertaking appropriate training for their roles. And, they are encouraged to complete ongoing training to help keep their skills and knowledge up to date.

### Inspector's evidence

The pharmacy dispensed 8,500 to 9,000 prescription items every month. No-one was provided with medicines in multi-compartment compliance packs or medicines from instalment prescriptions. Staff present included the regular pharmacist, a trained Medicines Counter Assistant (MCA) and two dispensing assistants. There was also another trained MCA and a trained dispensing assistant. The pharmacy was currently recruiting for another member of staff.

Both dispensing assistants present at the inspection had worked at the pharmacy for about two years. At the point of inspection, they were not enrolled onto accredited training to support this activity. This was not in line with the GPhC's minimum training requirements which specifies that any assistant given delegated authority to carry out certain activities should have undertaken, or be undertaking an accredited course relevant to their duties within three months of commencing their role. This was discussed at the time and following the inspection, the regular pharmacist provided email confirmation that both members of staff were subsequently enrolled onto the appropriate training with the NPA.

The staff's qualifications obtained through accredited routes were seen. The team knew which activities were permissible by law, in the absence of the RP. They asked a range of suitable questions to determine suitability before selling medicines over the counter and held sufficient knowledge of these medicines.

Staff described keeping their knowledge relevant and learning about updates through pharmacist instruction and SOPs. The second pharmacist's role was described as providing the team with relevant information and keeping the pharmacy's paperwork up to date. The team also used available literature that was provided through wholesalers and counter skills booklets. A staff training matrix was seen. This demonstrated that team members were regularly trained on relevant topics such as whistleblowing, children's oral health, safeguarding, GDPR and the European Falsified Medicines Directive (FMD).

Formal appraisals to check on staff progress occurred annually. As they were a small team, they communicated verbally with one another and were provided with written details when relevant. A staff handbook was also present. The RP explained that there were no formal targets in place to achieve services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises provide an appropriate environment for the safe delivery of pharmacy services. But the pharmacy doesn't always protect people's personal information properly at all times. This means that the team may not always be protecting other people's privacy and confidentiality.

### Inspector's evidence

The premises consisted of a small sized retail space and medium sized dispensary at the rear. There was also a segregated space to one side of the front counter where there was a small kitchenette area as well as an extended area where bagged prescriptions awaiting collection were stored.

The pharmacy was bright and well-ventilated. The retail area was professional in appearance. Pharmacy only (P) medicines were stored behind the front counter. This limited their access by self-selection. The consultation room was signposted and used for services. The room was of a suitable size. The door was kept unlocked. Not all people's personal information was secured properly.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy sources, stores and manages most of its medicines appropriately. Team members make checks to ensure that medicines are not supplied beyond their expiry date. But, they do not always make a record of these. This makes it difficult for them to demonstrate that they are routinely checking the expiry dates of medicines. So, the team may not always be able to show that all stock is fit for purpose. In general, the pharmacy provides its services safely and effectively. But, it doesn't always identify all people on high-risk medicines such as blood-thinning medicines. This may mean that it is missing opportunities to provide people with appropriate counselling and advice.

### Inspector's evidence

People could enter the pharmacy through a wide, automatic front door. The clear open space inside the premises also facilitated access for people with wheelchairs. There were two seats for people waiting for prescriptions. Staff described taking people who were partially deaf to one side and speaking clearly to help communicate with them. The team counselled people verbally if they were partially sighted. There were some car parking spaces outside the pharmacy that were associated with the GP surgery. The pharmacy provided some leaflets in the retail area about other services. There was also documented information present to assist staff to signpost people to other local organisations.

The team used a dispensing audit trail through a facility on generated labels. This identified their involvement in processes. They used baskets to hold prescriptions and associated medicines and this helped prevent any inadvertent transfer.

Staff were aware of risks associated with valproate. They had not seen any people in the at-risk group who had been prescribed this medicine. People could be provided with relevant literature if required. For people prescribed higher risk medicines, relevant questions were not routinely asked unless the medicine was newly prescribed. This included asking about blood test results or the International Normalised Ratio (INR) level for people prescribed warfarin.

The pharmacy did not routinely provide a delivery service although staff delivered medicines to a few housebound people. The team maintained records of when and where medicines were delivered. Signatures were obtained from people once they were in receipt of their medicines. People were called before attempting to deliver. Staff described bringing back failed deliveries and not leaving these unattended.

The pharmacy obtained medicines and medical devices from licensed wholesalers such as Phoenix, Alliance Healthcare and Colorama. Unlicensed medicines were obtained through Avicenna. Staff were aware of processes involved with FMD. They had read SOPs and were scanning medicines where possible. Relevant equipment was present to assist in complying with the process.

Medicines on shelves were stored in an ordered manner. They were date-checked for expiry every month according to staff. Medicines approaching expiry were highlighted. There were some gaps seen in the schedule used to demonstrate this process and the rota for counter stock was not filled in. There were no date-expired medicines seen but some mixed batches of medicines were present. This was discussed at the time and the RP verified in a confirmation email that appropriate packaging as well as

labelling would occur in the future.

CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight. Assembled bags awaiting collection were stored with prescriptions attached. Details about fridge items and CDs (Schedules 2 to 4) were written onto prescriptions to help staff to identify them. Uncollected prescriptions were checked every month.

Medicines that were returned by people for disposal were held within appropriate containers prior to their collection. However, these were being stored in the staff WC in unsealed containers at the point of inspection. The RP confirmed in a follow-up email that these containers were to be placed in a lockable cabinet to help reduce the risk of diversion. People bringing back sharps for disposal were referred to the GP surgery. Relevant details were taken about returned CDs, these were brought to the attention of the RP. Drug alerts were received via email. Stock was checked and staff took appropriate action as necessary. Records were present to verify the process.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team has access to relevant equipment and facilities to provide its services safely.

### Inspector's evidence

The pharmacy was equipped with current versions of reference sources. Crown-stamped conical measures were available for liquid medicines. There was also a plastic measure present. This was discussed at the time and email confirmation received from the RP verifying that an appropriate, standardised measure had since been obtained.

The dispensary sink used to reconstitute medicines was clean. There was hot and cold running water with hand wash available. The fridge used for medicines requiring cold storage was operating at appropriate temperatures. The CD cabinet was secured in line with legal requirements.

Computer terminals in the dispensary were positioned in a manner that prevented unauthorised access. Staff held their own NHS smart cards to access electronic prescriptions. These cards were stored securely overnight. A shredder was available to dispose of confidential waste.

### 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.