

Registered pharmacy inspection report

Pharmacy Name: WELL, 14 Huntingdon Street, St Neots,
Cambridgeshire, PE19 1BQ

Pharmacy reference: 1029275

Type of pharmacy: Community

Date of inspection: 23/05/2019

Pharmacy context

The pharmacy is situated within a doctors' surgery. It is only accessible from the surgery and has no external access. The pharmacy provides NHS and private prescription dispensing mainly to local residents. It supplies medicines in multi-compartment compliance trays to 50 people. There is a home delivery service. A local pharmacy closed recently and so the number of items dispensed each month has increased by about 4,000 items.

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 are clear about their roles and responsibilities. They work to professional standards and identify and manage risks effectively. The pharmacy logs any mistakes it makes during the dispensing process. It learns from these to avoid problems being repeated. The pharmacy keeps most of its records up to date and these show that it is providing safe services. The pharmacy 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 written procedures to tell the team how they should undertake the work in the pharmacy. The procedures were reviewed regularly and had been signed by the staff. They were generally followed. The team had highlighted that there were additional potential risks when dispensing multi-compartment compliance trays, due to the small size of dispensary. There were plans in place to move the dispensing of these to another store. Patient consents were being sought by the pharmacy and a timetable for the change was agreed.

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 a monthly meeting to discuss trends and learning from these near misses. The team highlighted common picking errors by using brightly coloured boxes stating the name of the medicine and "CAUTION". These were put amongst the stock affected. This meant that these "caution" boxes moved around within the stock, and the staff were continually aware of them.

The pharmacy conspicuously displayed the responsible pharmacist notice and the 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. The written procedures required by law covering the responsible pharmacist legislation were in place.

The pharmacy sought the views of people about the service provided by the pharmacy in an annual survey. The recent report had highlighted the seating area and the consultation room. The chairs available to people who were waiting for pharmacy services were situated in the surgery, outside the registered premises, as there was no room for them inside. The consultation room was hidden from view, but there was a notice highlighting that there was a private space for conversations and staff encouraged people to use this facility. The company monitored how the pharmacy team greeted its customers. On the last test it had scored 100%. The pharmacy had professional services insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies in a book. This recording was not done frequently; the last entry being made on 16 April 2019 and there were five prescriptions waiting to be recorded which had been dispensed more than 24 hours before the inspection. The law requires prescriptions to be written up on the day of supply, or the next day; these timescales had not been met. The controlled drugs registers were up to date and legally compliant. Weekly checks on the running balances were performed and a spot check showed that the balance and stock agreed. There were records of medicine deliveries to the public, made by the delivery driver, which provided a robust

audit trail.

The pharmacy collected confidential waste in a designated bin. This was removed on a monthly basis for secure disposal. The bin was extremely full at the time of the inspection. All other confidential information was kept in the dispensary and consultation room. The confidential material in the consultation room was in locked cupboard, as the room had to be kept unlocked. The door between the surgery and the pharmacy was kept locked to prevent unauthorised access. The staff had had data protection training, following the changes to the law, and were observed not to share NHS smart cards. There was a notice explaining to people how their information would be used and stored.

The staff had undertaken appropriate safeguarding training and had access to the local telephone contact numbers for safeguarding authorities should they need to raise a concern. The pharmacist discussed how these numbers kept changing and how she now had access to the NHS Safeguarding app, where the numbers were kept up to date.

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. The staff were provided with on-going training.

Inspector's evidence

On the day of the inspection there was only the pharmacist and a pharmacy technician present. One dispenser had had to take time off at short notice and another was on holiday. This meant that only core tasks were being undertaken. The team had recently been reduced, as another dispenser had left and this added to the increase in prescription numbers due to the local pharmacy closing had led to the need to move the dispensing of multi-compartment compliance trays to another pharmacy. The team was a little behind on core dispensing of electronic prescriptions. This meant it was taking more time to search for prescriptions, which in turn led to increased waiting for patients and more pressure on dispensing. The pharmacist had flagged this to the area manager, and steps were being taken to try to address this.

It was observed that the staff had a good rapport with their customers. Despite being short-handed, the team members always acknowledged that someone was waiting and explained when they would be served, and why there was a delay.

The surgery had recently merged with some other local surgeries and this change had led to more acute prescriptions being brought to the pharmacy. This had also increased the number of items which had to be dispensed on demand rather than in a planned way. Staff had regular appraisals and were able to make suggestions about ways to improve the pharmacy. This had included the "Caution" boxes described above. The team worked well together. Staff training was up to date, and the staff present reported that they enjoyed doing the training each month. The pharmacist reported that targets set did not affect her professional judgements.

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 extremely small, but the staff worked well within the limitations of space. The refit and changes made to processes following the last inspection had improved safety in the pharmacy considerably. The door to the corridor from the dispensary was kept locked, to prevent unauthorised access. This also reduced interruptions. The prescriptions awaiting collection were all kept behind etched glass doors, so that the names and addresses could not be seen easily from the counter. The consultation room was kept unlocked, as it was a fire exit for the surgery, but all confidential material was kept locked away. It presented a professional image to people using it.

The shop area consisted of a door and enough space for a person to stand at the counter. This was clean and tidy. Chairs were situated outside the door for people waiting for prescriptions. The dispensary was divided into separate areas for checking, dispensing walk-in prescriptions and dispensing repeat prescriptions. There was enough free dispensing bench for these activities. Lighting in the pharmacy was good. The pharmacy had 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. The pharmacy team makes the most of the small dispensing space available to provide its services safely.

Inspector's evidence

Access to the pharmacy was level inside the surgery. The pharmacy did not open when the surgery was closed. Services were signposted on the door of the pharmacy. The consultation room was accessible to people using a wheelchair.

The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. 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. The pharmacy team members used clear plastic bags for fridge lines and controlled drugs so that it was easy for them to check what was being given out to people.

Some people were supplied their medicines in multi-compartment compliance trays. The trays were labelled with the information the person needed to take their medicines in the correct way. The trays also had tablet descriptions to identify the individual medicines. Each person had a sheet listing their medicines and contact details. These sheets were kept up to date and had the dates of any changes recorded. Letters had been sent out to each person explaining the need to transfer the dispensing of their prescriptions to another pharmacy and seeking their consent to do so. The pharmacy was keeping track of who had responded to these letters and who might need further contact.

Schedule 4 controlled drug prescriptions were not highlighted to staff who were to hand them out. This would have helped them to ensure that these medicines were not given out when the prescriptions were no longer valid.. Other controlled drugs were highlighted to prevent this from happening.

People on high-risk medicines were monitored appropriately, irrespective of whether they received their medicines in original packs or in multi-compartment compliance trays or had their prescriptions delivered. But the recording of this monitoring was not always done by the team members. People in the at-risk group who were receiving prescriptions for valproate were not always routinely counselled about pregnancy prevention. Alert stickers were available and information cards were given out to most eligible people by the team. One person who received valproate in a multi-compartment compliance tray was not provided with the same warnings as other people.

The pharmacy got its medicines from licensed wholesalers, stored them on shelves in a tidy way and did regular date checking. Fridge lines were kept at the appropriate temperatures and records made accordingly. The team marked split packs with a cross to ensure that they were not given out as whole packs. The pharmacy was expecting to comply with the Falsified Medicines Directive (FMD) in November 2019 when their computer system was due to be updated.

Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

There were various sizes of glass, stamped measures. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets.

The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice.

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.