

# Registered pharmacy inspection report

**Pharmacy Name:** Oundle Pharmacy, 32 Market Place, Oundle, PETERBOROUGH, Cambridgeshire, PE8 4BE

**Pharmacy reference:** 1029324

**Type of pharmacy:** Community

**Date of inspection:** 24/06/2019

## Pharmacy context

This community pharmacy is in Oundle's town centre, close to a range of other shops and cafes. It has undergone a refit in recent months and a post office is now located within the pharmacy. The pharmacy's main activity is dispensing NHS prescriptions. It also sells a range of medicines over the counter and provides home deliveries of medicines on one day per week. The pharmacy offers Medicines Use Review (MUR) and New Medicine Service (NMS) consultations. And it supplies medicines in multi-compartment compliance aids to a small number of people living at home.

## 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     | 3.1                          | Good practice    | The pharmacy refit has significantly improved the layout and appearance of the premises and supports safer ways of working. |
| <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 generally identifies and manages the risks associated with its services well. It has some written procedures which specify how tasks should be undertaken. And it has made changes to how it stores its medicines to reduce the possibility of mistakes. It generally keeps all the records that it needs to by law. It makes sure that people's private information is protected. And the pharmacy has acted to protect vulnerable people where needed. It has recognised that it could do more to record mistakes that are spotted during the dispensing process, so the team members can use these to learn and improve its services.

### Inspector's evidence

The pharmacy had written procedures for its services, showing how tasks should be undertaken. However, these were last reviewed in 2013 and had not been signed by the responsible pharmacist (RP). The RP explained that he was in the process of reviewing and updating all the existing SOPs. Following the inspection, the RP provided evidence to show that new SOPs were in place and had been read by members of staff. The updated procedures included those required by legislation, management of controlled drugs (CDs), dispensing activities, selling medicines over the counter, dealing with dispensing incidents, date checking, the delivery service, and supplying higher-risk medicines. The SOPs also indicated the roles of those who had signed the documents.

The pharmacy recorded some of the mistakes that were corrected during the dispensing process and the last entries dated from April 2019. Prior to January 2019, these incidents were recorded much more regularly. The refit works were said to have impacted on some of the pharmacy's routines and the RP said they would try to re-establish better recording in future. Dispensing errors were recorded on the patient medication record system and reported to the national reporting scheme. There was some evidence of medicines involved in selection errors being more clearly separated. Tasks in the dispensing processes had also been separated to reduce mistakes and risks caused by distraction.

When asked, staff could explain what they could and couldn't do in the absence of a RP. They understood that some medicines could be misused and were aware of the legal limits on sales of medicines containing pseudoephedrine. They were observed referring queries to the pharmacist throughout the inspection.

A survey had been conducted to seek people's views about the service provided by the pharmacy. Results of this were displayed on the NHS website. There was information for people about how to raise a complaint contained in the pharmacy's practice leaflet. The RP was not aware of any formal complaints the pharmacy had received.

The pharmacy had appropriate insurances for the pharmacy services provided. At the start of the inspection, the wrong RP notice was displayed. This was quickly changed when pointed out. The RP record was up to date and was largely complete though there were a small number of occasions when the RP had not put the time at which their shift finished. The private prescription record and emergency supplies were recorded electronically. Most of the entries were complete but on one private prescription entry viewed, the prescriber's details were incorrect. And emergency supply records did

not always include the nature of the emergency, though these requests were very infrequent. This could make it harder for the pharmacy to check these details if there was a query. Records for CDs were largely complete. There were a small number of missing headers in the registers. Records about the supply of unlicensed specials were complete.

Members of the public could not easily see or overhear confidential information. The pharmacy had written procedures to protect data. The staff were still to complete training on some of these. The electronic patient medication records were password protected. The pharmacist was using his own NHS Smartcard to access electronic prescriptions. Confidential waste was shredded onsite. The consultation room which was well-screened and provided a space where people could have conversations with the pharmacy team in private. There was no confidential material in the consultation room.

The RP had completed level 2 safeguarding training. He knew how to find details for local safeguarding leads, using an internet search. Some staff had completed some training about dementia to help them offer better support to people with this condition but most of the new team had not completed any other formal safeguarding training yet. The pharmacy had reported concerns about a person who was taking their medicines in a way which could have caused harm. The person was now in receiving more support as a result of this intervention.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff who have completed or who are completing the required accredited training to provide pharmacy services safely. And pharmacy professionals can act in the best interests of people. The team members receive some support to help keep their skills and knowledge up to date. But they don't have formal training plans or performance reviews, so it may be harder to identify and support knowledge or skills gaps.

### Inspector's evidence

The pharmacy team comprised the RP (pharmacy manager), a delivery driver, three part-time dispensing assistants, and a medicine counter assistant. The pharmacy was also trying to fill a recent vacancy. The team was able to cope with the workload during the inspection. The RP explained that there were plans to train post office staff and pharmacy staff in both pharmacy and post office tasks to help with contingency planning for absence. The RP provided most of the pharmacist cover at the pharmacy. Two other locum pharmacists provided weekend cover on a rota basis.

The staff said they would feel comfortable discussing concerns with the pharmacy manager and said they felt able to make suggestions about how to improve pharmacy operations. They said they felt supported by the pharmacy manager and received ad hoc feedback about how they were doing. Trainee staff were completing a combined counter assistant and dispenser course. Certificates for the required accredited training completed by other staff were present. The RP explained how he checked people's qualifications as part of the recruitment process. Aside from the formal training courses, the pharmacy team members did not have any formal training plans or performance reviews. Some time was made available to them during work time to complete training.

The RP explained there were no targets set for services and he felt able to exercise his professional judgement to act in the best interests of people using the pharmacy. He considered how busy the pharmacy was and what capacity he had to take on extra services, only doing so if he felt it was safe.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises present a very professional image to people visiting the pharmacy. And the refit has created a more organised workspace which should help to reduce risks during the dispensing process.

### Inspector's evidence

The refit had resulted in a significant improvement to the appearance and layout of the premises. The dispensary was well-organised, clear of clutter, and equipped with ample dispensing bench space which meant various areas of bench could be reserved for specific tasks, reducing risks in the dispensing process. The refit had also meant that colleagues had a separate area for taking breaks and preparation of food away from the dispensary.

The pharmacy's fixtures, fittings, and flooring were of a good standard. All areas were clean. The lighting was good throughout and room temperatures were comfortable for working in and suitable for the safe storage of medicines. There was air-conditioning to regulate room temperatures when needed. Sinks in the colleague area and dispensary had hot and cold running water. The premises could be secured. The post office opening hours matched the pharmacy opening hours so post-office staff did not access the premises when other pharmacy staff were not present.

There was a private consultation room which was offered to people who wanted to have conversations with the pharmacy team in private. This room was located down a short corridor at the side of the medicines counter and was signposted. The route appeared quite narrow, but the RP explained that he had queried the width of this corridor and had been told it was wide enough to accommodate a wheelchair. The room was equipped with seating and bench space. The RP said that there was no access to patient medication records in the consultation room at present but there were plans to add this.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services safely. It gets its medicines from reputable sources and it makes sure that its medicines are safe to use. The pharmacist keeps local prescribers informed of problems sourcing medicines, so people's care is not adversely affected. The pharmacy could do more to make sure that people who get higher-risk medicines have all the information they need to take their medicines safely.

### Inspector's evidence

The pharmacy had a practice leaflet which told people about the services it provided. Some additional signage giving similar information to people was due to be installed after the recent refit. For some people living in the local area, prescriptions were delivered using an employed delivery driver. The driver obtained signatures from all recipients when medicines were delivered.

Most of the pharmacy's activity was dispensing NHS prescriptions. Dispensing was undertaken in an orderly manner. There was an audit trail on all dispensed items including multi-compartment compliance aids which showed who had dispensed and checked each item.

The RP was aware of the guidance about pregnancy prevention for people taking valproate. He explained how he would counsel people appropriately. He could not find any of the safety literature to provide to people. But he said he had not supplied valproate to anyone in the at-risk group so far and he would obtain the appropriate patient information and alert stickers to have available.

The pharmacy supplied some people their medicines in multi-compartment compliance aids. There were completed compliance aids available to inspect. Record sheets were kept for each person and these included an audit trail of any changes that had been made. The compliance aids were labelled by the RP and included the dose and any warnings. A dispenser selected the medicines, asked the RP to check these were correct before starting to assemble the compliance aids. The compliance aids were sealed as soon as they were dispensed. Patient information leaflets (PILs) were generally not supplied beyond the first issue and the staff were reminded of their obligation to supply these leaflets routinely. The staff said there was one person who received medicines in a compliance aid and one of the items was added without removing it from the outer foil. The staff were aware of the potential risks this posed but said these had been assessed against the person's need to take their medicines on time. And this was considered to be the only option available at present. Others involved in the care of this person had been informed about the risks, so they could be monitored appropriately.

The pharmacy obtained its medicines from licensed wholesalers and specials manufacturers. Dispensing stock was stored in an organised way in the dispensary; there was no stock on the floor. The RP explained how he dealt with stock shortages, sourcing supplies from another branch in the same company and speaking to the local surgery to make them aware of supply issues so alternatives could be prescribed at the earliest opportunity. Waste medicines were segregated from other stock and disposed of off-site by licensed waste contractors.

Stock was said to be date checked each month, but the staff were not sure if records were kept of these

checks. When a sample of medicines were checked at random there were no out-of-date medicines found. Some medicines with short shelf-lives were highlighted so staff could check the date when dispensed. The dates of opening were recorded for medicines with altered shelf-lives after opening. So, staff could assess if the medicines were still safe to use. Most medicines were kept in their original containers but there were some plain bottles which contained loose tablets. These were labelled with the name and strength of the medicine but not always the date of assembly or the expiry date. The RP said he would make sure all the necessary information was added to the labels in future.

CDs were stored securely. Medicines requiring refrigeration were stored in the fridge. There was a process to check and record the maximum and minimum fridge temperatures. However, there was some disparity between what was recorded and what was showing on the thermometers on the day of the visit. There were multiple sensors connected to the fridge thermometers and the RP wasn't entirely clear what all the readings meant and said he would recheck the manual and monitor the temperatures closely in the meantime.

The pharmacy had the equipment it needed to comply with the Falsified Medicines Directive. The staff were due to receive training on its use within the following month. The RP said he received information about medicine safety alerts and product recalls and could describe the action he would take in response to these. He was aware of recent alerts. There was no record kept of these or the subsequent actions taken by the pharmacy. The RP said he would make a record about any future alerts and what the pharmacy did about them.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it protects people's information well.

### Inspector's evidence

The pharmacy had a range of up-to-date reference sources available. There were suitable, clean measures available to measure liquids accurately; some were reserved for CDs to prevent cross-contamination. Other counting equipment, which included tablet triangles, was clean. All electrical equipment appeared to be in good working order.

Patient medication records were stored electronically, and access was password protected. NHS Smartcards to access summary care records and electronic prescriptions were not shared. Screens containing confidential information were not visible to the public. The staff had access to cordless phones and could move to quiet areas of the dispensary to make phone calls out of earshot of waiting customers.

### 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.  |