

Registered pharmacy inspection report

Pharmacy Name: The Pharmacy, High Street, Farndon, CHESTER,
Cheshire, CH3 6PT

Pharmacy reference: 1029543

Type of pharmacy: Community

Date of inspection: 13/06/2019

Pharmacy context

A traditional high street pharmacy in a semi-rural village location, the premises also incorporates a post office. The main pharmacy activities are NHS dispensing and sales of over-the-counter medicines. Other services include medicines are supplied in compliance aid trays for a number of patients and a substance misuse 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

The pharmacy has written instructions to help make sure that members of staff work safely and effectively. But the instructions have not been reviewed for a few years so some may be out of date. Members of the pharmacy team record their mistakes so that they can learn from them. But they do not record everything that goes wrong, so they may miss some opportunities to improve. The pharmacy generally keeps the records that it needs to by law. But some records are not available to see, so the pharmacy may not always be able to show that medicines were supplied safely. Members of the pharmacy team are given training so that they know how to keep private information safe.

Inspector's evidence

The pharmacy had a full range of written SOPs in place. They had last been reviewed in 2014, at which time all staff had signed training records. A more recently employed member of staff, who was employed as a trainee dispenser, had not signed the training records. This means there may be a risk that the SOPs do not always reflect current practice and the trainee dispenser may not fully understand what is expected of her.

Dispensing errors were recorded and reported to NPSA and a copy was retained at the pharmacy. The pharmacist said he would normally also write to the patient to formally apologise. A recent example involved enalapril 10mg being supplied instead of escitalopram 10mg. Since the error came to light the two products had been moved into separate stock drawers, to reduce the risk of them being mixed up.

A near miss book was available but there were no recent entries and the pharmacist admitted he had not been recording incidents. He said any that came to light would be discussed with the staff at the time to identify any learning points.

A Responsible Pharmacist (RP) notice was prominently displayed. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. A complaints procedure was in place. Practice leaflets were available in the retail area, providing information about how to make comments or complaints. A current professional indemnity insurance certificate was on display.

RP records were properly maintained and up to date. Records of private prescriptions and emergency supplies were maintained on the computer. The private prescription records were in order but the pharmacist only knew how to retrieve records of emergency supplies from the individual PMR. This meant he was not able to provide a list of all the supplies made, which does not meet the requirements of the law. Records of unlicensed specials were in order.

Records of Controlled Drugs were generally in order; Running Balances were recorded and checked at the time of dispensing. Patient returned CDs were recorded in a separate register. An Information Governance policy was available, with training documents and general information. All staff had completed GDPR training. Confidentiality agreements were signed by all staff. A shredder in the dispensary was used for the disposal of confidential waste. The dispenser described confidential waste as anything carrying a patient name or address such as a dispensing label. A notice on the dispensary wall contained guidance for safeguarding. Details for local safeguarding contacts were available. The

pharmacist said he had completed level 2 safeguarding training a long time ago. Other staff had not completed any formal training.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff and they have been given the training they need for the jobs they do. They work well as a team and can share ideas. But they get little ongoing training, so may not always keep their knowledge up to date.

Inspector's evidence

The owner normally worked at the pharmacy as the responsible pharmacist. A regular locum pharmacist was employed to cover his days off and also occasionally worked as a second pharmacist. The pharmacy employed three part time dispensers and one trainee dispenser. The normal staffing level was one pharmacist and two support staff.

All staff had appropriate qualifications and training certificates were displayed in the dispensary. The pharmacist said part time staff normally increased their hours to cover holidays and absences. The staff were able to comfortably manage their workload during the inspection and the pharmacist said the staffing level was normally adequate to handle the level of business.

A dispenser described the sort of questions she would ask when selling medicines, using the WWHAM protocol to make sure they were suitable for the patient. She said she would refer to the pharmacist if in any doubt. She was aware that codeine products could be abused and said on a few occasions she had referred patients who were making repeat requests to the pharmacist, and that he had refused the sales.

The dispensary team appeared to work closely together, and the dispenser said she would feel comfortable talking to the pharmacist about any concerns she might have. All staff had direct access to the owner if they wanted to raise concerns. A whistleblowing policy was in place. Staff had access to trade magazines and other informal training material, but no records were kept to show what they had read. No performance targets were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy and provides an environment that is suitable for healthcare.

Inspector's evidence

The pharmacy was clean and tidy. The dispensary was well organised and there was sufficient space to allow safe working. There was a dispensary sink for medicines preparation and separate sinks in the rear of the dispensary and the toilet; all had hot and cold running water. The room temperature seemed appropriate, but it was not monitored, and air conditioning was not available.

A consultation room was available for private consultations and counselling. The room was tidy and offered good privacy. The dispensary was screened so that the dispensing operation was not visible to customers.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy services are easy to access. And they are managed effectively so that people receive their medicines safely and get the right healthcare advice. The pharmacy gets its medicines from appropriate suppliers, manages them safely, and carries out checks to help make sure that they are in good condition.

Inspector's evidence

Access to the pharmacy was via a conventional door with a step, but there was also a side door which was suitable for wheelchairs. A signposting folder was available, and the owner was aware of the need to signpost patients requiring services not available at the pharmacy.

Services on offer were described in the practice leaflet. A range of leaflets and posters were prominently displayed providing information about various healthcare matters. There was no delivery service offered, although staff would sometimes deliver medicines for patients if there was a particular need or if they lived nearby. A delivery book was used to record these deliveries and obtain signatures from the recipients.

Dispensing baskets were used to separate different prescriptions to avoid them being mixed up during the dispensing process. Prescriptions were retained with dispensed medicines awaiting collection. Most were not bagged; rather the dispensed items were kept in the dispensing basket so that they could be easily checked at the point of supply. Stickers were put on baskets to indicate when a fridge line or CD needed to be added.

The pharmacist said INRs were checked when warfarin was supplied, and he would normally counsel patients receiving other high-risk medicines. The pharmacist was aware of the risks associated with the use of Valproate in pregnancy. He said he had identified one current patient who met the risk criteria, and she had been counselled. Educational material was available for supply when Valproate was dispensed.

Disposable Monitored Dose System (MDS) trays were used to dispense medicines for patients who had compliance difficulties. These were labelled with descriptions to enable identification of the individual medicines. The pharmacist said Patient Information Leaflets were normally supplied every month. A master sheet was kept for each patient showing current medication and dosage times, and these were checked against the prescriptions before dispensing.

Medicines were obtained from licensed wholesalers and specials were obtained from a specials manufacturer. No extemporaneous dispensing was carried out. Scanners had been installed so that the pharmacy could comply with the new safety features of the falsified medicines directive and an account had been opened with Securemed. The pharmacist said there had been some problems operating the system, so they were not currently scanning all new stock and therefore they were not yet meeting legal requirements.

Stock medicines were stored in an orderly fashion in the dispensary. The pharmacist said regular expiry

date checks were carried out, but no records were available. The lack of records meant it was not clear how recently stock had been checked or whether any sections had been missed. A sample of stock was checked and no expired medicines were found.

The medicines fridge was equipped with a maximum/minimum thermometer and temperatures were checked daily and recorded. The records showed the temperatures had remained within the required range. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. DOOP bins were used to collect waste medicines awaiting disposal and resin kits were available for the disposal of CDs. Drug alerts and recalls were received by e-mail and filed when they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the services it provides

Inspector's evidence

Various reference books were available, and the Internet could be used to access a range of websites for information. A range of crown stamped liquid measures were available with one reserved only for use with methadone mixture, to avoid cross contamination. All Electrical equipment appeared to be in good working order.

Patient Medication Records were stored on the pharmacy computer, which was password protected. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls. The consultation room was used to enable confidential discussion and consultation.

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.