

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 1 The Square, HYDE, Cheshire, SK14 2QR

**Pharmacy reference:** 1029633

**Type of pharmacy:** Community

**Date of inspection:** 03/12/2019

## Pharmacy context

This is a community pharmacy situated in the centre of the town. Most people who use the pharmacy are from the local area. The pharmacy dispenses mainly NHS prescriptions and sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. Around 30% of prescriptions are sent to the company's hub to be dispensed.

## 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	2.2	Good practice	The team members have the appropriate skills, qualifications and competence for their role and the pharmacy supports them to address their ongoing learning and development needs.
		2.4	Good practice	Team members communicate effectively, and openness, honesty and learning are encouraged.
<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 adequately manages risks to make sure its services are safe and keeps the records required by law. Members of the pharmacy team are clear about their roles and responsibilities. They record their mistakes so that they can learn from them and take some steps to help stop the same sort of mistakes from happening again. They have written procedures on keeping people's private information safe and complete training so they know how to protect children and vulnerable adults.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided. Members of the pharmacy team confirmed electronically via the e-Learning system that they had read and accepted them and completed an assessment to test understanding of each SOP. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. Team members were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

Dispensing errors and near misses were reported on Datix intranet, which could be viewed at the pharmacy superintendent's (SI) office. Bar charts could be viewed which helped to highlight patterns such as the main type of error and the day of the week most errors happen. Monthly patient safety reviews were carried out and the pharmacy manager said she discussed learning points with the pharmacy team. Confusing ramipril capsules and tablets had been identified as a common error, which had been highlighted to the team, so they took extra care when assembling and checking these medicines. 'Share and learn' bulletins were sent electronically from the SI office sharing learning within the organisation. For example, following an incident in another branch when a patient did not receive their medicine which had been ordered from 'Specials' in time, the team were advised to re-read the relevant SOP and always allow sufficient time when ordering medicines from Specials. Clear plastic bags were used for assembled CDs and insulin to allow an additional check at hand out. 'Similar name check' stickers were in front of look-alike and sound-alike drugs (LASAs) so extra care would be taken when selecting these. For example, amlodipine, alopurinol and amitriptyline.

A 'Customer Care' notice was on display on the consultation room door which gave the details of head office, in case of complaint and encouraged customers to give feedback. A customer satisfaction survey was carried out annually. The results of the latest survey were available on [www.NHS.uk](http://www.NHS.uk) website;- 88% of respondents rated the pharmacy excellent or very good. Areas of strength (99%) included, providing an efficient service, staff overall, being polite and taking time to listen. An area identified which required improvement (2.7% dissatisfied) was 'how long you have to wait to be served'. The pharmacy had acted to improve this by prioritising waiting prescriptions. The pharmacy manager said most feedback was very positive and negative feedback was usually due to stock shortages, which was outside of the pharmacy's control.

Professional indemnity insurance was in place. The team confirmed that private prescription and emergency supply records were recorded in a designated book. It could not be located at the inspection, but it was found later that day and photographs of it sent to the inspector. A veterinary prescription for a human medicine had been supplied to an animal but the prescription did not state it

was prescribed for administration 'under the cascade', so may not be in line with veterinary requirements. The RP record was appropriately maintained. Some entries in the controlled drug (CD) register were untidy and difficult to read. Running balances were kept and these were regularly audited.

Staff completed training on information governance (IG) including confidentiality. Confidential waste was collected in designated 'shred-it' bins which were collected by a specialised disposal company. A dispenser correctly described the difference between confidential and general waste. There were three baskets on the dispensary bench which the dispenser explained was being used to collect confidential waste, general waste and split packs to be returned to shelf. But they were not labelled as such, and all of them contained some confidential waste. The dispenser said somebody would sort them out at the end of the day and remove the confidential waste. The delivery driver had a basic understanding about confidentiality and explained he would cover other patients details up by using a piece of cardboard rather than folding the paper into four as designed, to save time. Assembled prescriptions awaiting collection were not visible from the medicine counter. The pharmacy sent patient's prescriptions to their hub without obtaining explicit consent from the patient which was a potential breach of the patient's confidentiality.

The pharmacy manager and pharmacy technicians (PTs) had completed Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. Other members of the team had completed safeguarding training on e-Learning. A member of the team said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time and probably also contact their GP, if they were a patient. There was safe guarding guidance and the contact numbers of who to report concerns to in the Tameside area in a file. The pharmacy had a chaperone policy, and this was highlighted to patients. Members of the pharmacy team had completed Dementia Friends training, so had a better understanding of patients living with this condition.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members have the right qualifications for the jobs they do. The pharmacy encourages them to keep their skills up to date and supports their development. They are comfortable providing feedback to their manager and receive feedback about their own performance and they have opportunities to discuss issues informally together.

### Inspector's evidence

There was a pharmacy manager, who was working as the RP, a PT, an NVQ2 qualified dispenser and a delivery driver on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection. Planned absences were organised so that not more than one person was away at a time. Absences were covered by transferring staff from neighbouring branches or requesting a member of the relief team. Cover had been provided by a relief dispenser for two days the previous week to ensure the minimum requirement of two members of staff with the pharmacist was met. The PT was working on the medicine counter during the inspection. She explained that a medicine counter assistant (MCA) had recently been made redundant so the remaining team members duties now included covering the medicine counter as well.

Staff carrying out services had completed the appropriate training. They completed training when the pharmacy was quiet using the company's on-line training system 'e-Learning'. Staff were able to display their 'learning plan' which was a record of their completed training which included topics such as safe supply of medicines and confidentiality. Training was audited by head office and the pharmacy manager alerted to any outstanding training. The team were currently 87% compliant with the required training. The team were also provided with additional training materials such as articles from the trade magazine 'Chemist & Druggist' which they read in their own time.

Staff were given formal appraisals where performance and development were discussed and received positive and negative feedback informally from the pharmacy manager. Communication within the company was via the intranet and there was an online alerting system, 'Merlin' which highlighted when new information was available such as messages from the SI's office and alerts and recalls. Daily, weekly and monthly tasks were assigned via this system and a list of daily, weekly and monthly tasks were also on display in the dispensary as a reminder. Issues were discussed informally by the team on a regular basis on days when all were present. A member of the team said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacy manager about any concerns she might have. She said the staff were able to make suggestions or criticisms informally. She believed there was a whistleblowing policy and would look on the intranet for the details if she needed them.

The pharmacy manager said she felt empowered to exercise her professional judgement and could comply with her own professional and legal obligations. For example, refusing to sell a codeine containing pharmacy medicine because she felt it was inappropriate. She said targets were set for services such as Medicines Use Review (MUR) and flu vaccinations. She felt these were realistic and achievable and she didn't feel under pressure to achieve them. She said the regional manager was very supportive and understanding.



## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises provide a suitable environment for people to receive healthcare. The pharmacy has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

### Inspector's evidence

The pharmacy premises were in an adequate state of repair. The retail area was free from obstructions and had a waiting area with three chairs and there was an additional fourth chair close to the medicine counter. The external fascia was not very clean and there were two black bin bags of rubbish and a cardboard box inside one of the front doors which compromised the professional image of the pharmacy. The retail area was reasonably clean but the dispensary, stairways and facilities on the first floor were not. The floor required sweeping and the dispensary benches and shelves were cluttered and untidy. The temperature and lighting were adequately controlled. Maintenance problems were reported to pharmacy support at head office and the response time was appropriate to the nature of the issue.

There was a separate stockroom on the first floor along with staff facilities, which included a kitchen area and a WC with a wash hand basin and hand wash. The team explained that the staff facilities were being upgraded to include a new WC, sink and flooring. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sinks. Hand sanitizer gel and disposable gloves were available. There was a consultation room equipped with a sink. It was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. Staff used this room when carrying out the services and also when customers needed a private area to talk.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to most people and they are generally well managed, so people receive appropriate care. The pharmacy gets its medicines from reputable sources and it carries out some checks to ensure medicines are in good condition and suitable to supply. But the lack of storage space mean medicines are not always stored in an orderly manner.

### Inspector's evidence

There was a slight step up to both of the front doors of the pharmacy and wheelchair users could not easily access the pharmacy. A member of the pharmacy team said they would always be ready to serve customers at the door if necessary but there was nothing to alert them to people requiring assistance, such as a door bell. There was a hearing loop in the pharmacy and a sign indicating this.

Some services provided by the pharmacy were advertised in the window along with the opening hours. Team members were clear what services were offered and where to signpost to a service not offered. For example, supervised methadone and needle exchange. There was a range of healthcare leaflets and a healthy living zone displaying information on children's oral health. Providing healthy living and signposting was not recorded so it was difficult for staff to monitor the effectiveness of any health promotion or provide examples of improved patient outcomes.

The pharmacy offered a repeat prescription ordering service and patients were contacted before their prescriptions were due to check their requirements. This was to reduce stockpiling and medicine wastage. There was a home delivery service with associated audit trail. Each delivery was recorded and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. The delivery driver described the delivery process which was in line with the SOP.

Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available. Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Pharmacist Advice' stickers were used to highlight counselling was required and high-risk medicines such as warfarin, lithium and methotrexate were targeted for extra checks and counselling. INR levels were requested but not usually recorded when dispensing warfarin prescriptions. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and around ten patients in the at-risk group had been identified. The pharmacy manager believed these had all been provided with the relevant information about pregnancy prevention and a care card given to them. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling.

Multi-compartment compliance aid packs were assembled in a separate room on the first floor. There was a form to record communications with GPs and changes to medication. But this was not consistently used and it was not always clear who had confirmed the changes and the date the changes had been made, which could cause confusion in the event of a query. A dispensing audit trail was



completed and whether the medicine was a tablet or capsules was included on the label to help identification of the individual medicines. Packaging leaflets were included so patients and their carers had easy access to information about their medicines. Disposable equipment was used.

A member of the team explained what questions to ask when making a medicine sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product. CDs were stored in a CD cabinet which was securely fixed to the wall and a robust CD safe. The CD keys were under the control of the responsible pharmacist during the day and stored securely overnight. Date expired and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Recognised licensed wholesalers were used to obtain medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out.

Space was very limited in the dispensary and the benches were cluttered and untidy reducing useable space. Some medicines were stored on the floor in the stairway due to lack of space on the dispensary shelves. This was unhygienic and risked physical damage to the medicines and was a trip hazard. Two or three foil strips were seen on the dispensary shelves which were not in their original containers, so it might not be clear what they were and their expiry date and batch number was missing. The pharmacy manager said they would not be used. The medical fridge was very full and disorganised, increasing the risk of selecting the incorrect medicine. Date checking was carried out and recorded electronically. This was audited by head office. Short dated stock was highlighted. Dates had been added to opened to most liquids with limited stability but an open bottle of Sytron solution, which has an expiry date of three months after opening, had not been dated, so it was not clear if this had expired or not. Other expired medicines were segregated and placed in designated bins. The pharmacy was not compliant with the Falsified Medicines Directive (FMD). Team members had not carried out any training and were not currently scanning to verify or decommission medicines. They said they were waiting for further advice from head office. Alerts and recalls were received electronically from the SI office and could also be viewed directly from the intranet. These were read and acted on by the pharmacist or member of the pharmacy team and then action taken recorded.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide, and they are used in a way that protects privacy.

### Inspector's evidence

Current versions of the British National Formulary (BNF), BNF for children, Martindale and Stockleys were available and the pharmacist could access the internet for the most up-to-date information. There was a medical fridge. The minimum and maximum temperatures were being recorded daily and had been within range throughout the month. There was a selection of glass liquid measures with British Standard and crown marks. One measure which was used during the inspection was washed after use, but another measure had clearly not been washed after use and risked contamination. The pharmacy manager said it would not be used and would be thrown away. The pharmacy had two separately marked tablet triangles that were used for cytotoxic drugs. Team members confirmed they had equipment for counting other types of medicines but could not find it. Medicine containers were appropriately capped to prevent contamination.

All electrical equipment appeared to be in good working order and had been PAT tested. Equipment was ordered through pharmacy support centre at head office and any problems with equipment would be dealt with by them. IT support was available through a dedicated support centre. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. PMRs were password protected. Cordless phones were available in the pharmacy so staff could move to a private area if the phone call warranted privacy.

## What do the summary findings for each principle mean?

Finding	Meaning
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.