

Registered pharmacy inspection report

Pharmacy Name: Glasshouse Pharmacy, Glasshouse Lane Medical Centre, Glasshouse Lane, Countess Wear, EXETER, Devon, EX2 7BT

Pharmacy reference: 1030738

Type of pharmacy: Community

Date of inspection: 24/06/2019

Pharmacy context

The pharmacy is located in a GP practice in a residential suburb of Exeter . The pharmacy dispenses NHS and private prescriptions. It also supplies multi-compartment compliance aids for people to use in their own homes. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also offers flu a minor ailments scheme and supplies emergency hormonal contraception.

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	1.2	Good practice	Team members record their errors and review them. They learn from their mistakes and make changes to stop them from happening again.
2. Staff	Standards met	2.2	Good practice	Team members are well trained for their roles. They are regularly assessed to check they are still competent at all required tasks.
		2.4	Good practice	There is a culture of openness, honesty and learning. Team members communicate well and support each other.
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 identifies and manages risk well. Team members record their errors and review them. They learn from their mistakes and make changes to stop them from happening again. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and acts suitably on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy keeps the records required by law. It keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had processes in place to manage and reduce risk. Near misses were recorded on a log. Entries contained a detailed reflection on the cause of the error, the learning points, and the actions taken to prevent a reoccurrence. A daily tick list of tasks was in use, and near miss reporting was included to ensure all staff knew to record errors. Shelf edge labels were used to alert staff to commonly confused products, for example different formulations of drugs that had been incorrectly selected in the past. A trainee dispenser signed labels of medicines in a red pen to alert the pharmacist to take care when checking them.

Dispensing incidents were recorded and reviewed when identified. They were reported using the National Reporting and Learning System (NRLS) when deemed appropriate.

Near misses and dispensing incidents were discussed with the pharmacy team when they occurred. Monthly patient safety reports were completed by the responsible pharmacist (RP) and included a review of all near misses and dispensing incidents. Actions were generated to reduce the risk of errors reoccurring. The outcome of the reviews was shared with team members in monthly patient safety meetings. The owner was also informed of the reviews and shared key learns with the other pharmacy in the group. Recent reviews had encouraged team members to focus more on their work and reduce chatter. Another action had been to rearrange the stock stored on shelves to create more space. This had recently been completed and medicines for diabetes had been relocated.

A record of prescribing interventions was also maintained. These were recorded both on the patient medication record (PMR) and on a matrix.

Standard operating procedures (SOPs) were held in paper format and were up to date and had been read by all staff. They reflected current practice. The owner of the pharmacy completed a competency check on all team members yearly to ensure they were following SOPs. The SOP relating to the responsible pharmacist (RP) activities was seen and the trainee dispenser could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey. 98% of respondents to the most recent survey had rated the pharmacy as very good or excellent. A complaints procedure was prominently display. Following a complaint from a person who was unable to get tablets out of a specific manufacturer's blister packs, a note had been placed on her PMR to ensure she received a different brand.

Professional indemnity and public liability insurance were provided by the NPA with an expiry date of 31 October 2019.

RP records were appropriately maintained and the correct RP certificate was conspicuously displayed. Controlled drug (CD) registers were maintained appropriately. Balance checks were completed monthly, and a random stock balance check was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

Records of unlicensed specials, private prescriptions and emergency supplies were all in order and contained the legally required details.

All staff had completed training on information governance and the GDPR. Patient data and confidential waste was dealt with in a secure manner to protect privacy. Confidential information on prescriptions awaiting collection could not be seen by waiting customers. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated and disposed of appropriately. NHS Smart card use was appropriate. Verbal consent was obtained from patients prior to accessing their summary care record and records were made on PMRs.

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technicians had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. Local contacts for escalating concerns were available. Staff were aware of the signs that would require a referral.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are well trained for their roles and they keep their skills and knowledge up to date. Team members suggest and makes changes to improve their services. They communicate well and support each other.

Inspector's evidence

Staffing was adequate on the day of the inspection consisted of the RP, an accuracy checking pharmacy technician, a pharmacy technician and two NVQ2 trained dispensers, one of whom was a trainee.

The team clearly had a good rapport and felt they could usually comfortably manage the workload with no undue stress and pressure. They communicated effectively and supported each other to complete tasks efficiently. The staff had clearly defined roles and accountabilities and tasks were allocated to individuals daily.

Team members worked set hours each week. Both planned and unplanned absences were covered by staff working additional hours or calling on support from the other pharmacy in the group. The owner could also assist as needed.

Training time was included on the model day document, and all staff were allocated an appropriate amount of time to complete their learning. The trainee dispenser had regular meetings with the RP to discuss her learning and review her progress. All team members had a yearly competence assessment where they were observed and signed off as being able to complete tasks. This helped to identify training needs and development opportunities. Team members used a range of learning resources, such as CPPE materials, materials provided by drug reps and articles from the pharmaceutical press. Copies of certificates of completion of relevant training courses were kept for each member of staff. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

All team members had a yearly performance appraisal. The team also gave each other regular ad hoc feedback and there was a clear culture of openness and honesty.

The staff felt empowered to raise concerns and give feedback to the RP and the owner, who they found to be receptive to ideas and suggestions. They were aware of the escalation process for concerns and a whistleblowing policy was in place. The staff described that they felt supported by the management team.

The RP was not set targets, and he described that all services provided were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was located within a GP practice in a suburb of Exeter. A small retail area led to a healthcare counter, which led through to the dispensary. The dispensary was small but well organised. A room in the GP practice was registered and was used to store competed multi-compartment compliance aids awaiting delivery, and other pharmacy consumables. Only pharmacy team members had access to this room.

The retail areas were clean and tidy, and presented a professional image. The dispensary benches were clear of clutter. The pharmacy was cleaned weekly by team members. Cleaning products were available, as was hot and cold running water.

A consultation room was installed which was large and professional. It could be accessed from both the retail area and the dispensary. It was locked when not in use. No patient details were visible and the computer terminal was locked.

Prescriptions were stored alphabetically in drawers and confidential information was not visible to waiting customers. Conversations could be held in private. The lighting and temperature of the pharmacy were appropriate on the day of the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services well. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. It makes a record of this to show that this advice has been given. The pharmacy obtains its medicines from reputable suppliers. They are stored securely and regularly checked that they are still suitable for supply. The pharmacy deals with medicines returned by people appropriately.

Inspector's evidence

The pharmacy was wheelchair accessible and a hearing loop was available. Adjustments could be made for people with disabilities, such as producing large print labels. Services provided by the pharmacy were advertised on a board adjacent to the medicines counter and the RP was accredited to provide all promoted services.

A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. The technician described how if a patient requested a service not offered by the pharmacy, such as travel vaccinations, he would refer them to a nearby pharmacy.

Baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and multi-compartment compliance aids. The labels of dispensed items were initialled when dispensed and checked.

Coloured stickers were used to highlight fridge items and CDs in schedule 2 and 3 including tramadol. Stickers were also used to highlight the 28 day expiry of prescriptions for schedule 4 CDs. Stickers were also applied to prescriptions containing items that may require additional advice from the pharmacist, such as high-risk medicines or paediatric medicines. The RP described that patients receiving high-risk medicines, such as lithium, warfarin and methotrexate, were given detailed advice on the first dispensing. It was then routinely checked if those patients had had blood tests recently, and the pharmacist gave additional advice as needed. Significant interventions such as incorrect doses were recorded on the PMR.

The RP had completed an audit of patients who may become pregnant receiving sodium valproate as part of the Valproate Pregnancy Prevention Programme. One patient had been identified who met the eligibility criteria for the pregnancy prevention programme. The RP had provided appropriate counselling on the need for suitable contraception whilst taking valproate products. Stickers were available for staff to highlight any people who may become pregnant receiving prescriptions for valproate, and information cards were given to eligible patients at each dispensing.

There was a robust process in place for the preparation of multi-compartment compliance aids for patients based in the community. Each compliance aid had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets were supplied at each dispensing, or with the first compliance aid of four in the case of weekly supply. When required medicines were dispensed in boxes and the trainee dispenser was aware of what could and could not be placed in compliance aids. A record of any changes made was kept on the patient

information sheet, which was available for the pharmacist during the checking process.

Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected.

Stock was obtained from reputable sources including AAH, Alliance, Lexon and Phoenix. Specials were obtained from Quantum. Invoices were seen to this effect.

It was confirmed after the inspection that the pharmacy had the hardware, software and scanners to be compliant with the Falsified Medicines Directive (FMD) regulations. The RP said that packs were not currently being scanned as the majority received from wholesalers were not yet FMD compliant.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every three months. A tracking sheet was completed detailing stock that was due to expire in the coming months. Spot checks revealed no date expired stock or mixed batches.

CDs were stored in accordance with legal requirements in one cabinet. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded.

The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

The delivery service provided to patients based in the community was safe and effective and logs were kept of deliveries made with appropriate signatures. Confidentiality was maintained when obtaining signatures. Additional records were kept for the delivery of CDs. The technician described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable.

Patient returned medication was dealt with appropriately, and a hazardous waste bin was being used appropriately. Confidential patient information was removed or obliterated from patient returned medication.

Records of recalls and alerts were seen and were annotated with the outcome, the date and who had actioned it. Records of recalls were also made on the near miss log and included in the patient safety review.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment and facilities to provide its services safely.

Inspector's evidence

Validated crown-stamped measures were available for liquids. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics.

Reference sources were available and the pharmacy had online access to resources such as the BNF for the most up to date information.

The dispensary sink was clean and in good working order. All equipment was in good working order and was safety tested each year. The blood pressure monitor was replaced yearly.

Dispensed prescriptions were stored alphabetically on shelves. Some bag labels had the potential to be viewed by people being served at the counter. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas.

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.