

Registered pharmacy inspection report

Pharmacy Name: Modbury Pharmacy, 5 Broad Street, Modbury, IVYBRIDGE, Devon, PL21 0PS

Pharmacy reference: 1030769

Type of pharmacy: Community

Date of inspection: 03/10/2019

Pharmacy context

The pharmacy is located in Modbury, Devon. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicines Service (NMS), a minor ailments scheme and the supply of emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance aids to people living in their own homes.

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 generally identifies and manages risks appropriately. It reviews its practices to make them safer and more effective. But, the pharmacy does not record all of its mistakes. So, it might miss opportunities to spot patterns and trends and so reduce the chances of the same things happening again. Staff are clear about their roles and responsibilities. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance for its services. The pharmacy keeps up-to-date records as required by the law. The pharmacy 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. And they take prompt action to do so when needed.

Inspector's evidence

The pharmacy had adequate processes in place to monitor and reduce risks. Near misses were usually recorded on a paper log and contained details of the error, a brief reflection on the cause and the learning points. But reporting or near misses had been sporadic in the previous months. Dispensing incidents were reported to the National Reporting and Learning System (NRLS) and to the company head office with an analysis of the cause. The responsible pharmacist (RP) said that when errors were identified, they were discussed as a team to identify the potential contributing factors.

A monthly patient safety report was completed which contained a review of all near misses and dispensing incidents and led to the generation of an action plan to reduce errors. The action plans generated through the patient safety report were shared with all team members through individual briefings. The last review seen by the inspector had been completed in January 2019.

Following near misses, the storage arrangements of some affected products had been reviewed. Citalopram had been separated from clopidogrel. Shelf edge labels were used at locations of medicines subject to errors, such as tolterodine and tamsulosin. There was a list of look-alike, sound-alike (LASA) drugs on wall, alerting staff to take care when dispensing them.

Standard operating procedures (SOPs) were held online. They were up to date and had been recently reviewed by the superintendent pharmacist. The trainee dispenser logged on to her account and showed that she was in the process of reading through the SOPs. It was noted that she had not yet read the SOPs relating to core dispensing activities. SOPs covering RP legislation were in order. The trainee dispenser could describe the activities that could not be undertaken in the absence of the RP.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey. 98.6% of people completing the most recent CPPQ survey had rated the service provided by the pharmacy as very good or excellent. Following comments that people did not always receive advice on living healthy lifestyles, the RP said that he took every opportunity to give advice on diet, exercise and smoking cessation. During the inspection a person came in to the pharmacy to thank the RP for the advice he had given her the previous week, explaining that her condition had now cleared up as a result. A complaints procedure was displayed in the retail area.

Professional indemnity and public liability insurances were provided by Numark and had an expiry date of 31 July 2020.

RP records were maintained appropriately on the patient medication record (PMR) system, Proscript Connect. The correct RP certificate was displayed. Records of emergency supplies and private prescriptions were also held on the PMR and were in order. Records of the supply of unlicensed special medicines were kept, but certificates of conformity did not always contain the details of what medicine had been supplied to whom. Controlled drug (CD) registers were maintained as required by law. Balance checks were completed approximately monthly. A random stock balance check of Morphagesic 10mg tablets was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and the General Data Protection Regulation. Patient data and confidential waste was dealt with in a secure manner to protect privacy. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Verbal consent was obtained from patients prior to accessing their summary care record and a note was placed on the PMR stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The trainee dispenser had read the safeguarding SOP. Local contacts for the escalation of concerns were available. Staff were aware of the signs requiring referral. The RP described several incidents where he had reported concerns about people's welfare appropriately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members receive training for their roles. They keep their skills and knowledge up to date and are supported in their development. Team members suggest and make changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing levels were adequate on the day of the inspection and consisted of the RP and one trainee dispenser. There was another dispenser who was not working on the day of the inspection. The small team had a good rapport and felt they could manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours.

The pharmacy team reported that they received limited time to learn during working hours. Resources accessed included the Buttercups dispenser training course and revised SOPs. Pharmacy team members received regular ad-hoc feedback on their performance. The RP discussed tasks with the trainee dispenser when she was unfamiliar with them and offered guidance. The dispenser was seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

The pharmacy team felt able to raise concerns and give feedback to the RP and the owners. The trainee dispenser said that she was able to offer suggestions for change to improve the effectiveness of the service provided. She described how she had suggested the creation of a document to provide an audit trail of prescription requests, and that this had now been implemented. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP described that he felt supported by the owner. The RP said that no formal targets were set and that he was able to use his professional judgement to make decisions. He said that he would only undertake services such as Medicines Use Reviews that were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was located on the main street of the rural village of Modbury. A spacious retail area led to a healthcare counter, and through to an appropriately sized dispensary. To the rear of the dispensary was a room used as office space. This area was a little cluttered. A consultation room was available on the shop floor. The room was soundproof and conversations could not be overheard. The consultation room was not locked. There was a sharps bin on the desk and folders containing personal information on the shelves.

The main dispensary was of an adequate size with enough bench space for the assembly of prescriptions. There was a dedicated area for checking. Medicines were stored on shelves alphabetically. Shelves and drawers would be cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services. Cleaning was undertaken by pharmacy staff and the pharmacy was clean on the day of the inspection. The dispensing benches were generally clear of clutter.

To the rear of the building was a lavatory, which was also used to store patient returned medicines. There was also a large open bag containing empty blister packs. The inspector highlighted the potential hygiene issues with blister packs being stored next to the toilet, and they were moved immediately.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. It makes full records of any issues it identifies with people's medicines to show what action has been taken. The pharmacy carries out its services safely and it links with other healthcare providers to ensure the health and well-being of people accessing them. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and regularly checks that they are still suitable for supply. The pharmacy accepts unwanted medicines and mostly disposes of them appropriately.

Inspector's evidence

The pharmacy was accessed from the street by a step and did not have an automatic door. A bell had been installed to allow people unable to access the pharmacy, such as those using wheelchairs, to alert the pharmacy team to their presence. These people were then either served at the door or given assistance to enter the pharmacy, depending on their personal preference. Adjustments could be made for people with disabilities, such as producing large print labels. Services provided by the pharmacy were advertised in the pharmacy and the three regular pharmacists were accredited to provide all promoted services. If these services were requested when a locum RP was on duty, the dispenser said that she would refer people to an alternative provider. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Details of local agencies and support networks were accessed online through the NHS website.

Dispensing tubs 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 those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked. Coloured stickers were used to highlight fridge items and CDs. Prescriptions containing high-risk medicines or medicines requiring additional advice from the pharmacist were also highlighted with stickers. The RP described that he checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Records of results were made on the patient medication record (PMR), as were details of significant interventions. The pharmacy kept a detailed log of signposting referrals. It also kept copies of letters sent to the GP practice on people's PMR to keep an audit trail of requests.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had taken place with affected people and notes were placed on the PMR. Stickers were available for staff to highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible women.

The pharmacy offered a locally commissioned minor ailments scheme and the supply of emergency hormonal contraception. The patient group directions were seen, were signed by the pharmacists providing the service and were in date. The pharmacy also offered both private and NHS flu vaccinations. The RP had a completed declaration of competence. He had recently attended refresher training on injection and resuscitation techniques.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 10 people based in the community. The RP said that there was no current process for assessing the suitability of compliance aids. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a pharmacy advisor was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken regularly and the entire dispensary was checked every three months. Spot checks revealed no date-expired stock or mixed batches. Stock was obtained from reputable suppliers including AAH, Phoenix, Colorama, Munro and Alliance. Specials were obtained through IPS specials. Invoices were seen to this effect. The pharmacy had the software to be compliant with the Falsified Medicines Directive (FMD) but were not currently scanning packs. They were making visual checks on FMD compliant packs of medicines. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned. But the most recent recall was from July 2019. The pharmacy did not have a copy of the most recent recall of bisacodyl suppositories. But there was no affected stock on the shelves.

CDs were stored in accordance with legal requirements in approved cabinets. 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.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The RP 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, and this was found to be adequate.

The pharmacy accepted unwanted and unused medication. Confidential patient information was not always removed or obliterated from patient returned medication. No hazardous waste bin was available for the disposal of cytotoxic and cytostatic medicines.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers are used in a way that protects people's private information.

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. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible and were in date. The dispensary sink was clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves in the dispensary with no details visible to people waiting.

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.