

# Registered pharmacy inspection report

**Pharmacy Name:** Village Pharmacy, 86 Church Lane, Doddinghurst,  
BRENTWOOD, Essex, CM15 0NG

**Pharmacy reference:** 1030955

**Type of pharmacy:** Community

**Date of inspection:** 03/09/2019

## Pharmacy context

The pharmacy is located on a small parade of shops in a village. It dispenses NHS prescriptions and provides Medicines Use Reviews (MURs), New Medicine Service (NMS) checks, and a smoking cessation 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
<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	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 generally identifies and manages the risks associated with providing its services. It generally keeps the records it is required to by law and protects people's personal information well. Team members know how to protect vulnerable people. The pharmacy doesn't record or review all near misses. And this may mean that team members are missing out on opportunities to learn and make the pharmacy's services safer.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available; however, these had not been reviewed in a few years. The superintendent pharmacist (SI) was in the process of implementing new SOPs, which she said would be implemented within the next few weeks. Team roles were defined within the SOPs. Team members had read and signed previous versions of SOPs relevant to their roles.

Near misses were rectified when they were picked up. Near misses were discussed with other members of the team and the pharmacists took steps to prevent reoccurrence. But the near misses were not consistently recorded.

Dispensing incidents were recorded in a book. However, the information recorded was very brief. The SI said that she would ensure new templates were introduced. As a result of past dispensing incidents, the team had reviewed and made changes to the date-checking process.

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and also completed an annual patient satisfaction survey. Both pharmacists said that due to the location of the pharmacy and the number of years they had been at the pharmacy they had built close links with people. As a result of feedback that people wanted more health promotion and smoking cessation services, the pharmacy had enrolled two team members to attend the smoking cessation programme next month. The SI was also looking into offering sexual health services as a few people had asked.

Records for emergency supplies, unlicensed medicines, RP records and controlled drug (CD) registers were well maintained. Private prescription records were generally well maintained but details of the prescriber were missing from most entries. A random check of a CD medicine complied with the balance recorded in the register. CDs that people had returned were recorded in a register as they were received.

The pharmacy had an information governance policy in place, the SI had verbally briefed the team on confidentiality, data protection and ensuring confidential information was kept securely. Both pharmacists had NHS smartcards and had access to Summary Care Records. Consent to access these was gained verbally.

The RP and SI had both completed the level 2 safeguarding training course. The team had been verbally briefed by the pharmacists and would bring any concerns to the attention of the pharmacists. Local safeguarding contact details were available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members for its services. They have the appropriate skills, qualifications and training to deliver services safely and effectively. Team members are supported with completing ongoing training. This helps them keep their knowledge and skills up to date

### Inspector's evidence

At the time of the inspection the team comprised of the RP and a trained MCA (trainee dispenser), the RP said that there were enough team members for the services provided at the time, but if the pharmacy got busier they would need to recruit more staff. The dispenser trainee had only recently started on the course and did not actively take part in any dispensary activity. The superintendent pharmacist came in partway through the inspection.

Team members performance was managed by the SI who completed annual appraisals. The SI sat down with the team member to see how they were doing and discussed if there were any issues or if there were any weaknesses that needed be addressed.

The SI arranged further training if team members wanted to complete some. Twice a year the team went out for a meal and used this opportunity to discuss matters, share concerns, suggestions or give feedback. In between this period, things were discussed as they arose. To ensure all team members were briefed, individuals were briefed as they started their shift.

The MCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She would refer to one of the pharmacists when someone wanted to buy more than one pack of any medicine. She described the way in which she would hand out prescriptions and was aware that CD prescriptions were only valid for 28 days.

To keep up to date team members attended evening training sessions held by manufacturers or external companies. Team members said they had attended training held by Tena for urinary incontinence, as well as different session on pain relief and hayfever. The SI had given each team member a training log book and team members were responsible for recording any training completed and keeping the log up to date. The SI would look at the training log as part of the annual appraisal and used the information from this to identify any gaps in training. One of the MCAs had wanted to progress in her role and had been enrolled on the dispenser training course. Pharmaceutical magazines were also available which team members were able to take home or read during coffee breaks.

The SI was the training supervisor for the dispenser trainee. The trainee completed her training both at home and in the pharmacy and spoke to either of the pharmacists if she was unsure of anything. There were no numerical targets in place for the services offered.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are generally suitable for the pharmacy's services and they are kept secure. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy was clean and tidy. There was limited workspace in the dispensary; this was managed well and kept clear. A clean sink was available. Medicines were arranged on the shelves in a tidy and organised manner. Cleaning was done by the team. The consultation room was generally clean and tidy and allowed for conversations to take place inside which could not be overheard. There was some confidential information held within the room. The RP said that this would be stored in a way so that it was not visible to other people using the pharmacy's services. The room was accessed from behind the medicines counter. People were escorted into the room and were not left unaccompanied. There was a large clear window in the consultation room door. However, people could not see into the consultation room from the shop.

The premises were kept secure from unauthorised access. The room temperature and lighting were suitable for the provision of healthcare. Air conditioning was available to help regulate the temperature.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy largely delivers its services in a safe and effective manner. The pharmacy obtains its medicines from reputable sources, and generally manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts.

### Inspector's evidence

The pharmacy was accessed via a wide door and a small step; team members helped people who required assistance. The RP said that if a person in a mobility aid wanted to come into the pharmacy he would assist them, or some people preferred to be served whilst they waited outside. The pharmacist said that there had only been one person in a mobility aid who had visited the pharmacy in the past year. The pharmacy had the ability to produce large print labels. Team members were aware of the need to signpost people to other providers. Team members used the signposting leaflets for services such as contraceptive services. Details of local walk in centres were also displayed and the team were aware of services provided locally.

The RP felt that the dispensing service had the most impact on the local population as the nearest other pharmacy was approximately three to four miles away and not having the pharmacy in the village would present a problem to local elderly people. Prior to offering new services the pharmacists looked to see what was being offered at the local surgery. The SI said that the surgery had moved into a state-of-the-art building three years prior to the inspection and had introduced a number of new clinics.

The pharmacy dispensed a mix of walk-in and repeat prescriptions. The RP said that it was more convenient for people to have their prescriptions sent electronically and collect it from the pharmacy once it was ready. The pharmacy had an established workflow in place. Baskets were available and used if there was more than one prescription to be dispensed or if it was busy. Prescriptions were dispensed and checked by the RP; if it was busy counter staff bagged the dispensed items. To manage the risks associated with self-checking when it was really busy the RP would take a mental break in between dispensing and checking. The counter assistant also had a look at the prescriptions before handing them out and had spotted near misses in the past.

There was no audit trail on the dispensing labels to show for who had dispensed or checked the medicines; adding initials would help to identify the team member responsible in the event of an error. The SI explained that only two pharmacists worked at the pharmacy and they did not part dispense prescriptions. She added that the RP log would be used to identify which pharmacist had completed the check.

CDs including Schedule 4 CDs were not dispensed until the person presented to the pharmacy to collect. The pharmacists said that checks were carried out when warfarin was dispensed but details were not always recorded.

Both pharmacists had some awareness of the change in guidance around pregnancy prevention for dispensing sodium valproate. Warning labels were not available. The inspector reminded the pharmacists of the requirements.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and

recorded; these were observed to be within the required range for the storage of medicines. CDs were held securely.

Medicines were date checked every three months. The pharmacy did not hold a large amount of stock and the pharmacist said that they routinely rotated stock. Date checking was done by the SI. There were no date-expired medicines found on the shelves checked. The team did not keep any record of date checks carried out. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

The pharmacy had the equipment that it needed to comply with the Falsified Medicines Directive (FMD). The RP said that this was not being used at the time of the inspection as the drivers on the program were incorrect. The software company were aware of the matter and were dealing with this. The pharmacists expected the system to be ready for use within the next few days after the inspection.

Drug recalls were received via email, these were kept in an electronic folder. The last alert which had been checked was for aripiprazole. The SI forwarded all alerts to the RP, when both pharmacists were on holiday emails were sent to the MCA who passed them on to the locum pharmacist covering.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. It maintains its equipment and facilities adequately.

### Inspector's evidence

The pharmacy had glass, calibrated measures, and tablet counting equipment. Separate labelled measures were available for CDs to avoid contamination. Up-to-date reference sources were available including access to the internet. The pharmacy had a fridge of adequate size. Confidentiality was maintained through the appropriate use of equipment and facilities. The computer in the dispensary was password protected and out of view of people using the pharmacy. Confidential waste was shredded.

### 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.