

# Registered pharmacy inspection report

**Pharmacy Name:** The Green Pharmacy, The Green, Great Bentley,  
COLCHESTER, Essex, CO7 8PJ

**Pharmacy reference:** 1031109

**Type of pharmacy:** Community

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

## Pharmacy context

The pharmacy is in the rural village of Great Bentley in Essex. It dispenses NHS prescriptions and sells medicines over the counter. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy administers flu vaccinations during the winter season. There is a popular smoking cessation service. It provides free contraception using the C-Card scheme. The pharmacy assembles medication into multi-compartment compliance packs for some people who need help managing their medicines. It delivers medicines to people in their own homes during the week.

## 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>	Good practice	2.2	Good practice	The pharmacy actively encourages team members to undertake planned learning and development. And it gives them time set aside to do this. Pharmacy team members receive good support to keep their knowledge and skills up to date.
		2.5	Good practice	The pharmacy team members proactively make suggestions and share ideas to help improve how the pharmacy runs.
<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 identifies and manages the risks associated with its services. It records and regularly reviews its mistakes and can show how the team learns and improves from these events. It keeps the records it needs to by law and its team members have clear roles and responsibilities. It asks the people who use the pharmacy for feedback. Team members know how to protect vulnerable people. And they keep people's personal information safe.

### Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed monthly to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. The team had identified a trend with similar packaging and strength errors and had separated similar packets to reduce the risk of mistakes. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. They talked about the learning culture in the pharmacy where mistakes were discussed to reduce future risk.

The pharmacist said that people were particularly complimentary about the long-serving pharmacy team. The pharmacy had added several new chairs in the seating area in response to feedback. People were encouraged to complete the annual NHS survey and the complaints procedure was published in the practice leaflet. The pharmacy had current professional indemnity insurance.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were completed correctly. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. There was evidence that members of staff had read and signed SOPs relevant to their roles.

The records examined were maintained in accordance with legal and professional requirements. These included the private prescription register (for private prescriptions and emergency supplies), and records for the supplies of unlicensed medicines. The CD registers were appropriately maintained. CD running balances were checked routinely. The pharmacy was in the process of ordering an electronic CD register which would support more regular balance checks. There was also a book where patient-returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team had undertaken training about the General Data Protection Regulation and had signed confidentiality agreements.

The pharmacy had safeguarding procedures and team members described the actions that would be

taken in the event of a safeguarding concern. There were contact details available for the local safeguarding team.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback and have regular appraisals to identify any opportunities for development or learning. They are given time set aside for ongoing training and have input into what training they do. This helps keep their knowledge and skills up-to-date.

### Inspector's evidence

There were three regular pharmacists (two full-time and one part-time) and a full-time pre-registration trainee. The pharmacy had two part-time Accuracy Checking Technicians and two full-time trainee technicians. There were two part-time qualified dispensers and one part-time trainee as well as two delivery drivers. All team members had completed or were undertaking accredited training, and several were also trained to work on the pharmacy counter. The pharmacy team was up to date with dispensing prescriptions and routine tasks.

Pharmacy team members completed a different online training package each month to keep their knowledge and skills up to date. Topics included sexual health and erectile dysfunction, winter health, sore throats, headaches and new products. They had the opportunity to complete self-directed learning to develop their knowledge base. They were allocated designated training time for development at work. The pharmacist was aware of the requirements for professional revalidation.

All the staff had annual appraisals which looked at areas where the staff were performing well and areas for improvement or opportunities to develop. Team members said that they felt empowered to make suggestions and implement changes to improve safety. A team member had implemented a new system to manage the monthly repeat batch dispensing prescriptions. This had improved efficiency and workflows and meant that prescriptions were ready for people at the right time. This also helped to manage the day-to-day workload. Another team member had reorganised some of the dispensing stock to make it more readily available. Team members were actively involved in selecting training topics. Targets and incentives were not used in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy had carpeted floors throughout the shop area and vinyl floors in the dispensary, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There were clear workflows in place and a designated checking area which was kept tidy to reduce the risk of mistakes. The pharmacy was tidy with good levels of lighting throughout and used air conditioning to keep medicines at the right temperature. The pharmacy had a dedicated room for preparing multi-compartment compliance packs.

There was a clean, bright and well-maintained consultation room with handwashing facilities and a good level of soundproofing where people could consult pharmacy team members in private. The pharmacy premises were kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from reputable suppliers and stores them properly. Its team members identify and give advice to people taking high-risk medicines to make sure that they are taken safely. And they take the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use. It makes sure that multi-compartment compliance packs for people who need help managing their medicines are dispensed safely. But some packs are missing the required additional information for the medicines in them.

### Inspector's evidence

The pharmacy was accessed via a wide entrance at path level and there was an open layout to assist wheelchair users. Large print labels could be generated on request and the team members had trained as Dementia Friends.

The pharmacy obtained dispensing stock from a range of licensed wholesalers and it was generally stored in a neat and tidy manner in the dispensary. There were several containers of stock which did not have a batch number or expiry date displayed. The pharmacy team agreed that these would be labelled with the required information in the future. Stock was date checked quarterly and there were records to support this. The pharmacy staff were aware of the Falsified Medicines Directive and new scanners were in place. The pharmacy had not yet fully implemented the new system to achieve compliance but had a plan to progress this.

The pharmacy counselled people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about whether they were having blood test related to these medicines. They also provided additional advice to people about how to take these medicines safely. Results from people's blood tests were routinely recorded on the patient's medication record (PMR). The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of all the people they had dispensed valproate containing medication for. They gave appropriate advice to the people identified during the audit. They did not have all the published support materials but ordered these during the inspection.

The pharmacy kept medicines requiring cold storage in a pharmaceutical fridge. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored CDs securely. The pharmacy highlighted each CD prescription to help ensure that medicines were not issued after the prescription was no longer valid.

The pharmacy team dispensed medication into multi-compartment compliance packs for some people who had difficulty managing their medicines. These were disposable, tamper-evident, and had descriptions of the medication included in the pack labelling. The descriptions helped the person or their carer to identify the medicines. The labelling sheets did not contain all the required additional warning information and the team members agreed to add these on to make sure that people had all

the information required to take their medicines safely. The pharmacy routinely supplied patient information leaflets with packs to people. Team members described the process they followed to ensure that any mid-cycle changes to the packs were re-checked to make sure that these were supplied safely. The pharmacy had sheets to record any changes to medication in the packs and to help with effective team communication. The person's GP requested when people should receive their medication in compliance packs. The pharmacy conducted a needs assessment before starting people on the packs.

The driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage. There was a record book with an audit trail to show the medicines had been safely delivered.

The pharmacists had undertaken anaphylaxis training. Medicines that people had returned were clearly separated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for its services and it largely maintains it well. It uses its equipment to help protect people's personal information.

### Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for liquid controlled drugs), and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination. Some of the glass measures had a build-up of limescale from the local hard water and the pharmacy team agreed to clean these. There was a carbon monoxide monitor which was maintained and serviced by the local smoking cessation team.

Fire extinguishers were serviced under an annual contract. All electrical equipment appeared to be in good working order and had been safety tested. There was a locked cabinet to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using designated bags which were sent for secure off-site destruction.

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

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