

# Registered pharmacy inspection report

**Pharmacy Name:** Hutt Pharmacy, 4 The Square, Icen Way, Shrub End, COLCHESTER, Essex, CO2 9EB

**Pharmacy reference:** 1031125

**Type of pharmacy:** Community

**Date of inspection:** 08/10/2019

## Pharmacy context

The pharmacy is in a small parade of shops in the Shrub End Estate in Colchester. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations. 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 homes on five days a week. The pharmacist provides a travel vaccination service using patient group directions (PGDs) and administers flu vaccinations during the winter season. People can ask to have their blood pressure tested and there is a popular smoking cessation service. It offers a range of sexual health services including contraception under the C-Card scheme and emergency hormonal contraception. The pharmacist is an independent prescriber but is not currently using the qualification in practice.

## 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 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 review had identified that labelling errors sometimes occurred there a direction had been changed on a prescription and the previous direction was repeated. The awareness of this prompted the team members to recheck prescriptions against the original document and this had resulted in fewer mistakes. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. They talked about a culture in the pharmacy where mistakes were discussed to reduce future risk.

The pharmacy encouraged people to complete an annual survey and the results of this included comments about the friendly staff who efficiently resolved queries. The pharmacy had introduced an extra chair in the waiting area in response to feedback. 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 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. It had been several years since the SOPs were issued and the pharmacist was in the process of reviewing these. He said that he planned to consult the pharmacy team members to ensure the new procedures were tailored to the needs of the pharmacy.

The records examined were maintained in accordance with legal and professional requirements. These included: the electronic private prescription register (for private prescriptions, veterinary prescriptions and emergency supplies), and records for the supplies of unlicensed medicines. The CD registers were appropriately maintained. 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. The pharmacist had completed level two safeguarding training.

## Principle 2 - Staffing ✓ Standards met

### 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 are provided with feedback to identify any opportunities for development or learning.

### Inspector's evidence

There were two regular pharmacists (one full-time and one part-time) and two full-time trained dispensers. There were also two part-time Medicines Counter Assistants. All pharmacy staff had undertaken training for the medicines counter. The pharmacy was up-to-date with dispensing and other routine tasks.

The pharmacy team undertook regular ongoing learning to keep themselves up-to-date with some learning each month. This had not always been documented but the pharmacist had recently registered all team members with an online learning platform. The pharmacist said that the team were being asked to identify a shared topic each month as well as a self-directed topic. Examples of recent learning included healthy living pharmacy, smoking cessation and bladder weakness. Team members also had the opportunity to attend local training events and the pharmacy allocated specific time in the week to undertake on-site training.

The pharmacy had a small, close-knit team who regularly discussed any areas for concern and opportunities to develop but there was no formal appraisal system in place to support staff. The pharmacist had recently discussed career progression with both dispensers. The pharmacist was aware of the requirements for professional revalidation. Team members said that they felt comfortable about making suggestions to improve services but could not think of any specific examples to demonstrate how a change or improvement had been introduced. 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 vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There was a designated bench for assembling multi-compartment compliance packs. 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. The pharmacy did not actively monitor the room temperature, but the pharmacist said that it never became excessively hot. He said that he would obtain a maximum and minimum thermometer as an additional assurance to demonstrate that medicines were kept at the right temperature.

There was a clean, bright and well-maintained consultation room with a good level of soundproofing where people could consult pharmacy team members in private. The room was kept locked when not in use. 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. It makes sure that multi-compartment compliance packs for people who need help managing their medicines are dispensed safely. Its team members identify and give advice to people taking higher-risk medicines to make sure that they are taken safely. And team members 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.

### Inspector's evidence

The pharmacy was accessed via a single door with a step and the pharmacy team members went out of the shop to help wheelchair users. Large print labels were generated on request. All team members had trained as Dementia Friends. The pharmacist was conversant in Hindi and this helped some members of the Nepalese community to access pharmacy services.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked quarterly and there were records to support this. The pharmacy staff were aware of the Falsified Medicines Directive and the pharmacy was compliant with this.

The pharmacy counselled people on higher-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 and issued the published support materials.

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 its CDs securely. The pharmacy used a label on 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 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 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 record 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 an informal needs assessment before starting people on the packs, but the pharmacist said that a more formal assessment sheet would be beneficial to justify any decision around whether to provide these packs.

The pharmacist had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for handling needles in the pharmacy and had received training in needlestick injury avoidance. The pharmacist checked a national database for every travel vaccination consultation to ensure that the most up-to-date vaccination advice was provided for the area being travelled to.

The pharmacy team left 'missed delivery' notes and had coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage. The pharmacy did not have any audit trail to demonstrate that medicines had been safely delivered and the pharmacist agreed that this would be a good idea. Medicines which 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 generally maintains it appropriately. 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. There was a blood pressure monitor which was replaced every two years in line with the manufacturer's recommendation. One of the glass measures had a thick layer of lime-scale and the dispenser said that they would clean this as a matter of priority. There was an appropriate range of infection control materials such as antibacterial wipes and hand gel. The anaphylaxis kits were available and in date.

All electrical equipment appeared to be in good working order and had been safety tested. Fire extinguishers were serviced under an annual contract. Sensitive records were stored securely, and the patient medication record was password protected. Confidential waste was disposed of using a shredder.

### 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.