

Registered pharmacy inspection report

Pharmacy Name: Oakley Pharmacy, Mitchell's Corner, 10 Oakley Road, Dovercourt, HARWICH, Essex, CO12 4QZ

Pharmacy reference: 1031194

Type of pharmacy: Community

Date of inspection: 18/09/2019

Pharmacy context

The pharmacy is the seaside town of Dovercourt in Essex. It transferred ownership in 2018 and has had a complete refit. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations. People can ask to have their blood pressure tested and the pharmacy offers a 24-hour blood pressure monitoring scheme. The pharmacy assembles medication into multi-compartment compliance packs for some people who need help managing their medicines. It delivers medication to people in their homes on five days a week. The pharmacy administers flu vaccinations during the winter season. The pharmacists are independent prescribers but are not actively practising in that capacity in the pharmacy.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.5	Good practice	The pharmacy team members are actively involved in improving services and procedures in the pharmacy.
3. Premises	Standards met	3.1	Good practice	The pharmacy has been refitted to a high standard.
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 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 pharmacy team members had proactively identified several products which looked and sounded alike and had separated these to reduce the risk of mistakes. They had also stuck labels on the pharmacy shelves to remind other team members of the risk. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. They described a culture in the pharmacy where mistakes were discussed to reduce future risk.

The trainee technician said that people had been particularly complimentary about the refit of the pharmacy which resulted in a clean, clinical and professional environment. While team members had only been in the pharmacy for around a year, they said that they often received compliments from people about their friendliness and how they got to know each person using the pharmacy. The complaints procedure was published in the pharmacy and people were encouraged to complete an annual survey to give their 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 generic SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of 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 pharmacist was in the process of rewriting the SOPs to make them more relevant and bespoke to the pharmacy. And he was using the pharmacy team to help review and rewrite these.

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 balance checks were done regularly. 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 some training about the General Data Protection Regulation and refresher training was planned. 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 ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained or undergoing accredited training. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback to identify any opportunities for development or learning. The pharmacy team members are actively involved in improving services and procedures in the pharmacy.

Inspector's evidence

There was one regular, full-time pharmacist and one full-time trainee technician. There were two part-time, trained dispensing assistants and two trained part-time medicines counter assistants. Dispensary staff had also completed medicines counter training to provide a skill mix in the pharmacy. The team were up-to-date with prescriptions and routine dispensing tasks.

The pharmacy team had a folder where they kept a series of articles and training materials. Team members were given some time in the pharmacy to undertake ongoing learning and kept a record of which modules they had read and completed. The trainee technician was undertaking an accredited course and was exploring the use of an online learning tool to support staff to keep their knowledge and skills up-to-date. The pharmacists were aware of the requirements for professional revalidation. They talked about not prescribing outside of their area of competence and were going to explore opportunities to use their qualifications.

As the pharmacy had been trading for a year under the new management, the team members were about to have their first annual appraisal. Team members explained how they were able to make suggestions and talked about how they had been instrumental in helping to redesign the layout and system in the pharmacy as part of the refit and reorganisation. Team members had used the knowledge and experience they had gained while working in other pharmacies to share ideas and implement systems which they had previously found to be successful. The pharmacist was open to new ideas and was starting to review the SOPs with the help of the team members. 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. The pharmacy has been refitted to a high standard.

Inspector's evidence

The pharmacy had been recently refitted to a high standard and gave a clean, tidy and professional appearance. The pharmacy had laminate and vinyl floors throughout, 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 its medicines at the right temperature. There was a separate area of the dispensary for assembling the multi-compartment compliance packs.

There were two clean, bright and well-maintained consultation rooms with 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. It makes sure that it safely dispenses multi-compartment compliance packs for people who need help managing their medicines. 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. Generally, people get the advice they need to take their medicines safely. But the pharmacy doesn't always ask about the monitoring that some people taking higher risk medicines get. And this could make it harder for the pharmacy to check that these people are getting regular tests.

Inspector's evidence

The pharmacy was accessed via wide door at path level and there an open layout to assist wheelchair users. There was a hearing induction loop to assist people with compatible hearing aids. Larger print labels could be generated on request. The pharmacy team members had trained as Dementia Friends.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and stock 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. Scanning equipment was in place but not yet being actively used to deactivate products on the database. There was a plan in place to progress this.

The pharmacy counselled people on higher-risk medicines such as lithium, warfarin and methotrexate as part of the MUR process but the pharmacists did not routinely ask about whether they were having blood tests related to these medicines. This meant that opportunities to improve safety with these medicines may be missed. The pharmacy team said that they would start making these enquiries routinely. The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. They did not have the published support materials, and these were thought to have been lost during the transfer of ownership. The pharmacist ordered the relevant materials 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 its 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 pharmacy routinely supplied patient information leaflets with packs to people. Team members described the process they followed to ensure that any mid-cycle changes resulted in the whole tray being 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 also 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. Pharmacy staff described a safe procedure for handling needles in the pharmacy and had received training in needlestick injury avoidance. 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 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 and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination. The blood pressure meters for 24 hour and immediate monitoring were maintained and calibrated by an external company.

Fire extinguishers were serviced under an annual contract. All electrical equipment appeared to be in good working order and had been safety tested. Sensitive records were stored securely in the dispensary 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.