

Registered pharmacy inspection report

Pharmacy Name: Andrew D Byers, The Pharmacy, High Street,
MORETON-IN-MARSH, Gloucestershire, GL56 0AL

Pharmacy reference: 1031580

Type of pharmacy: Community

Date of inspection: 19/10/2020

Pharmacy context

This is a community pharmacy in the centre of the popular Cotswold market town of Moreton-in-Marsh. A wide variety of people use the pharmacy but most are elderly. The pharmacy team members dispense prescriptions, sell over-the-counter medicines and give advice. They also supply several medicines in multi-compartment compliance packs to help vulnerable people in their own homes to take their medicines. The pharmacy sells several non-healthcare products and it is open every day. The inspection was carried out during the COVID-19 pandemic.

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's working practices are generally safe and effective. It has made physical changes to reduce the risk of transmission of coronavirus. The pharmacy is appropriately insured to protect people if things go wrong. It mainly keeps the required records. The pharmacy team members keep people's private information safe and they know how to protect vulnerable people. But they could be better at reviewing their mistakes to prevent them from happening again.

Inspector's evidence

The pharmacy team members generally identified and managed the risks associated with providing its services. They had put several physical changes in place, as a result of the COVID-19 pandemic, to reduce the risk of transmission of coronavirus (see under principle 5). The pharmacy had not updated its standard operating procedures (SOPs) with any changes relating to the pandemic, such as, the delivery of medicines to people and dealing with patient-returned medicines during the pandemic. The superintendent gave assurances that he would do this as a matter of urgency. He also gave assurances that he would update the pharmacy's business continuity plan to accommodate any potential issues relating to the current NHS 'test and trace' scheme. The pharmacy had conducted risk assessments of the premises and occupational risk assessments of all the staff. The team members were asked about any potentially vulnerable people in their households. The pharmacy team members were aware that they needed to report any COVID-19 positive test results.

The team members said that they recorded near miss mistakes, that is, mistakes that were detected before they had left the premises. But the near miss log could not be located at the time of the visit. And, it had not been reviewed in the recent past. A dispenser could however demonstrate that, as a result of a recent picking error with the high-risk medicine, rivaroxaban, the 15mg tablets and the 20mg tablets had been clearly separated. Senna tablets had been placed between the two strengths. The pharmacy had had no recent errors where the incorrect medicine had left the pharmacy.

The main dispensary was small but, tidy and organised. There were dedicated working areas including a clear, taped-off checking area. The pharmacy had a separate, spacious room where the dispensary team members assembled and checked the multi-compartment compliance packs. The team members placed all prescriptions and their accompanying medicines into baskets. This reduced the risk of errors.

All the staff knew their roles and responsibilities. A NVQ2 trainee dispenser said that she would refer anyone taking prescribed medicines, but who asked to buy a medicine, to the pharmacist. The medicine counter assistants referred anything that they were unsure of, to the pharmacist. All the pharmacy team members knew that codeine-containing medicines should only be sold for three days use and that they could not hand out any assembled medicines when the pharmacist was off the premises.

The pharmacy team members were clear about their complaints procedure. They had not received any recent complaints. Most of the people who used the pharmacy were grateful for the hard work and dedication of all the staff since the outbreak of the COVID-19 pandemic. As a result of the pandemic, the pharmacy now delivered more medicines to people.

The pharmacy had current public liability and indemnity insurance provided by the National Pharmacy Association (NPA). It mainly kept the required up-to-date records: the responsible pharmacist (RP) log, controlled drug (CD) records, emergency supply records and specials records. The pharmacy recorded its private prescriptions electronically. Some of these did not include the required prescriber details. The pharmacy had fridge temperature records, date checking records, patient-returned CD records and cleaning rotas.

All the staff understood the importance of keeping people's private information safe. But not all of them had read the pharmacy's information governance policy. However, they stored all confidential information securely. The computers, which were not visible to the customers, were password protected. The correct NHS smartcards were seen in the appropriate computers. The pharmacy team members shredded all confidential wastepaper. The pharmacy did not currently offer any face-to-face services but any sensitive conversations took place in the consultation room. People could not be overheard or seen in here. The pharmacy had signed up to the national 'safe space' initiative for victims of domestic violence. It displayed a leaflet about this in its front window and anyone wishing to use the service would be taken into the consultation room.

The pharmacy team understood safeguarding issues. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. The pharmacy had local telephone numbers to escalate any concerns relating to both children and adults.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are flexible and usually cover holidays and sickness. Those in training are supported with their studies. The team members work well together and they are comfortable about providing feedback to their manager and she acts on this. The pharmacy team are kept up to date with information and advice relating to COVID-19. But they don't have formal appraisals and so any gaps in their other knowledge may not be identified.

Inspector's evidence

The pharmacy's current staffing profile was: two part-time pharmacists, one full-time accuracy checking technician (ACT) (the manager) (not seen), three NVQ2 trainee dispensers (30 hours a week), two full-time medicine counter assistants (MCAs), one full-time MCA trainee, one part-time MCA, one part-time MCA trainee and one delivery driver. The dispensers worked 30 hours each week and so had some flexibility to cover both planned and unplanned absences. In addition, the superintendent was usually able to cover any pharmacist absences. Planned leave was booked well in advance and only one member of the dispensary staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

The staff worked well together as a team. The manager monitored the performance of the team members but they did not have any formal appraisals or any formal staff meetings. The team members did feel able to raise issues and concerns with the manager and she acted on these. At the beginning of the pandemic, the staff were apprehensive about the numbers of people being allowed into the pharmacy. Because of this, they had limited the number of people who were allowed to enter at one time.

All the dispensary staff were trainees. They spent an hour each week, during work time, on their courses. The trainees said that they were well supported by the pharmacists. All the pharmacy team were kept informed on current updates and advice regarding COVID-19. The GPhC registrants documented all learning on their continuing professional development (CPD) records. No targets or incentives were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional and is suitable for the services it offers. It is clean, tidy and organised. The premises are thoroughly cleaned to reduce the likelihood of transmission of coronavirus. The pharmacy signposts its consultation room so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The premises presented a professional image. The retail area of the pharmacy was spacious. The main dispensary was limited in size but, tidy and organised. The dispensing benches were uncluttered and the floors were clear. The pharmacy had a separate, spacious, dedicated compliance pack room. The premises were clean. As a result of COVID, the premises were thoroughly cleaned twice each day. The hard surfaces were wiped over more frequently than this. There had been no formal change to the cleaning rota to reflect these changes. The staff used alcohol gel after each interaction with people.

The consultation room was signposted. People could not be seen or overheard in the consultation room. The pharmacy's computer screens were not visible to customers. The telephone was cordless and the staff took all sensitive calls out of earshot. The temperature in the pharmacy was below 25 degrees Celsius and it was well lit.

Principle 4 - Services ✓ Standards met

Summary findings

Most people can access the services the pharmacy offers. It manages its services effectively to make sure that they are delivered safely. The team members make sure that people have the information they need to use their medicines properly. They intervene if they are worried about anyone. The pharmacy gets its medicines from appropriate sources. It stores and disposes of them safely.

Inspector's evidence

People could access the pharmacy but there was a step up to the consultation room. The pharmacy team members could access an electronic translation application for any non-English speakers. The team members could print large labels for sight-impaired people.

The pharmacy was located in the centre of the market town of Moreton-in-Marsh. Most of its prescriptions were electronically transferred from local surgeries and most were for local residents. The dispensary staff initialled the 'dispensed by' and 'checked by' boxes on the labels, so providing a clear audit trail of the dispensing process. The pharmacy currently only offered the New Medicine Service and the Community Pharmacy Consultation Service (CPCS) in addition to the essential NHS services.

The pharmacy had some substance misuse clients who usually had their medicines supervised. Due to COVID-19, all these clients now collected their medicines. The pharmacy had several domiciliary people who had their medicines in compliance packs. The staff kept dedicated folders for these people where they recorded any changes in dose or other issues. The pharmacist referred to these when doing the final accuracy check. The dispensary team assembled the compliance packs in a separate organised room. The assembled packs were stored tidily. The people who received their medicines in compliance packs were said to be vulnerable and most would not cope with their medicines being supplied in original packs.

The pharmacist was seen to counsel a person who had their medicines supplied in a compliance pack. The person said that he had no morning medicines. The pharmacist had concerns that the person was not taking his medicines properly.

The dispensary team highlighted any prescriptions containing potential drug interactions, changes in dose or new drugs to the pharmacist. The pharmacist seen routinely counselled people prescribed high-risk drugs such as warfarin and lithium and also those prescribed antibiotics, new medicines, any changes and any acute medicines. All pharmacy team members were aware of the pregnancy protection programme regarding sodium valproate. The pharmacy currently had no 'at risk' patients who were prescribed sodium valproate.

The pharmacy delivered several medicines to people and the number of these had increased since the outbreak of the pandemic. Because of the pandemic, the delivery driver did not currently ask people to sign for their medicines to indicate that they had received them safely. He knocked or rang the doorbell and left the medicines on the doorstep. The driver retreated and waited until the medicines had been taken safely inside. He annotated the delivery sheets accordingly.

The pharmacy got its medicines from Alliance Healthcare and AAH. Invoices for all these suppliers were available. The pharmacy had a scanner to check for falsified medicines as required by the Falsified Medicines Directive (FMD) but this was not yet operational. It stored its CDs tidily in two safes. Access to the safes was appropriate. The pharmacy had several out-of-date CDs which were occupying valuable space in one safe. These were clearly labelled and clearly separated from usable stock. The pharmacy had no patient-returned CDs. Appropriate CD destruction kits were on the premises. The pharmacy stored its fridge lines correctly and it had date checking procedures. The pharmacy team members were accepting patient-returned medicines. These were placed in a dedicated tote and quarantined for a few days before being placed into the dedicated waste bin. The staff member who accepted the returned medicines wore gloves and washed their hands. The team members placed any medicines, considered hazardous for waste purposes, into a separate dedicated waste bin.

The pharmacy had procedures for dealing with concerns about medicines and medical devices. The pharmacy received drug alerts electronically. They were printed off and the stock was checked. But a recent alert about amlodipine 10mg tablets was not in the folder which was used for storing the drug alerts. The dispenser seen said that she would discuss this with the manager the following day and would ensure that the pharmacy had received and acted on all the latest alerts and concerns.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit-for-purpose. The pharmacy has taken action to reduce the spread of coronavirus with changes to its flow of customers and the use of protective screens and equipment.

Inspector's evidence

The pharmacy had done a risk assessment of the premises with regard to the COVID-19 pandemic. As a result of this, it had created a clearly signposted, one-way direction of flow of people with conspicuous arrows on the floor. The pharmacy had plastic protective screens on some counters. These were flimsy in design and, the barrier at the medicine counter, was small and did not afford much protection for the staff. But the pharmacy had put good measures in place to reduce the number of people waiting in the close vicinity of the dispensary and the medicine counter. Anyone who came to collect their medicines gave their name and address to a staff member at the front of the pharmacy. The procedures were clearly signposted and there was a clear, dedicated counter for this. The team member wrote the name and address of the person on a piece of paper which was attached to a clip board. The team member took the clip board to the dispensary to collect the medicines. A dispenser or the pharmacist checked the details on the bag label against the prescription and against the details on the paper. All the staff wore Type 2R fluid resistant face masks.

The pharmacy used British Standard crown-stamped conical measures. There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. The pharmacy had up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. The staff could access to the internet.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and the staff took any sensitive calls out of earshot. The pharmacy team members shredded all confidential waste information.

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.