

Registered pharmacy inspection report

Pharmacy Name: Wainwright Chemist, 5 Riverside, Bishopstoke, EASTLEIGH, Hampshire, SO50 6LP

Pharmacy reference: 1031692

Type of pharmacy: Community

Date of inspection: 24/05/2019

Pharmacy context

This is an independently run community pharmacy. It is in a residential area on the outskirts of the Hampshire town of Eastleigh. As well as the NHS Essential Services, the pharmacy provides Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal influenza vaccinations, Emergency Hormonal Contraception (EHC), travel vaccinations, anti-malarials and a delivery service. It also supplies medicines in multi-compartment compliance aids to over 60 people and participates in the NHS Pharmacy Urgent Repeat Medication scheme (PURM) and the NHS Urgent Medicine Supply Advanced Service (NUMSAS).

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	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. Its team members identify and manage risks effectively. They log any mistakes they make during the dispensing process. They learn from these and take action to avoid problems being repeated. The team members respond effectively to people's feedback by making changes to improve the quality of its services and they keep people's information safe. In general, the pharmacy's team members understand their roles and responsibilities but should review what they can and cannot do when the pharmacist is absent.

Inspector's evidence

The pharmacy had procedures for managing risks in the dispensing process. All incidents, including near misses, were recorded at the time and reviewed regularly. Records were kept electronically. Staff said that the pharmacist would discuss each near miss with the individual involved, as soon as the mistake came to light, to discuss ways of preventing a reoccurrence. 'look alike, sound alike' drugs (LASAs) including propranolol and paroxetine and omeprazole and omeprazole GR tablets had been the subject of near misses in the past and had been separated on shelves to help prevent the same mistakes. The pharmacist had taken a photograph of several LASAs and had trained staff to look out for them and for other similarly packaged items. The NVQ3 dispenser said that she had been advised to concentrate on the task in hand and not become distracted when dispensing. Following a review of previous incidents, staff now carried out a triple check on all dispensed items. They were also required to carry out additional checks, such as a separate, discreet check of the patient's post code and full name when handing out completed prescriptions.

In general staff worked under the supervision of the responsible pharmacist whose sign was displayed for the public to see. Standard operating procedures (SOP)s had been reviewed recently and staff had read and signed them, including the SOP for handing out prescriptions. However, the pharmacist was absent at the beginning of inspection, and staff were observed to hand out a dispensed prescription. This was in contravention of the SOP and should be done only with the responsible pharmacist present.

The pharmacy team had a positive approach to customer feedback. A previous survey demonstrated a very high level of customer satisfaction. But, people had also fed back that they would like greater promotion of services and opening hours. Since then, the pharmacist had used larger lettering to promote services on the window and had purchased a larger 'closed' sign, so people could see it more easily. He had also updated the website to provide up-to-date information on opening hours and services. The survey had also revealed that a small number of people didn't know there was a consultation room. So, staff were encouraged to promote the consultation room to patients when appropriate.

The team described how they ordered the same brands of medicines for certain people to help with compliance. Customer preferences included the branded Priadel, Instillagel and Clinifast blue line products. The team had added notes to the relevant patient medication record (PMR) as a reminder for staff dispensing and checking them. These preferred brands had been placed on a separate shelf.

The pharmacy had a documented complaints procedure in place. A SOP for the full procedure was available for reference. There was a notice on the wall inviting feedback and asking customers to raise any concerns with the team. The team had also placed a 'suggestions' box on the counter. Customer concerns were generally dealt with at the time by the regular pharmacist and formal complaints were recorded. Details of the local NHS complaints advocacy service and PALs were provided in a customer information leaflet.

The pharmacy had professional indemnity and public liability arrangements. So, they could provide insurance protection for staff and customers. Insurance arrangements were in place until 31 March 2020 when they would be renewed for the following year.

All the necessary records were kept and were in order including controlled drug (CD) registers, and records for the responsible pharmacist. Records for unlicensed 'specials', private prescriptions and emergency supplies were also in order. The pharmacy had records for patient returned CDs. Records of returned CDs were kept for audit trail and to account for all the non- stock CDs which RPs had under their control.

Staff had undergone Information governance training and had read and signed a confidentiality SOP. Discarded labels and tokens were shredded on a regular basis. Completed prescriptions were stored with patient details facing away from the counter and customer area.

The regular pharmacist had completed CPPE level 2 training. Remaining staff had been briefed on the principles of safeguarding and had a SOP to follow. They had also completed dementia friends training. The pharmacy team had not had any specific safeguarding concerns to report. Contact details for the relevant safeguarding authorities were available on display.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload well and team members use their professional judgement to make decisions in the best interests of people. Pharmacy team members work well together. They are comfortable about providing feedback to each other and are involved in improving the pharmacy's services.

Inspector's evidence

The pharmacy had a regular responsible pharmacist (RP) who managed services on a day to day basis. The RP was also the principal director and superintendent. The rest of the team consisted of a NVQ3 qualified dispenser, a trainee dispenser, a medicines counter assistant (MCA) and two trainee MCAs.

On the day of the inspection the RP was supported by a NVQ3 dispenser, a trainee dispenser, a MCA, and two trainee MCAs. The pharmacy was busy in the run up to the bank holiday weekend.

Staff were observed to work as a team, each attending to their own tasks and assisting one another when required. They were up-to-date with the daily workload of prescriptions, and customers were attended to promptly. The pharmacist was observed coaching and assisting his staff.

The dispenser and trainee MCA described being able to raise concerns. They described having regular informal discussions with the pharmacist. The dispenser said she could make suggestions as to how things could be improved. The trainee dispenser was the Healthy Living Pharmacy (HLP) champion and had created a display aimed at explaining effective teeth brushing for children. The trainee MCA was the diabetes and dementia champion. She had undertaken additional training to help and support patients with either condition and would refer to the pharmacist for additional support and advice.

The pharmacist aimed to provide MURs to all patients who would benefit and asked locums to do the same. But, he said that providing these additional services did not pose a risk to the safety of the dispensing service. MURs were only provided where workload allowed.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for the services provided.

Inspector's evidence

The pharmacy was on a small parade of shops in a residential area in the village of Bishopstoke. The premises had a traditional, professional appearance. It had large windows across the front providing natural light and customer areas were tidy and clutter free.

The consultation room was situated to the side of the counter. The pharmacist used the room for MURs, and other services. Customers would be asked if they wanted to use the room if they wanted to talk in private. The pharmacy also had a seating area for anyone waiting.

The dispensary was situated behind the counter. In general, access to the dispensary was restricted to authorised individuals only and at the discretion of the pharmacist. The dispensary had an area of bench space, three to four metres in length, where the main pharmacy computer was, and where most of the dispensing and checking took place. The dispensary was clean and organised with clean sinks, floors, shelves and worktops. The pharmacy had an office in the back-shop area and a fire door to the rear. Compliance aid dispensing took place in the main dispensary unless busy when it would be done in the office. The premises were subject to an annual security audit through which the general security of the premises was assessed as well as the security of its data. The pharmacist had recently reviewed the SOP for business continuity.

The pharmacy stocked a variety of goods including items for health and personal care as well as a range of cosmetics, perfumery, gift items, baby care and household items. Overall, the pharmacy was adequately lit and ventilated with temperature control systems in place and it was suitable for the provision of healthcare services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services safely and effectively and makes its services available to everyone. Staff give people the advice and support they need to help them use their medicines safely and properly. In general, the pharmacy manages its medicines safely and effectively. But, it was not yet scanning products with a unique barcode, as required in law. The pharmacy stores its medicines safely, but its team members could do more to make sure that medicines with a short shelf life left are removed from stock promptly.

Inspector's evidence

The pharmacy promoted its services on its website and on the front window of the premises. It had a small range of information leaflets available for customer selection. Leaflets provided information on services and health related conditions. The pharmacy entrance had a slight ramp to enable wheelchair access. The shop floor area was uncluttered and wide enough for wheelchair users to move around.

There was a repeat prescription collection service and a prescription ordering service. The service was offered to a small number of patients who needed help to manage their prescriptions. Managed repeat prescriptions had a sticker applied to the bag as a reminder for staff to check customer requirements and to reorder what they required for the next time.

SOPs had been signed as read and understood by staff. CDs were audited on a regular basis as per the SOP. A random sample of CD stock was checked during the inspection. The quantity checked was as stated in the register. To provide a dispensing audit trail, dispensing labels were initialled by the person dispensing and the person checking, as per the SOP. However, staff were not complying with the responsible pharmacist SOPs in that they were handing out dispensed medicines when the RP was absent.

The dispensing team had stickers which they could apply to prescription bags where further intervention and counselling was required. A 'W' was added to bags containing warfarin to prompt staff to check if patients had had an INR test since their last prescription. If not, the pharmacist would be consulted to advise the patient or refer for a test. Other stickers were used to highlight fridge items and CDs or for prescriptions containing insulin which also required further intervention or counselling.

Multi-compartment compliance aids were provided for patients who needed them. All patients using compliance aids had been assessed by the RP and their GP. The medication in compliance aids was given a description, including colour and shape, to help people to identify what they were taking. The labelling directions on compliance aids gave the required BNF advisory information to help people take their medicines properly. Medicines summary sheets were created for each person and checked against prescriptions each time. Staff would pursue medication changes with surgeries after being informed that people had been in hospital to ensure that their prescriptions were up to date. Patient information leaflets (PILs) were offered with new medicines and to patients new to compliance aids but they were not provided on a regular basis thereafter.

During the pharmacist's absence the trainee MCA was observed to de-blister tablets ready for dispensing into compliance aids. She was doing so without gloves. The pharmacist said that he had

checked the medication packs before leaving. However, as a dispensing activity, this would generally be done by a dispenser or a dispenser in training. Inexperienced staff would generally be closely supervised by a more experienced and skilled member of the team, to reduce the risk of error.

The pharmacy had procedures for targeting and counselling all patients who may become pregnant taking sodium valproate although they currently had no patients in the at-risk group. The NVQ3 dispenser could locate warning cards, leaflets and the guidance sheet for pharmacists. Packs of sodium valproate in stock bore the updated warning label and there were extra labels for use on split packs. Staff had placed a sticker with the word 'leaflet' in front of stock to prompt them to include a leaflet and warning card with supplies

Medicines and Medical equipment were obtained from: AAH, Alliance Healthcare, Waymade, Sigma, Colorama, and OTC direct. Unlicensed 'specials' were obtained from Thame Laboratories or Freemans. All suppliers held the appropriate licences.

Stock was generally stored in a tidy, organised fashion. A CD cabinet and a fridge were available for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read, recorded and monitored to ensure that the medication in them was being stored within the correct temperature range. Stock was regularly date checked although records weren't kept. Short-dated stock was highlighted with a sticker, but there was a pack of lymecycline capsules on the shelf which had expired the previous month. At the time of the inspection, the pharmacy had recently installed the software for FMD scanning but was awaiting the appropriate scanners. Staff would be trained as soon as the scanners were in place and the FMD scanning process could then begin. The superintendent had produced a SOP for staff to follow.

Waste medicines were disposed of in the appropriate containers for collection by a licensed waste contractor. There wasn't a list of hazardous waste for staff to refer to, but staff obtained one during the inspection.

Drug recalls and safety alerts were generally responded to and records were kept. No faulty stock had been identified in the recent recall for Actavis losartan 50mg and 100mg tablets. However, staff were unaware of the recent recall for Actavis irbesartan and hydrochlorothiazide products and so they signed up to the MHRA email alert system during the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities for the services it provides, and it uses these to keep people's information safe. But, it could do more to ensure that equipment is kept hygienically clean.

Inspector's evidence

The pharmacy had all the necessary facilities and equipment for the services offered. There was a range of crown stamped measuring cylinders and tablet and capsule counting equipment. One measure was kept for CDs and marked at the bottom to identify it and prevent its use for measuring other liquids. And, there was a separate triangle for counting cytotoxic tablets, to prevent cross contamination with other tablets.

Equipment was generally clean and in good order. However, tablet triangles contained a dusty residue and the CD measure contained the watery mains of CD liquid. Not all amber dispensing bottles were found to have been stored with their caps on to prevent contamination with dust and debris.

There were up to date information sources available in the form of a BNF, a BNF for children, the MEP and the Drug Tariff. The pharmacist said he also used the NPA advice line service. Pharmacists also had access to a range of reputable online information sources such as the NHS websites, the Drug Tariff and EMC. He also had a BNF 'app' on his phone.

There were four computer terminals available for use. One in the dispensary, one on the counter, one in the office and one (laptop) in the consultation room. All computers had a patient medication record (PMR) facility, they were password protected and were out of view of patients and the public. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was shredded.

It was noted that staff were using the pharmacist's NHS Smart card when working on computers. Staff use their own Smart cards to maintain an accurate audit trail and to ensure that access to patient records is appropriate and secure.

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.