

Registered pharmacy inspection report

Pharmacy Name: Birchall & Haydock, The Square, Wickham,
FAREHAM, Hampshire, PO17 5JQ

Pharmacy reference: 1031704

Type of pharmacy: Community

Date of inspection: 13/12/2019

Pharmacy context

This is a community pharmacy located in the centre of the village of Wickham, near Fareham in Hampshire. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS) and seasonal flu vaccinations. And, it provides multi-compartment compliance aids to people if they find it difficult to take their medicines on time.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy is not identifying and managing some risks associated with its services as failed under Principle 3. There are risks to members of the pharmacy team, such as health and safety risks, which have not been addressed. The pharmacy's standard operating procedures are not up to date, they have not been regularly reviewed to make sure they are appropriate and reflect current practice
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy has areas of structural damage and dampness near electrical fittings and there is insufficient assurance that they do not present a significant risk to the safe operation of the pharmacy. There is no evidence that the risks presented by this to the health and safety of staff have been adequately assessed. In addition, the pharmacy has inadequate hygiene and infection control for the safe provision of its services as there is no hot water in the staff WC for hand-washing purposes
		3.4	Standard not met	The premises are not secure and safeguarded from unauthorised access as the pharmacy has not taken appropriate action in response to a previous security incident. The pharmacy does not have a functioning alarm and the broken glass panel has not been replaced
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 not all met

Summary findings

The pharmacy does not always operate in a satisfactory manner. It has written instructions to help manage risks. But they are out of date and have not been reviewed for some time. This could mean that staff are unclear on the pharmacy's current processes to follow. The pharmacy team does not formally review its internal mistakes or always record enough detail for all its records. This makes it harder for team members to spot patterns and help prevent the same things happening again. And, they may not have enough information available if problems or queries arise in the future. But members of the pharmacy team understand the need to protect the welfare of vulnerable people. And, they deal with their mistakes responsibly.

Inspector's evidence

Although the pharmacy was relatively well-managed, there were areas for improvement as described under the various principles and some significant concerns seen with the maintenance of the premises (see Principle 3). The workflow was organised and involved prescriptions being processed and assembled on one of two available work spaces in the dispensary before they were passed to the responsible pharmacist (RP). The latter checked prescriptions for accuracy in a designated area. This space, along with the rest of the dispensary was kept clear of clutter. Multi-compartment compliance aids were also assembled from one of these areas. The space available for dispensing processes to take place was limited but still adequate.

Dispensing staff recorded their near misses and details were seen recorded. They described mistakes happening due to distractions and interruptions from serving on the counter, medicines that were similar such as quinine and quetiapine were separated, and dividers were placed between other medicines. Staff stated that their near miss record sheets were sent to the pharmacy's head office for analysis every month and they did not receive any feedback in response. They also described the area manager reviewing and looking at their near misses although the inspector was told that they had only seen him three times in the last year. There were no details seen recorded about the review process. This limited the ability of the pharmacy to demonstrate that mistakes were routinely reviewed, trends and patterns were being identified, and remedial activity undertaken to help prevent similar mistakes.

Incidents were handled by the RP. Her process involved apologising, checking relevant details, rectifying the situation and recording details. There had been no incidents since the RP had worked at the pharmacy although previous records were seen to verify the process. A documented complaints process was present, but this hadn't been updated for some time (see below). There was also no information on display to inform people about the pharmacy's complaints procedure. This could mean that people may not have been able to raise concerns easily.

Staff could identify signs of concern to safeguard vulnerable people and referred to the RP in the first instance. The RP was trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE) and one member of staff was trained to level three through their previous employment. Team members described referring people who were confused to their GP. However, there were no contact details seen for the local safeguarding agencies. This could lead to a delay in the appropriate action being taken and staff were advised to implement this going forward. Staff had been trained on the EU General Data Protection Regulation (GDPR). They separated confidential waste before it was shredded.

Sensitive details on dispensed prescriptions could not be seen from the front counter and there was no confidential material left within the retail area. However, the pharmacy did not inform people about how it maintained their privacy as there were no details on display about this. There was also a risk of access to confidential information from the delivery service (see Principle 4).

The pharmacy held a range of documented standard operating procedures (SOPs) to support its services. Some members of the team stated that they had read and signed some, others stated that they had read and signed them all, sign-off sheets were present to verify this. However, most of the SOPs were dated and marked as reviewed in 2015. This could mean that staff are unclear on the pharmacy's current processes to follow. Team members knew their responsibilities and the tasks that were permissible in the absence of the RP. The inspection took place at lunchtime and an incorrect RP notice was on display. Displaying a correct RP notice is a legal requirement and this meant that people were being provided with incorrect details of the pharmacist in charge at the time. This was discussed with the pharmacist and changed when highlighted. In addition, the RP notice was not visible from the retail space as it was facing the wall during the inspection. Staff were advised to find a more suitable place for this.

Most of the pharmacy's records were maintained in line with statutory requirements. This included a sample of registers seen for controlled drugs (CDs and records of emergency supplies. On randomly selecting CDs held in the cabinet, the quantities held, matched balances within corresponding registers. The team kept records of the minimum and maximum temperatures for the fridge every day and this verified that medicines were stored appropriately here. Staff also maintained a full record of CDs that were brought back by people and destroyed by them. The pharmacy's professional indemnity insurance was through the National Pharmacy Association and due for renewal after 31 March 2020. However, there were gaps in the electronic RP record where pharmacists had failed to record the time that their responsibility ceased, missing details within records of unlicensed medicines and incorrect prescriber details seen recorded in records of private prescriptions.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. And, they have access to training resources. This can help improve their skills and knowledge.

Inspector's evidence

In line with the pharmacy's volume of dispensing, the pharmacy was sufficiently staffed. The pharmacy was currently being run on locum pharmacists. Staff present during the inspection included a locum pharmacist, a pre-registration pharmacist, two full-time dispensing assistants, one of whom was trained and the other was undertaking accredited training with Buttercups as well as a full-time medicines counter assistant (MCA). The team's certificates of qualifications obtained were not seen. The pre-registration pharmacist had commenced his training at this pharmacy in November 2019, there was a training plan in place for him and he described training days taking place at the pharmacy's head office every month. The pre-registration pharmacist was not provided with any set-aside time for his ongoing training, his tutor was the area manager who had been seen by him only once in the last two months.

Counter staff asked appropriate questions before they sold over-the-counter (OTC) medicines. They knew when to refer to the pharmacist and were suitably knowledgeable about OTC medicines. Team members stated that appraisals were an informal process and they recalled being previously asked by their head office to complete paperwork about this. Staff communicated verbally as they were a small team and completed training modules online (through CPPE and Mediapharm) to keep their knowledge current.

Principle 3 - Premises Standards not all met

Summary findings

Parts of the pharmacy's premises have not been maintained in a safe or hygienic manner. This means that it may be putting people who work there at risk of injuring themselves. The pharmacy is generally clean, and it has a private space for sensitive conversations and some of its services.

Inspector's evidence

The pharmacy was located inside a listed building with three floors. The dispensary and shop area were on the ground floor. A stock room, staff areas and a room used by a chiropodist were on the first floor. The second floor was not used. The dispensary was small with adequate space available to dispense prescriptions.

The pharmacy was bright, well-ventilated and professional in appearance. The premises were clean but parts of it required maintaining. An outside panel was broken, the panels over the lights in the retail space were missing. Staff stated that they had fallen off, and they described water leaking through the ceiling, through lights as well as onto light switches in the staff kitchenette area. According to the team, this had been happening for the past two years. This is a potentially hazardous situation. However, this was not observed by the inspector as the inspection took place on a dry day, although water damage in the ceiling of this area was apparent. Staff stated that this had been reported to their head office, but no action had yet been taken. The pharmacy only had access to hot water downstairs and not upstairs in the staff WC.

A signposted consultation room was available by the dispensary entrance and used for private conversations and services. The room was unlocked, of a suitable size for services to take place and there was no confidential information present. However, a sharps bin was present on the floor. There was a potential for unauthorised access and needle-stick injury because of this. Pharmacy (P) medicines were stored behind the front medicine counter and staff were usually within the vicinity to help prevent self-selection of these medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely provides its services in a safe manner. Its team is helpful and tries to ensure everyone can access the pharmacy's services. The pharmacy obtains its medicines from reputable sources. It manages and generally stores them appropriately. But team members don't always identify prescriptions that require extra advice or record any information. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

The pharmacy team ensured their services were easily accessible. Staff provided people who were visually impaired with a magnifying glass or medicines with braille and physically assisted them if required. They used the consultation room or provided written details to help communicate with people who were partially deaf. There was a small step at the front door, a door-bell was present however, this was not working. Team members explained that they assisted people with restricted mobility at the door, as soon as they saw them. There was one seat available for people waiting for prescriptions. The pharmacy's opening hours were on display and there were plenty of paid car parking spaces available in the main market square, outside the pharmacy.

The initial setup for compliance aids involved the person's GP initiating and assessing suitability. Prescriptions were ordered by the pharmacy and cross-checked against people's individual records. If any changes were identified, staff confirmed them with the prescriber and documented the details. All medicines were de-blistered into the compliance aids with none left within their outer packaging. Patient information leaflets (PILs) were supplied routinely. Descriptions of the medicines within them were routinely provided. Mid-cycle changes involved retrieving the compliance aids, amending them, re-checking and re-supplying them. Compliance aids were not left unsealed overnight.

The pharmacy provided a delivery service and maintained audit trails to verify this. CDs and fridge items were highlighted and checked prior to delivery. However, prescriptions for CDs were taken out on delivery. There was a risk that they could be inadvertently lost, and the pharmacy was advised to use a different method to verify the supply of CDs. The driver obtained people's signatures when they were in receipt of their medicines. However, there was a risk of access to confidential information from the way people's details were laid out on the driver's signature sheet. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

During the dispensing process, the team used baskets to hold prescriptions and medicines and this helped to prevent the inadvertent transfer of items. A dispensing audit trail was used to identify staff involved. This was through a facility on generated labels. Dispensed prescriptions awaiting collection were stored alphabetically within a retrieval system. Details about fridge items and CDs (Schedules 2-3) were highlighted. Counter staff could not easily recognise Schedule 4 CDs or their 28-day prescription expiry and although uncollected prescriptions were checked every month or every few months, routinely identifying all CDs as best practice was discussed during the inspection.

Staff were aware of the risks associated with valproates and there was literature available to provide to people at risk. According to staff, no females at risk were identified as having been supplied this

medicine. The pre-registration pharmacist described checking doses when prescriptions were seen for higher-risk medicines and brought issues to the attention of the pharmacist. However, prescriptions for these medicines were not routinely identified, people were not regularly counselled, and relevant parameters were not routinely checked. This included checking the International Normalised Ratio (INR) levels for people prescribed warfarin, for people receiving deliveries and compliance aids. There were also no details being documented that could help verify if this had taken place.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH and Phoenix. Alliance Healthcare was used to obtain unlicensed medicines. Not all staff were aware of the process involved for the European Falsified Medicines Directive (FMD) and the pharmacy was not yet set up or complying with the process.

Medicines were stored in an organised manner. The team used a date-checking schedule to demonstrate when this process took place, medicines were date-checked for expiry every three months. Short-dated medicines were identified. There were no date-expired medicines or mixed batches seen. Medicines were stored appropriately in the fridge and CDs were generally stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day. Drug alerts were received via email, the team checked stock, acted as necessary and records on the pharmacy's email system were seen to verify this. There were designated containers to store unwanted medicines that people had returned to the pharmacy for disposal. This included separate containers for hazardous or cytotoxic medicines and a list to assist the team in identifying these medicines. People returning sharps for disposal, were referred to the local council. Returned CDs were brought to the attention of the RP, details were noted, the CDs were segregated and stored prior to destruction.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. The pharmacy uses its facilities appropriately to protect people's privacy.

Inspector's evidence

The pharmacy had current versions of reference source, a range of clean, crown stamped conical measures for liquid medicines with separate measures for methadone, counting triangles including a separate one for cytotoxic medicines, a legally compliant CD cabinet and a fridge. There was a sink in the kitchen area and another in the dispensary. The dispensary sink was not used and had been covered with a lid from a tote. The former was used to reconstitute medicines and was clean. The blood pressure machine was described as having been replaced recently. Computer terminals were positioned in a manner that prevented unauthorised access. Staff used their own NHS smart cards to access electronic prescriptions and took them home overnight or stored them securely. A shredder was available to dispose of confidential waste.

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.