

Registered pharmacy inspection report

Pharmacy Name: Village Pharmacy, 3 - 4 Stubbington Green,
FAREHAM, Hampshire, PO14 2JQ

Pharmacy reference: 1031707

Type of pharmacy: Community

Date of inspection: 02/05/2019

Pharmacy context

This is a community pharmacy located along a parade of shops in Fareham in Hampshire. A range of people use the pharmacy's services. The pharmacy dispenses NHS and private prescriptions. It also offers some services such as Medicines Use Reviews (MURs) and the New Medicines Service (NMS). And, it supplies some people with their medicines inside multi-compartment compliance aids, if they find it difficult to take their medicines on time.

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 manages some risks effectively. When things go wrong, pharmacy team members deal with their mistakes responsibly. But, they are not recording all the details. So, they may miss opportunities to prevent the same mistakes being repeated. Not all the pharmacy's team members understand how to protect the welfare of vulnerable people. So, they may not know how to respond to concerns appropriately. The pharmacy displays the incorrect responsible pharmacist notice. This makes it difficult for people to know who is responsible, and it doesn't meet legal requirements. The pharmacy is maintaining its records that must be kept. But, these are not always made in accordance with the law. This means that team members may not have all the information they need if problems or queries arise.

Inspector's evidence

The pharmacy informed people about its complaints procedure. The practice leaflet was also on display in the retail area alongside a policy on how the pharmacy protected people's confidentiality. The pharmacy's workload was manageable. There were distinct areas where staff assembled prescriptions, Monitored Dosage Systems (MDS) and where the Responsible Pharmacist (RP) conducted the final check of prescriptions. The latter was kept clear of clutter.

Staff described segregating medicines with similar packaging and used different brands of medicines when different strengths were required. This helped to prevent mistakes occurring. The team were not recording near misses or analysing these. The pharmacy manager explained that once identified, these were highlighted to the team and rectified at the time. He described highlighting trends seen such as similar packs of fexofenadine and CoaguChek test strips.

Incidents were handled by pharmacists. The process involved using the consultation room, checking details, attempting to resolve the situation, investigating, providing written communication to the person involved, making staff aware and documenting details.

A range of electronic Standard Operating Procedures (SOPs) were available to support services. These were not easily accessed, by the pharmacist manager, as he could not retrieve the full range at the inspection. However, the owner was able to show the inspector the electronic SOPs upon his arrival. Staff had read and signed SOPs, but the sign-off sheet could not be located to verify this. Following the inspection, the owner has confirmed that a documented range of SOPs has subsequently been provided to the team and he will ensure that the staff re-read and sign them.

The pharmacy team described using the consultation room if privacy was required. They shredded confidential waste and were trained on the EU general Data Protection Regulation (GDPR). This was through completing an online quiz from the National Pharmacy Association (NPA). Bagged prescriptions awaiting collection were stored in a location where sensitive details could not be viewed from the retail area. The pharmacy manager described accessing Summary Care Records for queries with medicines. Consent to access people's records was obtained verbally.

The team were trained as dementia friends. Some staff were not trained and could not identify signs of concern to safeguard vulnerable people. On prompting, they would refer to the RP in the first instance.

Pharmacists were trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). Staff were unaware of where to access relevant local contact details and policy information. An incorrect RP notice was on display. This was changed at the inspection once it was highlighted by the inspector.

Records of the maximum and minimum temperature were maintained to verify appropriate cold storage of medicines. Staff maintained a complete record of Controlled Drugs (CDs) that were returned for disposal. Records of private prescriptions, most emergency supplies and records of unlicensed medicines, in the main were held in line with statutory requirements. Odd records of emergency supplies were seen recorded as “waiting” for unlicensed medicines. The inspector was told that when unlicensed medicines required ordering, the pharmacy processed them as emergency supplies. This practice was not an emergency supply as the team should have been processing these as owed medicines. This was discussed at the time.

There were odd gaps in the electronic RP record where pharmacists had failed to record the time that their responsibility ceased. A sample of registers were checked for CDs. Balances were checked with every transaction and for methadone, overages were checked, and details documented when this was received. On randomly selecting CDs held in the cabinet (Zomorph, Mezolar, Shortec), their quantities, matched balances within corresponding registers. However, there were odd crossed out entries, overwritten records and only the prescribers surname recorded for entries within the methadone register. There were also crossed out entries seen in some CD registers with amendments that had not been annotated fully. The pharmacy held appropriate professional indemnity insurance. This was with the NPA and due for renewal after 31/05/19.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members understand their roles and responsibilities. They are provided with resources to complete ongoing training. This helps to ensure that their skills and knowledge are kept up to date.

Inspector's evidence

The pharmacy dispensed between 14 – 18,000 prescription items every month, around 100 people received their medicines inside MDS trays and 6 people were provided medicines from instalment prescriptions.

The team consisted of two pharmacists, one of whom was the pharmacy manager, a pre-registration pharmacist, five dispensing assistants, two of whom were undertaking accredited training with the NPA, a delivery driver and four trained Medicines Counter Assistants (MCA's). Contingency arrangements for staff absence involved the team covering one another. The pharmacy was currently recruiting for staff. The owner was seen at the end of the inspection.

Some of the team's certificates of qualifications obtained were seen. In the absence of the RP, staff knew which activities were permissible by law. They used an established sales of medicines protocol before selling over-the-counter (OTC) medicines, referred to the RP when unsure or when required and demonstrated sufficient knowledge of OTC medicines.

The pre-registration pharmacist was provided with protected time at work and attended training sessions every month. Staff in training completed course material at home and at work, as and when it was possible. They were managing to complete course material in a timely manner. To assist with training needs, team members regularly completed various online modules and topics. These were through online providers such as CPPE and virtual outcomes. Staff maintained their own training files, they also described attending training sessions, taking instruction from pharmacists and the owner and they used material provided by pharmaceutical company sales representatives to keep their knowledge current.

Team meetings were held as and when required. A noticeboard and regular discussions between the manager and staff helped to convey relevant information. The inspector was told that there was no appraisal system in place for the team and staff had not received any performance reviews. After the inspection, the owner verified that performance reviews were not provided as he met the team frequently, in a social capacity and held meetings with them to raise any issues. This included identifying training needs. Performance reviews were only conducted if the company felt that a member of staff was not reaching their full potential, a review was then required to set targets and to help the individual to attain them. There were no formal targets in place to achieve services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean and secure. The pharmacy provides a suitable and professional environment for the delivery of its services. But, people can see confidential information in the consultation room. This means that the team may not always be keeping other people's private information safe.

Inspector's evidence

The premises consisted of a large and well-maintained retail space, an equally spacious dispensary located behind with separate work stations that enabled MDS trays, walk-in and electronic prescriptions to be dispensed separately. On one side of the front counter, there was a signposted consultation room and on the other, a segregated space used solely to store bagged prescriptions awaiting collection. Other areas included a lockable shed, stock room and staff WC/kitchenette area.

The pharmacy was clean and bright. It was well ventilated with temperature control systems in place. The pharmacy was professional in appearance and its fixtures and fittings were modern. The consultation room was of a suitable size to provide services and private conversations. There were two entrances into the room, one was from the dispensary and the other from the retail space. The latter was kept unlocked. There was confidential information accessible here. On two occasions when the inspector entered the room, the computer terminal was left open on the pharmacy's system. This meant that sensitive information about people was freely accessible.

Following the inspection, the owner confirmed that the staff had been asked to keep the consultation room closed at all times until the space was needed and that the computer screen normally switched off after five minutes, if no activity was detected. Reducing this time frame to two minutes, was being looked at.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources, stores and manages most of its medicines appropriately. It takes the right action if any medicines or devices need to be returned to the suppliers. In general, members of the pharmacy team ensure their services are provided safely. But, they don't always highlight prescriptions that require extra advice or record information when people receive some medicines. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. The pharmacy delivers prescription medicines safely to people's homes and keeps records of this. But, it could lose some prescriptions if these are taken out on delivery.

Inspector's evidence

People could enter the pharmacy through an automatic front door that opened at street level. The clear, open space inside the pharmacy, along with its wide aisles further facilitated easy access for people requiring wheelchair access. There were four seats available for people waiting for prescriptions, a free car park to one side with parking spaces also available along the shopping parade. To assist people who were partially deaf, the team described using a quiet area or the consultation room, providing written information, speaking clearly so that they could lip read and using gestures.

There was a section on one side of the retail space where people could find advice and support. This area contained a range of leaflets and information about carers as well as about other organisations. In the main, the team used baskets to hold prescriptions and medicines to prevent any inadvertent transfer. Walk-in prescriptions were observed being dispensed directly onto the front bench, some space was left between each prescription and when the RP came to conduct the final check, as part of her process, she placed medicines into baskets before bagging.

Staff used a dispensing audit trail to identify they were involved in processing prescriptions. This was through a facility on generated labels. The team were aware of risks associated with valproate. The pharmacy held guidance material and literature to provide to people. Prescriptions for females of child bearing potential were flagged to the pharmacist. An audit had been conducted to identify if this medicine had been supplied to anyone at risk. A few people were identified, and intervention occurred.

MDS trays were set up for people after staff assessed suitability and they liaised with the person's GP. The dispensing assistant in charge of assembling trays described providing trays only to people who were struggling to take their medicines on time, she liaised with representatives, carers or family members to assess how well they were coping and once they were set up on the process, she advised them accordingly. The pharmacy team ordered prescriptions on behalf of people and cross-checked details against individual records. There was a schedule in place to help monitor the overall process. If changes were identified, staff confirmed these with the prescriber, they documented details onto records and maintained audit trails to verify this.

Descriptions of medicines within trays were provided. Patient Information Leaflets (PILs) were initially only supplied with new medicines or changes to people receiving MDS trays. After discussing the legal requirements of this, the dispensing assistant immediately changed the pharmacy's process to ensure PILs were supplied or people were contacted to check whether these were required every month. Details of this conversation were subsequently documented. The team did not leave trays unsealed overnight. All medicines were de-blistered into trays with none left within their outer packaging. People

prescribed warfarin that received trays were provided this medicine separately. Mid-cycle changes involved retrieving the old trays and either amending or supplying a new set of trays.

Some medicines to be included in trays were seen removed from their original packaging, de-blistered and placed as loose tablets inside their original packaging. These were left inside a cabinet for people with trays who were currently in hospital. After discussing the risks associated with this practice, these were immediately disposed of by staff.

The team kept records to verify when and where medicines were delivered. CDs and fridge items were highlighted and checked prior to delivery. The driver took prescriptions for CDs with them whilst they were out on delivery. Failed deliveries were brought back to the pharmacy and notes left to inform people about the attempt made. The driver did not leave medicines unattended. Signatures from people were obtained once they were in receipt of their medicines.

Once prescriptions were assembled and checked, they were attached to bags. The team could identify fridge items and CDs (Schedules 2-3) as stickers were used. They described checking uncollected prescriptions every week and removed them every three months. Schedule 4 CDs were not marked in any way to indicate their 28-day prescription expiry. However, counter staff could still identify some of these CDs.

Prescriptions for people prescribed higher-risk medicines were not seen to be marked in any way to allow routine counselling to occur. The inspector was told by staff that no routine checks occurred, relevant parameters were not checked and details were not seen documented. This included asking about the International Normalised Ratio (INR) level for people prescribed warfarin. However, the owner stated that people were asked to bring in their yellow books but few people complied with the request. The pharmacy had also tried to work in conjunction with the GP practice to encourage people to share their INR readings, but this had not proved successful.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, Phoenix and AAH. Colorama was used to obtain unlicensed medicines. The pharmacy was not fully set up to comply with the European Falsified Medicines Directive (FMD). Relevant equipment had been ordered.

Medicines were stored in an organised manner. The team identified short dated medicines using tabs/stickers and brought medicines approaching expiry to the front. A date checking schedule was in place, medicines were date checked for expiry every three months. There was no date expired medicines or mixed batches seen. Liquid medicines (except for methadone) were marked with the date that they were opened. In general, CDs were stored under safe custody. Keys to the safe were maintained during the day in a manner that prevented unauthorised access. Overnight storage was discussed during the inspection.

The pharmacy used appropriate containers to hold medicines that were brought back by people for disposal. These were collected in line with the pharmacy's contractual arrangements. People bringing back sharps to be disposed of, were referred to the local council. Returned CDs were brought to the attention of the RP, details were entered into the CD returns register, they were segregated and stored in the cabinet prior to destruction. Drug alerts were received by email, stock was checked, and action taken as necessary. An audit trail was available to verify this process.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs, to provide its services safely.

Inspector's evidence

The pharmacy held a range of current reference sources. There were clean, crown stamped, conical measures for liquid medicines and a tablet counting machine was present. This was calibrated before use. The dispensary sink used to reconstitute medicines was clean. Hot and cold running water was available with antibacterial hand wash present.

Medicines requiring cold storage were stored at appropriate temperatures within medical fridges. Computer terminals were positioned in a manner that prevented unauthorised access. Staff used their own individual NHS smart cards to access electronic prescriptions. These were stored securely overnight. CDs were stored in a large and heavy steel safe. The safe had previously been certified for the storage of CDs by the police, its certificate had expired. This was discussed at the time.

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.