

Registered pharmacy inspection report

Pharmacy Name: Stone Pharmacy, St. Alfred's Place, Swinefleet Road, GOOLE, North Humberside, DN14 5RL

Pharmacy reference: 1032038

Type of pharmacy: Community

Date of inspection: 24/07/2019

Pharmacy context

The pharmacy is in Goole, North Humberside. And it is next door to a small GP surgery. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides NHS services such as a substance misuse service.

Overall inspection outcome

✓ **Standards 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 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 generally manages risks to its services. The pharmacy mostly keeps the records it needs to by law. And the pharmacy team members know how to protect the safety of vulnerable people. The pharmacy has some procedures for pharmacy team members to follow. But these are not regularly reviewed. And so the pharmacy's procedures may be out of date.

Inspector's evidence

The pharmacy and retail area and pharmacy was small. The pharmacy had a set of standard operating procedures (SOPs). These were out of date and had last been reviewed in November 2011. This means there is a risk that pharmacy procedures may not be up-to-date. And the pharmacy team may not be working consistently. The manager said that these were the previous owners' SOPs. And had been signed as authorised by the previous superintendent. He contacted the superintendent (SI) by telephone and was told that the SI was in the process of updating the SOPs.

There was a blank near miss log on the wall. The manager advised that they were a small team. And near misses were not recorded. But were discussed when they occurred. There had been some changes made following a near miss, such as the separation of the cyanocobalamin and the cyclizine. The manager had been in post since April. And he was not aware of any dispensing errors made since then.

The pharmacy team members advised that they would refer any complaints to the manager. People were generally happy with the service they received. The community pharmacy patient questionnaire indicated that 98% of people were happy with the service they received. Some people had voiced their concern about the time taken to get their completed prescriptions. One of the changes made to help to alleviate this was introducing a new retrieval system. And this meant that the pharmacy team could locate completed prescriptions more efficiently.

The pharmacy had up to date insurance arrangements in place. The pharmacy used a book to record private prescription supplies. There were three private prescriptions from March which had not been entered into the private prescription book. The manager advised that he would write these up straight away. The responsible pharmacist (RP) sign was not displayed. There was a dual procedure for the RP to sign in. The manager signed in electronically and there was a book that locum pharmacists used. A

sample of controlled drug (CD) registers were looked at and were in order. And entries were in chronological order. Running balances were maintained. A register was maintained of CDs returned by patients for destruction and was up to date. The unlicensed special records file was not readily available. There was a book which contained entries from 2018. The manager said that he did not think that there had been any unlicensed medicines supplied since 2018.

There was an information governance file. Members of the pharmacy team had not received training on this. There was a procedure for segregating confidential waste ready for shredding. But on the day of the inspection there was a small amount confidential waste in the general waste bin. The pharmacy team members said that they were aware of the correct procedure and the importance of keeping patient information private. And were unable to explain how this had happened on this one occasion. The pharmacy team members said that they would speak to the manager if they had any concerns about a child or vulnerable adult. The team thought that there were local contact details in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team and both the dispensers work well together. The pharmacy holds regular meetings and so team members have the opportunity to raise ideas to improve services. But they didn't have a formal training plan. So they may miss the opportunity to improve their knowledge and skills.

Inspector's evidence

The pharmacy team, on the day consisted of the RP who was the manager. And he been in post since April 2019. There were also two dispensers. The pharmacy team thought that they were struggling sometimes when there was only one dispenser was working with the manager. And his happened two days a week. The manager discussed the situation with the SI. And a new member of staff has been employed who starts next week.

Members of the pharmacy team received no planned ongoing training. And none of the dispensary staff had completed any training to help provide services. The pharmacy was not a healthy living pharmacy. The pharmacy team had discussions about tasks that needed completing. And about dispensing incidents. There were no notes taken at these discussions. The pharmacy team members had not had a performance review since the pharmacy changed hands in February. They thought the manager was approachable and they could make suggestions for change to improve services. There were no targets set for services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and it is a suitable environment for providing pharmacy services. It has an adequately sized consultation room suitable for people to have private conversations with the pharmacist. The pharmacy has an overall professional image. But there are some outstanding maintenance issues.

Inspector's evidence

The outside of the pharmacy was overall professional but in a relatively poor state of repair. The brick work and the decorative tiles were falling off the wall. This did not appear to be an immediate health and safety risk. The sink area was untidy. And both domestic grade fridges were not clean and tidy. There was foodstuff stored in both. The work surfaces were untidy and cluttered. And this made maintaining an effective workflow difficult.

There was an adequately sized consultation room. But this wasn't signed. So, people may not be aware that there was a place available to discuss private information. The door was unlocked at the time of the inspection. No patient confidential information was accessible. The pharmacy's premises were appropriately safeguarded from unauthorised access.

There was adequate heating and lighting throughout the premises. And running hot and cold water was available.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The services are generally well managed. The pharmacy gets its medicines from reputable suppliers. And it mostly stores and manages its medicines appropriately. The pharmacy has suitable processes to deliver medicines to people's homes. And it asks people to sign for their medicines on receipt. So, it has an audit trail in case of queries. The pharmacy processes may not always identify people who take higher-risk medicines. And this may mean that these people do not always get the information they need to help take their medicines safely.

Inspector's evidence

There was a small lip into the pharmacy. And it was possible for wheelchairs to access the pharmacy. The pharmacy supplied medicines in multi-compartment compliance packs to people. A sample of these were looked at and there were no dispensed and checked by initials on the completed packs. Also, the patient information leaflets are not supplied routinely with the patient packs. This could mean that people are not given up to date information to take their medicines safely. A delivery service was offered. The driver had a delivery sheet which people signed when they received their medicine. There was an additional book for controlled drug (CD) deliveries. And people signed the sheet on receipt of their CD. These were retained in the pharmacy.

There were no practice leaflets available at the time of the inspection. This could mean that people are not aware of the services offered by the pharmacy. A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers. Stock requiring refrigeration was stored at appropriate temperatures. Electronic records were maintained to ensure temperatures were within the appropriate ranges. A controlled drugs cupboard was available for the safe custody of controlled drugs. The cupboard was appropriately secured. There were a lot of expired controlled drugs. Some of these were from 2016. These were inadequately segregated to prevent mixing up with stock for patient use.

There were no records to show the dates pharmacy stock was date checked. The pharmacy team members said that they sometimes highlighted short dated items. And they checked the date when putting stock away on the shelves. And as they dispensed an item. Short dated items such as Risperidone 2mg were found on the shelf. These were out of date in August 2019. This could increase the risk that out of date items might be dispensed to people. There were liquids on the shelf which had been opened. But were not marked with the date of opening. This meant that checks could not be done to ensure the medicine was safe to re-dispense to people.

When handing out high risk medicines the RP said that he sometimes asks patients collecting their warfarin about their INRs and monitoring arrangements. But records of such conversations were not always maintained. The RP was unfamiliar with the pregnancy prevention program or the guidance and information that needs to be provided to women who received sodium valproate. As far as he was aware the pharmacy had not completed an audit. The pharmacy team were unsure if the sodium valproate information leaflets and cards had been received. This may mean that patients are not provided with the information and advice they need under the pregnancy prevention programme (PPP).

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication. The manager said that the pharmacy had not yet adjusted to meet the Falsified Medicines Directive (FMD). The manager was aware that the company was looking into this but was not sure where they were with it. There were no FMD SOPs in place. And members of the pharmacy team had not received training. This may have reduced the ability of the pharmacy to verify the authenticity of its medicines. The pharmacy team received alerts by post to the pharmacy when drug recalls of medicines or medical devices were necessary. The manager thought that these were actioned. But he was unsure if these were filed and retained. So, he may find it difficult to show that the pharmacy had taken the right steps to keep people safe in the event of a future query.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Equipment required for the delivery of pharmacy services is readily available. And the pharmacy stores and uses this equipment in a way that protects the privacy and dignity of people.

Inspector's evidence

Up to date reference sources were available and included the BNF and BNF for Children. There was access to the internet which was used for a range of uses including leaflets for patients and PharmOutcomes. A range of CE quality marked measures were in use which were cleaned after use. The pharmacy also had a range of equipment for counting loose tablets and capsules with a separately marked tablet triangle that was used for cytotoxic drugs. Tweezers and gloves were available. There was a first aid kit. The CDs were stored in a CD cabinet which was securely bolted in place. The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Access to patients' records restricted by Smart cards. Medication awaiting collection was stored out of view and no confidential details could be observed by customers. Prescriptions were filed in boxes out of view of patients keeping details private.

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.