

Registered pharmacy inspection report

Pharmacy Name: Stevenson; F.F. & R., 389a James Reckitt Avenue,
HULL, North Humberside, HU8 0JE

Pharmacy reference: 1032099

Type of pharmacy: Community

Date of inspection: 04/07/2019

Pharmacy context

This small independent pharmacy has been providing services to the local community for over 70 years. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It supplies medicines in multi-compartmental compliance packs designed to help people remember to take their medicines. And it delivers medicines to people who are housebound.

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 has processes in place to manage the risks associated with the services it delivers. The pharmacy advertises how people can provide feedback about its services. Pharmacy team members follow procedures and understand their roles and responsibilities. They know how to protect vulnerable people. And they keep people's information secure. But it does not always record some of its risk management strategies, such as date checking. This means it may be difficult for the pharmacy to monitor the time between these checks. It generally keeps all records it must by law. But some gaps in these records occasionally result in incomplete audit trails.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The pharmacy owner documented an annual review of the SOPs. Details of staff roles and responsibilities were included within the SOPs and a pharmacy team member confirmed staff she had read them. But pharmacy team members had not signed the procedures to confirm this. One member of staff was on duty with the responsible pharmacist (RP) during the inspection. She discussed her role in the pharmacy and had a clear understanding of the tasks which could not be completed if the RP took absence from the premises.

Workflow was organised with separate work bench space used for labelling, assembly and accuracy checking tasks. The RP completed most dispensing processes himself. He demonstrated how he worked to manage risk during the dispensing process. For example, medicines were labelled, picked and assembled. The RP then placed these on top of the relevant prescription form in an organised manner on a designated work bench. When a person attended to collect their medicine, the RP undertook the final accuracy check and asked another member of staff to read through the prescription, label and box with him. If the RP accuracy checked and bagged the medicine prior to a person collecting, he would check the contents of the bag again prior to hand-out.

The pharmacy had a procedure in place for reporting near-misses and dispensing incidents. The RP explained near-misses were rare and these were managed through regular stock placement reviews to help minimise the risk of picking error during the dispensing process. The pharmacy had recently put a record in place to formally record near-misses. None had been recorded to date. The owner explained there had been one reported incident in the time he had managed the pharmacy (47 years). He was proficient in explaining how he would investigate, correct and report an incident should one occur.

The pharmacy had a complaints procedure in place. And it advertised details of its 'Community Pharmacy Patient Questionnaire'. The team felt the pharmacy generally received positive feedback from people using its services. The RP explained how he sought to intervene by contacting surgeries on people's behalf when prescriptions did not arrive through the Electronic Prescription Service (EPS) as expected.

The pharmacy had up to date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. Entries in the responsible pharmacist record generally followed legal requirements, there were a couple of missed sign out times in the sample of the record examined. The controlled drug (CD) register generally complied with legal requirements. The pharmacy maintained

running balances in the register, and it checked these frequently. A balance check of Sevredol 10mg tablets conformed to the balance of the register. But there was occasional crossing out in the register and the address of the wholesaler was not recorded when a CD was received. The pharmacy did not maintain a CD destruction register for patient returned medicines. A discussion took place about best practice and maintaining a full audit trail of all schedule two CDs on the premises. The RP stated that the pharmacy had not dispensed private prescriptions or unlicensed medicines for some years. The pharmacy did have an appropriate register in place should a private prescription be presented.

The team held records containing personal identifiable information in staff only areas of the pharmacy. It had completed learning following the introduction of the General Data Protection Regulation (GDPR). The pharmacy had submitted its annual NHS Information Governance toolkit as required. The pharmacy held confidential waste separately to general waste, and the RP destroyed all confidential waste personally.

The pharmacy had information relating to safeguarding vulnerable adults and children. Pharmacy team members had completed formal training on the subject. The medicine counter assistant could explain how to identify and refer a concern to the pharmacist. The RP had not needed to report a safeguarding concern to date. But was aware of how to obtain the contact details of the safeguarding team if a concern arose.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy generally manages its workload well. Pharmacy team members are either working towards, or have completed, accredited training for their roles. But they may occasionally undertake tasks outside of these roles. This practice could increase risks during the dispensing process. Staff are given time to complete ongoing learning and are confident to make suggestions and provide feedback about the pharmacy.

Inspector's evidence

On duty at the time of the inspection was the RP and a qualified medicine counter assistant. The pharmacy also employed a trainee counter assistant, who was enrolled on GPhC accredited training course. The medicine counter assistant had completed additional training which allowed her to assist with stock management tasks in the dispensary. She did support the pharmacist during the dispensing process occasionally and the RP explained this was under his direct supervision. A discussion took place about the GPhC minimum training requirements for staff working in the dispensary and the RP confirmed he would review the processes in place to ensure the pharmacy met these requirements moving forward. The RP did routinely ask a member of the team to stand with him following his accuracy check. This member of the team checked information on the prescription against the dispensed medicine as part of a third check prior to hand-out.

The pharmacy didn't set targets for delivering its services. The team explained the focus was on providing care to people who used the pharmacy. The RP regularly shared information and learning with the team through informal conversations. The medicine counter assistant confirmed she received some ongoing learning. For example, reading information in pharmacy trade magazines and e-learning. Some certificates from some recent learning were made available for inspection.

The pharmacy had a whistle blowing policy but did not have a formal appraisal process established. But the medicine counter assistant confirmed she felt supported and was aware of how to raise concerns or provide feedback about the pharmacy. The RP demonstrated how improvements had been made to the audit trail for owed medicines following a suggestion from a member of the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and maintained to the standards required. The pharmacy team have access to facilities which allow people using the pharmacy to speak to a member of the team in private.

Inspector's evidence

The pharmacy consisted of a small public area and the dispensary. It was clean and adequately maintained. The RP managed the upkeep of the premises with local tradespeople used when required. The pharmacy was clean and organised with no slip or trip hazards evident. Heating was in working order and lighting throughout the premises was sufficient. Staff had access to suitable handwashing facilities. The pharmacy was secure against unauthorised access.

The dispensary was a good size for the level of activity taking place. One work bench was full of prescription forms and assembled medicines. These were laid out neatly, waiting for accuracy checks. Another work bench was free from clutter. The pharmacy did not have a consultation room. But a room at the back of the dispensary was used when people wanted to speak with a member of the team in confidence. The RP confirmed people would be escorted through a walkway leading through the dispensary. The team did not store any person identifiable information on this side of the dispensary. The room did not form part of the registered premises. But it was neat and orderly and protected people's privacy. The RP did use the room occasionally to assemble multi-compartmental compliance packs. A discussion took place about the need for all registrable activity to take place within the registered footprint of the premises. The RP confirmed he could move this activity into the dispensary as enough space was provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to people. It has some records and systems in place to make sure people get the right medicines at the right time. The pharmacy obtains its medicines from reputable sources. And it generally stores and manages them appropriately to help make sure they are safe to use. It has systems in place to provide assurance that its medicines are fit for purpose.

Inspector's evidence

The pharmacy had a push/pull door up a small step from street level. A clearly sign-posted bell was in place to help alert staff when people required assistance with access into the pharmacy. Window displays advertised the pharmacy's opening times and services. The pharmacy's practice leaflet provided further details of these services. Pharmacy team members used local knowledge and the internet to signpost people to other healthcare providers if needed. Designated seating was available for people waiting for a prescription or service.

The pharmacy had some processes in place to identify people taking high-risk medicines. The RP demonstrated information relating to the management of people requiring pregnancy prevention plans for both valproate and isotretinoin. The RP explained the pharmacy had not dispensed any of these medicines to date to people in the high-risk group. The pharmacy did not have valproate warning cards available, details of how to obtain these were shared. The RP was observed counselling people on the use of their medicines and confirmed he would speak to people on high-risk medicines. But he did not record the outcome of these conversation on people's medication records.

The RP signed medicine labels as part of this accuracy check. He also circled the strength of medicine on the prescription as part of his checking process. But the pharmacy sometimes banded multiple packets of medicines together and placed one dispensing label on the banded packs. This meant there was a risk of people not having appropriately labelled medicines if the packs were separated later. The pharmacy team kept original prescriptions for medicines owing to people. The prescription was used throughout the dispensing process when the medicine was later supplied. It kept delivery audit trails for the prescription delivery service, the RP completed these deliveries and asked people to sign for receipt of their medicines.

The RP managed the supply of medicines in multi-compartmental compliance packs. A very small number of people received their medicines in these packs. The prescription was ordered a week in advance of the pack being due. The RP checked the person's medication record to establish any changes prior to assembling a pack. But there were no individual records or regimen charts in place to support these checks. The RP explained how he assembled, and accuracy checked trays when the pharmacy was closed to minimise any distractions. He confirmed descriptions of the medicines inside the pack were provided on backing sheets to help people identify their medicines. And patient information leaflets were issued at the beginning of each four-week cycle of packs.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members were aware of the requirements of the Falsified Medicines Directive (FMD). The pharmacy had been part of a project group when FMD had launched. The RP explained that only a small number of medicines were fully compliant with FMD requirements. The pharmacy's SOPs required updating to reflect FMD processes.

The pharmacy stored pharmacy (P) medicines behind the medicine counter and in Perspex units close to the medicine counter. This appropriately protected them from self-selection. It stored medicines in the dispensary in an orderly manner and within their original packaging. The RP completed date checking duties, but the pharmacy did not keep a record of these checks. Several out-of-date medicines were found during random checks of dispensary stock. These were brought to the direct attention of the RP. The RP was observed routinely checking expiry dates during the dispensing process.

The pharmacy held CDs in a secure cabinet. Medicines storage inside the cabinet was orderly. And some returned CDs were separated from stock within the cabinet. Some out-of-date Sevredol tablets were found amongst stock. The RP was observed checking expiry dates during the dispensing process. The pharmacy only ordered CD stock on receipt of a prescription. This helped to ensure stock levels remained low and manageable. The pharmacy fridge was a good size for stock held and storage inside the fridge was orderly. Temperature records confirmed that it was operating between two and eight degrees Celsius, as required.

Medical waste bins were in place to assist the team in disposing of pharmaceutical waste and returned medicines. The pharmacy received medicine recall notices from wholesalers. But it did not always receive 'caution in use' alerts. A discussion took place about the advantages of receiving all drug alerts issued by the MHRA and details of how to obtain all alerts relating to medicines were shared with the RP.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has all the equipment it needs for providing its services. And it demonstrates how equipment is used to maintain people's confidentiality.

Inspector's evidence

The pharmacy had up- to-date written reference resources to hand. These included the British National Formulary (BNF) and BNF for Children. Internet access provided further reference resources and the RP discussed how he used information from trusted websites to inform learning and conversation.

The dispensary computer was password protected and information on the monitor was protected from unauthorised access. The RP had a working NHS smart card. The pharmacy stored any assembled bags of medicines waiting for collection and delivery within the dispensary.

Clean, crown stamped measuring cylinders were in place. Counting equipment for tablets and capsules was available. Equipment used for dispensing medicines into multi-compartmental compliance packs was single use. Electric equipment and leads were visually free from wear and tear.

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.