

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: 22/04/2021

Pharmacy context

This community pharmacy is amongst a small parade of shops in a large suburb of Hull. The pharmacy's main activities are dispensing NHS prescriptions and sales of over-the-counter medicines. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed. The pharmacy was inspected during the COVID-19 pandemic.

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 generally identifies and manages the risks associated with its services including the risks from COVID-19. The pharmacy completes the records it needs to by law and it protects people's private information properly. The pharmacy identifies potential risks to the safe dispensing of prescriptions and it acts to prevent errors. But it doesn't keep records of errors for the team members to review and improve their practice.

Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic and it had identified some changes needed to help manage the risks of virus transmission. The pharmacy was maintaining social distancing requirements by having a policy of limiting the number of people in the pharmacy. The pharmacy had installed a plastic screen on the pharmacy counter to provide the team with extra protection. The outer edges of the screens displayed key messages relating to COVID-19 symptoms, social distancing requirements and infection control. The pharmacy had cleaning sprays behind the counter and the team regularly cleaned the surfaces. The pharmacy had a display unit with hand sanitiser, face masks and thermometers for people to buy. The pharmacy team were not wearing face masks but put these on during the inspection. The pharmacy hadn't received an allocation of COVID-19 lateral flow tests for the team to use. The pharmacist had queried this with the local NHSE team. The pharmacy team had discussed the implications of COVID-19 and felt supported by the pharmacist. The pharmacist had not undertaken written individual risk assessments for the team members but they had fully discussed their concerns and needs. The team had managed a few occasions when people presenting at the pharmacy had demonstrated aggressive behaviour. This was often linked to prescriptions not being ready. This led to the team explaining to the person the timescale for prescriptions from receipt at the pharmacy to the prescription being ready for supply.

The pharmacy had a range of standard operating procedures (SOPs) for various key processes. The SOPs had a review date of July 2018 but there was no evidence the SOPs had been reviewed since this date. The majority of the SOPs were original versions dating back several years and some were not relevant to the pharmacy team or the services provided. The trainee medicines counter assistant on duty at the time of the inspection had read some of the SOPs. The SOPs had signature sheets but none of the current pharmacy team members had signed them to indicate they'd read and understood the SOPs.

The pharmacy had a SOP covering the actions to take when an error was identified during the prescription checking process and a log to record these errors known as near misses. The log didn't have any entries which the pharmacist explained was due to very few near miss errors occurring. The pharmacist had acted to reduce the risk of near miss errors by attaching brightly coloured stickers to shelves holding products that looked and sounded alike. The pharmacist identified the increased number of phone calls to the pharmacy during the pandemic was a distraction that may cause an error. And discussed the use of the voicemail option on the telephone for people to leave a message. The pharmacy had a procedure for managing dispensing incidents that were identified after the person received their medication. The pharmacist explained there had never been any such incidents to report. The pharmacy had a procedure for handling complaints raised by people using the pharmacy and it had a poster providing people with information on how to raise a concern.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. The pharmacy displayed information on the confidential data it kept and how it looked after this information. The pharmacy team kept people's private information safe and separated confidential waste for shredding onsite. The pharmacy had information relating to safeguarding vulnerable adults and children. The pharmacist had access to the contact details for local safeguarding teams but had not had the occasion to report a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team with the skills to support its services. Team members work well together and support each other in their day-to-day work. This is especially seen at times of increased workload and during changes to the pharmacy's processes. Pharmacy team members receive informal feedback on their performance and the pharmacy adequately supports them with ongoing training. But the pharmacy lets opportunities pass to further develop a team member by not enrolling them onto a dispensing qualification course.

Inspector's evidence

The pharmacist owner covered all of the opening hours. The pharmacy team consisted of one full-time medicines counter assistant (MCA) and one trainee MCA. At the time of the inspection the pharmacist owner and the trainee MCA were on duty. The MCA started in post in September 2020 and was progressing with their training. The MCA had some protected training time and the pharmacist helped with any queries from the training modules. During the pandemic the team had worked well together to ensure pharmacy services were not affected.

The qualified MCA occasionally supported the pharmacist in the dispensary with typing on the computer as he sometimes had difficulty performing this task. This was mostly for the ordering of stock and generating dispensing labels. The pharmacist watched over the MCA whilst she was performing this role. The pharmacist reported that during the pandemic the pharmacy had seen an increase prescription numbers and this number was likely to remain. Due to this increased workload, and the labelling process the MCA was involved with, a discussion was held with the pharmacist about the MCA undertaking a dispensing course. This had been raised with the pharmacist at the previous inspection. The pharmacist had spoken to the MCA about the dispenser training and the MCA had expressed interest in the role. But the MCA had not been enrolled on to the training programme.

The pharmacy team received additional training through information shared by the pharmacist. This included articles from pharmacy magazines and material sent from one of the wholesalers. During the pandemic the team regularly discussed issues and concerns to support each other. The pharmacy did not provide formal performance reviews for the team members. This meant they did not have a chance to receive feedback and discuss development needs. The team received in the moment informal feedback.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. The pharmacy has adequate facilities to meet the needs of people requiring privacy when using the its services.

Inspector's evidence

The pharmacy was clean with separate sinks for the preparation of medicines and hand washing. The pharmacy was tidy and had enough storage space for stock, assembled medicines and medical devices. The team kept floor spaces clear to reduce the risk of trip hazards. The lighting in the pharmacy was suitable and sufficient. The pharmacy was secure and it had restricted access to the dispensary during the opening hours.

The pharmacy did not have a consultation room, but the team had access to a room at the rear of the dispensary. The team members used this if people wanted to speak in private. The team member escorted the person through to the room via an area of the dispensary where no person identifiable information was stored. During the pandemic the policy of limiting numbers in the pharmacy enabled the team to have private conversations with people in the retail area without other people overhearing what was being said.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible. It gets its medicines from reputable sources and it stores them properly. The team carries out checks to make sure medicines are in good condition and suitable to supply. But it doesn't keep records of these checks to show they are completed. It mostly manages its services well to help people receive appropriate care. But it doesn't always keep records of deliveries it makes to people.

Inspector's evidence

People accessed the pharmacy via a step-free entrance. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. And the team had access to the internet to direct people to other healthcare services. A notice on the front door displayed the change to the opening hours introduced at the start of the pandemic. The pharmacist had contacted Google to update the opening hours so people searching for the pharmacy were aware.

In the area by the till the pharmacy displayed a procedure relating to the sale of medicines for the team to refer to. The procedure referenced specific questions for selling over-the-counter (OTC) medicines. But it did not specifically cover the sales of medicine liable to abuse such as codeine linctus. Since the last inspection when the sales of codeine linctus were raised with the pharmacist the pharmacy had removed all bottles of codeine linctus from the shelves. The pharmacist explained he had not sold any codeine linctus since the last inspection. The pharmacy team regularly received phone calls from people asking if the pharmacy sold codeine linctus to which the person was told no. Since the last inspection the pharmacy had dispensed one NHS prescription for codeine linctus in December 2020. The pharmacy kept most of the pharmacy-only (P) OTC medicines behind the counter. However, some P medicines were in a unit with glass-fronted sliding doors in the main retail area that was directly accessible for people. People did not self-select the medicines in this unit and the team assisted anyone wanting to purchase any of the items.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The team used baskets to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. In the absence of a dispenser the pharmacist dispensed all the prescriptions. The pharmacist divided the dispensing into different stages to provide a mental break between tasks. The pharmacist ticked the medicine name and strength on the dispensing label to indicate an accuracy check had taken place before initialling the label and placing the items in a bag. Before the prescription was supplied to the person the pharmacist conducted a second check of the dispensed medicines. This was often with one of the MCAs who he talked through the names of the items on the prescription with. The pharmacist was aware of the criteria of the valproate Pregnancy Prevention Programme (PPP) and had PPP information to provide to people when required.

The pharmacy supplied medicines to around five people in multi-compartment compliance packs to help them take their medicines. It had a dedicated area where it kept the materials and information for the compliance packs. The pharmacist dispensed and supplied the packs on a weekly basis. And usually prepared the packs later in the day when the pharmacy was less busy with other services. The pharmacist recorded the descriptions of the products within the packs and supplied the manufacturer's patient information leaflets. Since the start of the pandemic the pharmacy had seen an increase in the

number of requests for deliveries which were always done by the pharmacist. To manage this the pharmacy had applied for and been given approval to close for an extra half an hour over the lunch period. The pharmacist did not keep records of the deliveries but knew who he had delivered to. The pharmacist left the medicines on the person's doorstep before standing away to watch them pick up their medicines.

The pharmacy obtained medication from several reputable sources. The pharmacist checked the expiry dates on stock as it arrived from the wholesaler and when performing the final check of a dispensed medicine. The pharmacy team didn't routinely check all stock or mark any medicines with a short expiry date. No out-of-date stock was found. The pharmacist monitored fridge temperatures each day but didn't keep a record of the readings. This meant there was no evidence to show that stock in the fridge was being kept at the correct temperature each day. At the time of the inspection the fridge temperature was within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. It stored out-of-date CDs separate from in-date stock in a CD cabinet that met legal requirements. The pharmacy had appropriate denaturing kits available to destroy CDs. The pharmacist received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacist actioned these alerts but didn't keep records of the action taken

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and it uses its facilities to suitably protect people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used a range of CE equipment to accurately measure liquid medication and it had a suitable fridge to store medicines kept at these temperatures.

The computer was password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the computer in a way to prevent disclosure of confidential information. The pharmacist worked closely with the software provider when new updates were installed. The pharmacist gave the provider feedback such as how well the upgrade was working. The pharmacy stored completed prescriptions away from public view and it held private information in the dispensary and rear areas, which had restricted access.

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.