

Registered pharmacy inspection report

Pharmacy Name: Patrington Pharmacy, 13 Market Place, Patrington, HULL, North Humberside, HU12 0RA

Pharmacy reference: 1032110

Type of pharmacy: Community

Date of inspection: 13/05/2021

Pharmacy context

The pharmacy is on the main street in the village of Patrington. The pharmacy changed ownership in November 2020. The pharmacy's main activities are dispensing NHS prescriptions and selling over-the-counter medicines. 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 suitably identifies and manages the risks associated with its services including the risks from COVID-19. It has up-to-date written procedures that the pharmacy team follows. And it completes all the records it needs to by law. The pharmacy protects people's private information properly. The pharmacy responds appropriately when errors occur and the team takes appropriate action to prevent future mistakes.

Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. The Superintendent Pharmacist (SI) had completed risk assessments for all team members to identify their personal risk of catching the virus. And to identify the steps needed to support social distancing and infection control. 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 large plastic screen on the pharmacy counter to provide the team with extra protection. The team kept a bottle of hand sanitiser on the counter for people to use. And displayed information from Public Health England explaining the importance of using hand sanitiser. The pharmacy displayed posters reminding people to maintain social distancing requirements and wear face coverings. The team reported people presenting at the pharmacy complied with this. The team had access to Personal Protective Equipment (PPE) and all the team wore face masks throughout the inspection. The dispensary provided space to enable team members to mostly adhere to social distancing requirements. The pharmacy provided lateral flow tests to people as part of a national service. The team reported these were popular and several tests had been supplied. The team provided people with clear instructions on how to use the tests.

The pharmacy had a range of up-to-date standard operating procedures (SOPs) including a set of SOPs covering the impact of COVID-19. The SOPs provided the team with information to perform tasks supporting the delivery of services. The team had read and signed the SOPs signature sheets to show they understood and would follow them. The team members demonstrated a clear understanding of their roles and worked within the scope of their role. The team referred queries from people to the pharmacist when necessary.

The pharmacy kept records of errors picked up by the pharmacist when completing the final check of a prescription. The details recorded enabled patterns to be identified and for the team to take appropriate action to prevent a reoccurrence of the same error. The pharmacist placed an elastic band around the container of medicines that were at risk of being picked in error. This included medicines that looked alike and sounded alike (LASA), such as amlodipine and amitriptyline. The pharmacy had a procedure for handling dispensing incidents. This included a form to record the dispensing incident. The pharmacist reported there had not been any dispensing incidents since the change of ownership. The pharmacist often had to dispense and check the same prescription. On these occasions the pharmacist took a mental break between dispensing and checking their own work to help spot any errors. The pharmacy had a procedure for handling complaints raised by people using the pharmacy. The pharmacy had received lots of positive feedback since it had undergone a refit.

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

pharmacist checked CD stock against the balance in the register to help identify errors such as missing entries. Some of the CD registers were held loosely in the folder which ran the risk of misplacing them. The pharmacy recorded CDs returned by people. A sample of records for the receipt and supply of unlicensed products met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacy displayed a privacy notice and it had a procedure for handling confidential information. The pharmacy had a dedicated Information Governance folder providing several documents for the team to refer to. All team members had read and signed confidentiality agreements. The team separated confidential waste for shredding offsite.

The pharmacy had up-to-date safeguarding procedures and guidance for the team to follow. The pharmacist had recently completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team members had access to contact numbers for local safeguarding teams but they'd not had the occasion to report a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team with the basic skills to support its services. Team members work well together and support each other in their day-to-day work. Pharmacy team members receive informal feedback on their performance and have several opportunities to develop their skills and knowledge.

Inspector's evidence

The Superintendent Pharmacist (SI) worked full-time with occasional locum pharmacist support. The pharmacy team consisted of one part-time trainee dispenser and two part-time qualified medicines counter assistants (MCAs). At the time of the inspection the SI and one of the MCAs were on duty. The pharmacy kept a team rota so team members knew when they were on duty. And the SI could plan the team's hours in advance to ensure all the opening hours were covered.

Two team members were completing Healthy Living Training to support the SI in providing this NHS service. All team members accessed additional training through articles in pharmacy journals and training modules issued by a training organisation. The SI was finalising arrangements with a training provider to enable the team to access online training modules through their smart phones. Each team member had their own box file containing copies of their job description and training certificates.

The pharmacy regularly held team meetings. The SI also spent time with each team member to discuss any issues or concerns they had. This was a particular focus in the first few weeks after the change of ownership so the SI could provide team members with reassurance about his plans for the future. And to ask team members for their ideas on how to improve the pharmacy services. The SI provided team members with informal feedback. And was planning annual appraisals after the first 12 months of being the new owner.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The new owner had renovated the pharmacy to a high standard by creating a modern interior with more space than previously available. The pharmacy décor was bright and provided well-lit spaces for people in the retail area and team members in the dispensary. The pharmacy was tidy, hygienic and secure. The team regularly cleaned the pharmacy as part of the COVID-19 infection control process. The pharmacy had separate sinks for the preparation of medicines and hand washing and it displayed posters by the sinks demonstrating effective hand washing techniques.

The pharmacy had enough storage space for stock, assembled medicines and medical devices. And it had restricted access to the dispensary during the opening hours. The pharmacy had a defined professional area where items for sale were all healthcare related.

The pharmacy had a large, soundproof consultation room. The team used this for private conversations with people but due to the risks from COVID-19 the team rarely used it. 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 support people's health needs and it manages these services well. The pharmacy identifies the risks to the delivery of its services and it has appropriate systems in place to ensure people receive their medicines safely and efficiently. The pharmacy gets its medicines from reputable sources and it stores and manages medicines correctly. The team carries out checks to make sure medicines are in good condition and suitable to supply.

Inspector's evidence

People accessed the pharmacy via a couple of steps. The pharmacy had handrails either side of the steps to help people enter. The Superintendent Pharmacist (SI) demonstrated the pharmacy information leaflet being developed after the pharmacy changed its name a few weeks earlier. The leaflet was designed to provide people with details of the pharmacy services offered and the contact details of the pharmacy. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. And the team provided people with information on how to access other healthcare services when required. The pharmacy team wore name badges detailing their role so people using the pharmacy knew who they were speaking to. The pharmacy team encouraged people who lived outside the village to ring before coming to the pharmacy to check their prescription was ready.

The pharmacy supplied some medicines as supervised and unsupervised doses. The doses were prepared in advance of supply to reduce the workload pressure of dispensing at the time of supply. The pharmacy provided some people with an administration chart for them or their carer to record when they had taken their medicines. This helped the person and their carer to see that the medication had been taken correctly. The pharmacy had procedures for supporting people on high risk medicines. The team was aware of the criteria of the valproate Pregnancy Prevention Programme (PPP) and the pharmacy had the PPP pack to provide people with information when required. The pharmacy didn't have anyone prescribed valproate who met the criteria. The pharmacist placed a sticker on completed prescriptions to alert the team when handing over the medication that the pharmacist wanted to have a conversation with the person. The pharmacist recorded conversations with people about their medicines on the electronic patient medication record (PMR) for future reference.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent the medicines becoming mixed up. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample of completed prescriptions had the boxes completed. The pharmacy used clear bags to hold dispensed controlled drugs (CDs) and fridge lines. This allowed the team, and the person collecting the medication, to check the supply at the point of handing the medicine over. The pharmacy used CD and fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. The pharmacy had a system to prompt the team to check that supplies of CD prescriptions were within the 28-day legal limit. This included highlighting the CD on the prescription.

The pharmacy obtained medication from several reputable sources. The pharmacy team checked the expiry dates on stock and kept a record of this. The team members marked medicines with a short

expiry date with a coloured dot to prompt them to check the medicine was still in date. No out-of-date stock was found. The pharmacist checked and recorded fridge temperatures each day. A sample of these records found the fridge temperatures were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. And it stored out-of-date and patient returned CDs separate from in-date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The pharmacist printed off the alert, actioned it and kept a record.

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 kept separate marked measures for higher risk liquid medication to prevent cross contamination. The pharmacy had a fridge to store medicines kept at these temperatures.

The pharmacy computers were password protected and access to peoples' records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view. And it held private information in the dispensary and rear areas, which had restricted access. The team used cordless telephones to make sure telephone conversations were held in 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. |