

Registered pharmacy inspection report

Pharmacy Name: Springfield Pharmacy, 19 High Street, HARPENDEN,
Hertfordshire, AL5 2RU

Pharmacy reference: 1032183

Type of pharmacy: Community

Date of inspection: 16/10/2019

Pharmacy context

The pharmacy is located on a busy high street. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection and delivery, NHS urgent medicines supply, travel and seasonal flu vaccinations. The pharmacy has healthy living status.

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's working practices are generally safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk and keeps people's information safe. It has written procedures which tell staff how to complete tasks effectively. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand their role in protecting vulnerable people.

Inspector's evidence

There were some near miss records but all the fields were not completed such as shared learning. The pharmacist gave an assurance that the near miss record sheets would be placed so they were more accessible and would encourage staff to record near miss events. The pharmacist was new to the pharmacy. To reduce picking errors pregabalin and gabapentin, amitriptyline and amlodipine and allopurinol and atenolol had been separated on the dispensary shelves.

Workflow: baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated and medicines were picked from reading the prescription. There were separate dispensing and checking areas. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines. Interactions between medicines were shown to the pharmacist during labelling.

There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For 'manufacturer cannot supply' items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

Multi-compartment compliance aids were prepared for a number of patients according to a matrix. Some people were supplied compliance aids weekly and rather than monthly. The pharmacy managed prescription re-ordering on behalf of patients. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid. There was a folder of information relating to compliance aids and notes were recorded on the patient medication record (PMR) including changes in medication. The start date for each compliance aid was marked on the backing sheet and backing sheets were fixed to the lid of the compliance aid. Labelling included a description to identify individual medicines. Patient information leaflets (PILs) were not always supplied but the pharmacist said she was implementing supply of PILs with each set of compliance aids.

High-risk medicines such as sodium valproate were supplied separately from the compliance aid. The dates of CD prescriptions were managed to ensure supply within 28-day validity of the prescription. Alendronate was supplied in a separate compartment in the compliance aid for some people. Levothyroxine and lansoprazole were sometimes supplied in compartments positioned to ensure they were taken before other medication or food.

The practice leaflet was not on display and staff present were new to the pharmacy so were unsure of

when the annual patient questionnaire had been conducted. The complaints procedure was displayed. The standard operating procedures (SOPs) were due for review Nov 2019. There were staff training records but new staff were due to train in the procedures. The staff member at the medicines counter said she would not give out a prescription or sell a P medicine if the pharmacist were not on the premises. Hydrocortisone cream would not be sold for use on the face.

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring 7 Nov 2019. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions and emergency supplies were electronic and mostly complete although some prescriber details were not recorded. 'Specials' supplies were complete. Patient group directions (PGDs) were in date for administration of flu and travel vaccinations and a range of other medicines including norethisterone, salbutamol and fexofenadine. The emergency hormonal contraception PGD was updated.

The CD registers were generally complete and the balance of CDs was audited regularly although not always monthly. A random check of the actual stock of three strengths of MST reconciled with the recorded balance in the CD registers. Invoice number and supplier name but not address was recorded for receipt of CDs. Patient returned CDs were recorded in the destruction register for patient returned CDs.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). An in-date notice of registration with the Information Commissioners Office notice was displayed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff generally used their own NHS cards. The pharmacy computer was password protected and backed up regularly. There was a safeguarding policy and the pharmacist was accredited at level 2 in safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload within the pharmacy and team members work well together. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

Inspector's evidence

Staff comprised: one full-time regular pharmacist, one full-time trainee dispenser, one part-time trainee dispenser also accredited as a medicines counter assistant (MCA), two part-time MCAs one of whom was also accredited as a dispenser. Weekday staff and a locum pharmacist covered Saturdays.

On the day of the visit a pre-registration pharmacist from another branch was covering a staff shortage but explained that he was enrolled on ProPharmace training programme with his tutor being based at the other branch of the pharmacy. Staff were provided with training via industry publications such as Counter Intelligence. Staff had completed children's oral health training. The pharmacist had completed a declaration of competence to provide services which included safeguarding training. There were planned appraisals to monitor staff performance and set objectives. Staff said they felt free to provide feedback and had suggested rearranging retail stock in line with seasonal changes such as cold and flu products during the winter. They had suggested displaying a notice to restrict access behind the medicines counter by members of the public. There was a whistleblowing policy. Staff said targets and incentives were not set in a way that affected patient safety and wellbeing.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and suitable for the provision of its services. There is a consultation room where people can have a private conversation with the pharmacist.

Inspector's evidence

The pharmacy premises were clean and tidy and presented a professional image. The dispensary was raised above the level of the main public area. Fixtures and fittings were modern. There were double doors at the entrance and wide aisles between displays of retail goods. Lavatory facilities were clean and handwashing equipment was provided. The consultation room was located to one side of the medicines counter and protected patient privacy. The chaperone policy was displayed. There was sufficient lighting and air conditioning.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective, and it gets its medicines from reputable sources. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that the medicines they supply are safe and effective.

Inspector's evidence

There was level access and a wide entrance through double doors. Staff said they went to the door to assist people if necessary. Large font labels could be printed to assist visually impaired patients. Staff could converse in Gujarati and Yoruba to assist patients whose first language was not English. Patients were signposted to other local services including doctors and dentists.

The pharmacist explained the procedure for supply of sodium valproate to people in the at-risk group and information on the pregnancy prevention programme (PPP) would be explained. The intervention would be recorded on the patient medication record (PMR). The pharmacist was aware of the procedure for supply of isotretinoin including negative pregnancy test result, PPP and record of the intervention. The prescriber would be contacted regarding prescriptions for more than 30 days' supply of a CD. Interventions were recorded on the PMR showing checks that medicines were safe for people to take and appropriate counselling was provided to protect patient safety.

'Pharmacist' stickers were attached to prescriptions which prompted the need for counselling. CD prescriptions were highlighted with CD stickers and the expiry date, so CDs were not given out after the 28-day validity period. The pharmacist said that when supplying warfarin, people were asked for their record of INR and target INR, blood test due dates. INR was recorded on the PMR. Advice was given about side effects of bruising and bleeding, over-the-counter medicines such as Daktarin Oral Gel and diet containing green vegetables and cranberries which could affect INR. People taking methotrexate were reminded about the weekly dose and when to take folic acid and asked about dates of recent blood tests.

Audits were conducted to identify people for referral for prescription of a proton pump inhibitor for gastric protection during the non-steroidal anti-inflammatory drug (NSAID) audit and regarding use of inhalers in asthma in children and adults had been conducted. Public health campaigns to increase public awareness included stroke, antibiotic resistance and NHS 111.

Medicines and medical devices were delivered outside the pharmacy by a courier at the time of the visit but there was a delivery procedure in the SOP folder. Currently a delivery record sheet was in use and patient signatures were recorded indicating a safe delivery.

Medicines and medical devices were obtained from Alliance, Phoenix, Colorama, Sigma, and AAH. Floor areas were mostly clear apart from dispensed prescriptions in baskets awaiting final check prior to bagging. Stock was stored on the dispensary shelves. Stock was date checked and recorded. Short-dated stock was highlighted, and the pharmacist checked the expiry dates of medicines as part of the

final check. No date-expired medicines were found in a random check. Liquid medicines were marked with the date of opening and medicines were stored in original manufacturer's packaging. Cold chain items were stored in the medical fridge. Uncollected prescriptions were cleared from retrieval every two to three months. Waste medicines were stored separate from other stock. Falsified medicines directive (FMD) hardware and software was not operational at the time of the visit. Drug alerts and recalls were actioned and annotated by the pharmacist who dealt with an Emerade alert on the day of the visit.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy's equipment keeps people's private information safe.

Inspector's evidence

Current reference sources included BNF. The dispensary sink and standard glass measures to measure liquids were clean. Minimum and maximum fridge temperatures were monitored daily and found to be within range two to eight Celsius. The CD cabinet was fixed with bolts. The blood pressure monitor was due for re-calibration. The sharps bin for vaccination sharps disposal was moved out of reach in the consultation room during the visit. There were two in-date adrenalin injection devices for use in the event of anaphylaxis.

There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff generally used their own NHS cards. The pharmacy computer was password protected and backed up regularly.

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. |