

Registered pharmacy inspection report

Pharmacy Name: Gadebridge Pharmacy, 12 Rossgate, Gadebridge,
HEMEL HEMPSTEAD, Hertfordshire, HP1 3LG

Pharmacy reference: 1032206

Type of pharmacy: Community

Date of inspection: 11/02/2020

Pharmacy context

The pharmacy is located in a shopping precinct in a residential area of Hemel Hempstead. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy supplies medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include: substance misuse and prescription collection and delivery.

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's working practices are generally safe and effective. It has written procedures which tell the pharmacy team how to complete tasks. But these are due for review. The pharmacy's team members do not always record their mistakes and who made them. So they may miss the opportunity to learn and prevent the same errors happening again. Team members who prepare medicines do not always initial dispensing labels. This makes it harder to find out who was involved if there is a mistake or query. The pharmacy mostly keeps its records up to date which show medicines are supplied safely and legally. The pharmacy team members keep people's private information safe and understand their role in protecting vulnerable people.

Inspector's evidence

Medicines were stored in an orderly fashion on the dispensary shelves and fast-moving medicine lines were separated from other stock. Different strengths of the same medicines such as atenolol were separated to minimise picking errors. Medicines to treat diabetes were stored together on a separate shelf. Near misses were not recorded and reviewed but the regular pharmacist planned to record near misses to compile the patient safety review in line with the Pharmacy Quality Scheme (PQS) requirements.

Workflow: two staff were generally involved in the dispensing and checking process. The pharmacist said if she worked alone, she tried to take a mental break before the final check. Baskets were not in use to separate prescriptions and medicines during the dispensing process, but the dispenser explained that the prescription and medicines were separated with a space between neighbouring prescriptions to minimise risk of incorrect items being bagged. The pharmacist performed the final check, but the dispensing audit trail was not initialled on dispensing labels identifying individual staff involved in dispensing and checking procedures. Interactions between medicines for the same patient were shown to the pharmacist. There was a procedure for dealing with outstanding medication. The original prescription was retained but an owing slip was not issued to the patient. The patient was informed that there was outstanding medication to be supplied. The pharmacy called the patient if there were any problems fulfilling the remaining supply. 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 at the dispensary bench on a rolling basis according to a matrix. Some patients were supplied medicines in a compliance aid on a weekly or monthly basis. Compliance aids were re-dispensed to deal with changes in medication. The pharmacy managed prescription re-ordering on behalf of patients and checked new prescriptions against the previous prescription and backing sheet for changes. Staff could refer to the compliance aid summary on the pharmacy computer. There was an audit trail of any query regarding changes on the backing sheet in the folder of information which included discharge summaries following a stay in hospital. The pharmacy liaised with the doctor's surgery when new patients were identified who would manage administration of medicines better if supplied in a compliance aid.

Medicines were supplied in re-usable compliance aids for a small number of people and the backing sheets were attached to the underside of the compliance aid. The backing sheets did not include a date

of preparation/dispensing and were corrected in places. The issue of being difficult to read on the underside of the compliance aid and maintaining appropriate levels of hygiene if re-using the compliance aid was discussed. The majority of patients were supplied medicines in compliance aids which were replaced each time they were dispensed. Backing sheets did not always include a description identifying individual tablets and capsules. Patient information leaflets (PILs) were not always supplied with each set of compliance aids. Moving forward the regular pharmacist gave an assurance that labelling would include a description for each tablet or capsule and PILs would be supplied with each set of compliance aids.

Some high-risk medicines were supplied in the compliance aid if necessary, including alendronate which was in a separate compartment. Some controlled drugs (CDs) were included in a compliance aid and managed to ensure supply within the 28-day validity of the prescription. If supplying sodium valproate in a compliance aid checking the stability of the de-blistered tablets with the manufacturer was discussed.

There was a folder of standard operating procedures (SOPs) which were due for review. SOPs included CD, responsible pharmacist and complaints procedures. Ensuring staff retrained in the reviewed SOPs was discussed. The staff member who was serving at the medicines counter said she would not give out a prescription or sell a pharmacy only medicine if the pharmacist was not on the premises. She said she would not sell hydrocortisone cream to apply to an infant and would refer any requests she was not familiar with to the pharmacist. The practice leaflet was due for re-printing and the community pharmacy patient questionnaire had been completed.

To protect patients receiving services, there was professional indemnity insurance in place provided by National Pharmacy Association (NPA) expiring 30 Sept 2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescription, emergency and 'specials' medicines were generally complete although some prescriber details were missing.

The CD registers were generally complete and the balance of CDs was audited. A random check of the actual stock of two strengths of MST reconciled with the recorded balance in the CD registers. The name of supplier but not address was recorded for receipt of CDs and methadone. Headers were not always completed in the methadone register.

The pharmacist had undertaken General Data Protection Regulation (GDPR) training. Staff were using their own NHS cards. Staff had signed confidentiality agreements and the confidentiality SOP in the SOP folder. There was a procedure outlining confidentiality in the induction SOP for new staff. The leaflet 'your data matters to NHS' was displayed. Confidential waste paper was shredded. The regular pharmacist confirmed that the shredder had been replaced following the visit and the Data Security and Protection (DSP) toolkit was in the process of being completed. The pharmacy computer was password protected and backed up regularly. There was a safeguarding SOP and the pharmacist had completed Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members manage the workload effectively within the pharmacy and work well together. They are comfortable about suggesting ways to improve the pharmacy's services.

Inspector's evidence

Staff comprised: one full-time and one part-time pharmacist, one full-time dispenser also accredited as a medicines counter assistant (MCA) and one full-time MCA who had been employed for around two years but had not been enrolled on accredited training. Following the visit the regular pharmacist confirmed that the MCA had been enrolled on accredited training.

The regular pharmacist explained that the pharmacy was working towards healthy living status. The pharmacist had completed training in line with the Pharmacy Quality Scheme (PQS) in sepsis, safeguarding, 'lookalike soundalike' LASA picking errors and risk management. Staff were provided with updates in pharmacy news since the previous week. Staff felt able to provide feedback and had made the following suggestions: prescriptions were attached to bagged medicines in retrieval, asking patients to inform the pharmacy when they requested prescriptions for unusual items so stock could be ordered and noting preferred brands of medication on the patient medication record (PMR). There was a whistleblowing policy. Targets and incentives were not set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and generally suitable for the services provided. The pharmacy prevents people accessing the premises when it is closed and keeps medicines and information safe.

Inspector's evidence

The dispensary was located at the back of the pharmacy and was at a higher level than the public retail area. The pharmacy's premises were generally clean although there were older fixtures and fittings. The lavatory was generally clean and handwashing equipment was provided. The consultation room was in the corner opposite the entrance door. It was not locked when not in use. There were lockable cabinets to secure documentation. There were health related leaflets displayed. Patient privacy was protected. There was sufficient ventilation and lighting.

Principle 4 - Services ✓ Standards met

Summary findings

People with different needs can access the pharmacy's services and its team members give advice to people about where they can get other support. They make sure people have the information they need to use their medicines safely. The pharmacy gets its medicines from reputable sources to protect people from harm. The pharmacy team members store medicines securely at the correct temperature and take the right action if medicines need to be returned to the suppliers. The pharmacy does not keep a complete record of prescription deliveries so it may not be able to prove that medicines have reached the right people.

Inspector's evidence

There was level access to the pharmacy premises via the front door to assist people with mobility issues. Large font labels could be printed to assist visually impaired people. Staff could converse in or understand Punjabi, Urdu, Gujarati, French and German to assist patients whose first language was not English. Patients were signposted to other local services such as flu vaccinations at the doctor's surgery or a nearby pharmacy.

The pharmacist explained the procedure for supply of sodium valproate to people in the at-risk group. Information on the pregnancy prevention programme (PPP) would be explained. There was information to give to patients on PPP. The intervention was recorded on the PMR. The pharmacist was aware of the procedure for supplying isotretinoin following a negative pregnancy test result and within seven days of the date on the prescription. Information on the PPP would be explained. The treatment would be initiated by a consultant. The pharmacist said she would contact the prescriber and record the intervention regarding prescriptions for more than 30 days' supply of a CD. Special messages were highlighted on prescriptions to alert staff when giving out a prescription. CD prescriptions were highlighted with a highlighter pen to ensure supply within the 28-day validity period. Interventions were generally recorded on the PMR.

The pharmacist said when supplying warfarin, people were asked for their record of INR along with blood test due dates. INR was recorded on the PMR along with the date of the next appointment for a blood test. Advice was given about side effects of bruising and bleeding along with advice about over-the-counter medicines and diet containing green vegetables and cranberries which could affect INR. People taking methotrexate were reminded about the weekly dose, when to take folic acid and care when handling methotrexate tablets. People were advised to seek medical advice if they developed an unexplained fever.

Audits had been conducted this year to identify people for referral for prescription of a proton pump inhibitor for gastric protection while taking non-steroidal anti-inflammatory drugs (NSAID). Current audits included monitoring dates of last foot checks and retinopathy screening for diabetic people and people taking lithium to ensure they understood signs of toxicity and attended regular blood tests. Risk management training had been completed. The pharmacy was working towards healthy living status. Health leaflets to raise public awareness were displayed on the medicines counter included Stoptober, Dry January, Hertfordshire health walks and claiming free prescriptions.

Medicines and medical devices were delivered outside the pharmacy by the MCA. Patients were

informed that the delivery would be on a set day of the week. Devising a more robust delivery audit trail to deal with delivery service queries was discussed.

Medicines and medical devices were obtained from Alliance, AAH, Phoenix, Sigma and Colorama. Floor areas were mostly clear, and stock was neatly stored on the dispensary shelves. Stock was date checked but not formally recorded. The dispenser said she checked the expiry date at the point of dispensing. No date-expired medicines were found in a random check. Medicines were generally stored in original manufacturer's packaging. Cold chain items were stored appropriately between two and eight Celsius. Uncollected prescriptions were cleared from retrieval every two or three months and prescriptions were returned to the NHS spine or the doctor's surgery. CD prescriptions were highlighted. 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 were received, printed, annotated and faxed back to the supplier if affected batches were found.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It uses these appropriately to keep people's private information safe.

Inspector's evidence

Current reference sources included BNF, BNF App, NPA and Numark. The dispensary sink required treatment to remove lime scale. There were two stamped measures to measure liquid medicines. Neither measure was marked for measuring water only although staff said the measures were washed out as soon as they had been used. Marking a measure to be used only for water to avoid any contamination from other liquids was discussed. 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. There was a blood pressure monitor which had been in use for three months. Confidential waste paper was shredded. The regular pharmacist confirmed that the shredder had been replaced following the visit and the Data Security and Protection (DSP) toolkit was in the process of being completed. 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.