

# Registered pharmacy inspection report

**Pharmacy Name:** Sheffield Pharmacy, 64 Fore Street, HERTFORD,  
Hertfordshire, SG14 1BT

**Pharmacy reference:** 1032236

**Type of pharmacy:** Community

**Date of inspection:** 19/08/2019

## Pharmacy context

The pharmacy was established in 1804. It is situated in the main shopping area of Hertford and provides NHS and private prescription dispensing mainly to local residents. It supplies medicines in multi-compartment compliance packs for some people. There is a home delivery service.

## Overall inspection outcome

### Standards not all 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards not all met	2.1	Standard not met	A member of staff with no formal dispensing training is dispensing multi-compartment compliance packs. This is contrary to the GPhC training requirements for pharmacy staff.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Members of the pharmacy team usually work to professional standards and to identify and manage risks effectively. Some of the team log or discuss mistakes they make during the dispensing process. They try to learn from these to avoid problems being repeated. The rest of the team do not regularly do so. The pharmacy keeps its records up to date and these show that it is providing safe services. Its team members also understand how they can help to protect the welfare of vulnerable people. The pharmacy manages tells people how their private information will be used. But it doesn't always make sure confidential waste is destroyed adequately.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs). The SOPs covered the services that were offered by the pharmacy. A sample of SOPs were chosen at random and were found to have been reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes in the process to learn from them. One member of staff usually logged any issues and identified trends. However, the rest of the team did not do so.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members who were present were aware of their roles and they were observed asking the pharmacist for advice when talking to customers. Members of the team explained that they would not open up the shop if the pharmacist did not arrive at work in the morning, and would contact the superintendent pharmacist for further advice.

The results of the customer survey conducted by the pharmacy during 2017 and 2018 were displayed on the NHS choices website. These showed that the people who responded to the survey were generally very positive about the pharmacy. There was a notice on the wall behind the counter giving people details about how to complain. There was also a SOP for dealing with complaints, which the staff knew how to access.

The pharmacy's professional indemnity and public liability insurances certificate had expired on 31 July 2019. Following the inspection the new certificate was provided to the inspector. The pharmacist present during the inspection had his own professional indemnity insurance.

The pharmacy team recorded private prescriptions and emergency supplies in a book. The records were usually accurate. The controlled drugs registers were up to date and legally compliant. Running balances were kept and checked for accuracy. Fridge temperatures were recorded daily and were within the recommended range.

The pharmacy team members present had their own NHS smart cards and were seen to use their own. Confidential waste had previously been shredded, but when the shredder stopped working staff had been told to leave it separated. The superintendent pharmacist took the waste away and staff had been told that it was shredded at another branch. The staff had signed a confidentiality agreement.

The pharmacist had done a level 2 qualification about safeguarding vulnerable people and had the local

contact details available for the local authority to use if needed. The staff said that they would let the pharmacist know if they thought there was a safeguarding problem with someone who used the pharmacy.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy has enough staff to provide safe services. But some are not trained in accordance with the GPhC requirements for the tasks they undertake. Informal training is provided in the form of pharmacy magazines and staff find this useful to help keep their skills and knowledge up to date.

### Inspector's evidence

There was a regular pharmacist who worked four days a week in the pharmacy. The superintendent pharmacist worked one day a week and there was either a locum or the superintendent pharmacist on Saturdays. There was one dispenser and one counter assistant present during the inspection who had completed accredited training. Another member of staff dispensed the multi-compartment compliance packs but she had had no formal training to dispense and had been employed for more than three months. This did not comply with the GPhC requirements for staff training.

The staff did not have formal appraisals but the dispenser said that she often discussed issues with the regular pharmacist. The staff had informed the superintendent pharmacist that the shredder had stopped working, but he had refused to buy a new one. He now took the confidential waste away, but they did not know what happened to it.

Staff were given pharmacy magazines to improve their knowledge of the products they sold. They were encouraged to take part in the quizzes and tests made available in these. The superintendent pharmacist did not set targets for the pharmacist.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean and generally provide a safe, secure and professional environment for people to receive healthcare. There are some areas which need to be tidied to present a more professional image to people. Storing medicines or medical devices in damp conditions may affect the quality of those items.

### Inspector's evidence

The premises were in a listed building and so there were limits on the ability to make changes to them. The dispensary was generally clean and tidy. It was quite small and space was at a premium with limited space for dispensing. Fixtures and fittings were dated.

There was a small consultation room which was accessed via a passageway which was used to store tote boxes and other cardboard boxes. The room itself had been used for beauty therapies and some of the equipment which had been used was still in the room. This included a large clinic chair. The room was cluttered with stock, dispensed prescriptions, a vacuum cleaner and other boxes. It did not present a professional image to the public and could not be cleared quickly if a member of the public wanted a private conversation with the pharmacist.

There were air conditioning and adequate handwashing facilities. There was hot and cold running water in the dispensary. The pharmacy-only medicines were kept behind the counter, where they could not be accessed without a member of staff's help.

To the rear was a store room which was damp and smelled of mould. Dressings and medicines were stored against a damp wall, which had signs of mould on.

## 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. Pharmacy team members are helpful and give advice to people about where they can get other support. But the pharmacy could do more to make sure people taking higher-risk medicines receive all the advice they need to take their medicines safely.

### Inspector's evidence

Access to the pharmacy was down a step from the pavement. Staff said that they helped people who were less able to gain access to the shop. The pharmacy had practice leaflets which advertised its services. The staff had a signposting file where they could get up-to-date information to direct people to services which might benefit them. Opening hours were displayed on the windows.

The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. The pharmacy team said that most people ordered their prescriptions directly with the surgery. Computer-generated dispensing labels attached to dispensed medicines included relevant warnings.

Some people were being supplied their medicines in multi-compartment compliance packs. The packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. Each person had a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs. There was no list to show which packs were to be dispensed each week, and so the rest of the staff could not easily identify work needing to be done. The packs were dispensed by an untrained member of staff.

Schedule 4 controlled drug prescriptions were not highlighted to staff who were to hand them out. This could increase the chances of these items being given out more than 28 days after the date on the prescription. Some staff were not aware that there was a 28-day validity of these prescriptions. People taking warfarin, lithium or methotrexate, were not always asked about any recent blood tests or their current dose. So, the pharmacy could not show that it was always monitoring these people in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were not routinely counselled about pregnancy prevention where needed. The staff did not have access to warnings cards or stickers for split boxes. The pharmacist said that he would get information from the manufacturer.

The pharmacy had a scanner to use to comply with the Falsified Medicines Directive, but the necessary software was not yet in place. The pharmacist said that he had mentioned to the superintendent pharmacist that a new patient medication record (PMR) system was needed to support the equipment to comply with the directive, but the superintendent pharmacist had not actioned this.

Controlled drugs were stored in a suitable cabinet. Expired controlled drugs were segregated to prevent mixing up with in-date medicines. The pharmacy had a regular process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. A sample of medicines were chosen

at random and were found to be within date. Expired stock and patient-returned medicines were disposed of in pharmaceutical waste bins for destruction. These bins were stored securely and away from other medication. Team members said that they were all able to process and sort returned medicines for destruction.

Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

### Inspector's evidence

The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice.

Information stored on the PMR could not be viewed by the public. Cordless telephones allowed private conversations to be held, where they could not be overheard.

The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. There were various sizes of clean, glass, crown-stamped measures.

### 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.