

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: 05/08/2020

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. This inspection took place 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

Overall, the pharmacy team works safely and identifies and manages risks effectively. Team members record or discuss mistakes they make during the dispensing process with the regular pharmacist. And they try to learn from these to avoid problems being repeated. The pharmacy generally 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. And they keep people's private information safe.

Inspector's evidence

The person now providing regular pharmacist cover was reviewing the standard operating procedures (SOPs). The SOPs covered the services that were offered by the pharmacy. There was a SOP covering the COVID-19 pandemic. The regular pharmacist was reviewing the others to ensure that they reflected their present actions as some things had changed because of the pandemic and were becoming 'standard'. The pharmacist had undertaken a risk assessment for staff and people visiting the pharmacy during the pandemic. He had also done individual risk assessments for his team.

The written procedures said the team members should record any mistakes in the dispensing process to learn from them. This was being done reasonably regularly although there was no written evidence of reviews. The dispenser explained that they had separated similar-sounding and similar-looking medicines so that they were less likely to be picked incorrectly, following a mistake.

The pharmacy conspicuously displayed the responsible pharmacist (RP) notice. The RP record required by law was up to date and filled in correctly. The pharmacy team members 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 the shop if the pharmacist did not arrive at work in the morning and would contact the superintendent pharmacist for further advice.

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. Feedback from people using the pharmacy had been positive during the pandemic, it was reported, and they had received lots of cards and 'thank you' notes from people.

The pharmacy's professional indemnity and public liability insurances certificate on display had expired on 31 July 2020. The pharmacist supplied evidence that the policy had been renewed.

The pharmacy team thought that they could record private prescriptions and emergency supplies on the computer. But the records were not complete as the pharmacy did not have the correct computer package to comply with the legal requirements. The pharmacy team members said that they would go back to using a paper-based system until their computer was upgraded. 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.

Only the pharmacist had their own NHS smartcard and so it had to be shared. The pharmacist said that if the pharmacy used a locum pharmacist he would check that they had access to the NHS computer

system before employing them. He was going to apply for cards for the two dispensers, once the new dispenser had passed her probationary period. Confidential waste was shredded in the branch. The staff had signed a confidentiality agreement.

The pharmacist had done a level 2 qualification about safeguarding vulnerable people and had contact details for the local authority 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 met

Summary findings

The pharmacy has enough staff to provide safe services. It provides informal training to staff members in the form of pharmacy magazines and staff find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

Since the last inspection there had been some staff changes. A new, regular pharmacist was in post. He had started at this pharmacy in March 2020, just before the start of the pandemic. At the start of the pandemic the previous dispenser left, leaving one dispenser who dispensed the multi-compartment compliance packs and a trained medicines counter assistant. The pharmacist had employed another counter assistant, who was helping in the dispensary doing activities for which a dispensing qualification was not required. For example, checking off invoices against stock, and sorting out the delivery service. There was also a new trainee dispenser who had been employed for fewer than three months. The pharmacist gave the inspector an assurance that she would be put onto a suitable course, once her probationary period was concluded.

Staff in the dispensary could not socially distance. It was not observed that the staff washed their hands during the inspection. PPE was supplied to the staff, and they said they had worn it at the beginning of the pandemic but were not doing so currently. This could increase their vulnerability to contracting COVID-19 and the potential closure of the pharmacy due to 'test, track and trace' measures.

The staff did not have formal appraisals, but the dispenser said that she often discussed issues with the regular pharmacist. They had two-way conversations and she felt that the way the pharmacy was run had improved under the current pharmacist. 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 associated with magazine articles. 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. The shop premises have been adapted to help prevent the spread of COVID-19.

Inspector's evidence

The premises were in a listed building and so there were limits on the ability to make changes to them. The shop had a sign outside reminding people to socially distance and limiting the number of people to two at a time. There were markings on the floor indicating a one-way system to reduce the close contact of people in the shop. The pharmacy did not have a screen to protect the staff, but the pharmacist said that one was on order. The team had put chairs in front of the shop counter to try to maintain social distancing.

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 were a few areas in the shop and consultation room which were cluttered.

There was a small consultation room which was accessed via a passageway which was used to store crates 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. 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. Under the present COVID-19 pandemic the cleaning down of this room before and after use would need to be reviewed.

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 storeroom which was damp and smelled of mould. Dressings and medicines were stored along a damp wall, which had signs of mould on. The stock was being reduced and boxes were not touching the wall, to aid air circulation.

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. Some medicines could be stored in a more appropriate manner.

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, although this was difficult due to social-distancing requirements. 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 team said that most people used to order their prescriptions directly with their surgery, but most surgeries were preventing people from taking in hard copies of repeat slips. The pharmacy was therefore ordering prescriptions for people, if they requested it.

A large number of 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. The system for keeping track of which trays were due to be dispensed was being reviewed to make it clearer for all members of the team.

Schedule 4 controlled drug prescriptions were highlighted to staff who were to hand them out. So, the chance of these items being given out more than 28 days after the date on the prescription was reduced. But 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 the appropriate warnings cards or stickers for split boxes. The pharmacist said that he would order some 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.

Current controlled drugs were stored in a suitable cabinet. The pharmacy had a regular process of date checking and rotating stock to ensure medicines were safe to use and fit for purpose. 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 affected 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 electronic patient medication record 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.