

Registered pharmacy inspection report

Pharmacy Name: St.Andrew Pharmacy, 44a St. Andrews Street,
HERTFORD, Hertfordshire, SG14 1JA

Pharmacy reference: 1032240

Type of pharmacy: Community

Date of inspection: 31/07/2019

Pharmacy context

The pharmacy is situated next door to a surgery in a listed building. The pharmacy provides NHS and private prescription dispensing mainly to local residents. It provides medicines in multi-compartment compliance packs for a small number of people. There is a home delivery service.

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

Members of the pharmacy team are clear about their roles and responsibilities. They sometimes log the mistakes they make during the dispensing process. They try to learn from these and act to avoid problems being repeated. The pharmacy keeps its records up to date and these show that it is providing safe services. It generally manages and protects information well and it tells people how their private information will be used. But it could do more to keep information secure at all times. The team members also understand how they can help to protect the welfare of vulnerable people.

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 these had 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 was recorded in June and two in July. The pharmacist said that this was all the near misses made. It was discussed how the process could be enhanced to produce more data and so improve the learning from the near misses.

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 were aware of their roles and they were observed asking the pharmacist for advice when talking to customers.

The results of the customer survey carried out across 2018 and 2019 were displayed on the door of the consultation room. These showed that the customers' views were generally very positive. However, there were comments about the number of prescriptions which couldn't be dispensed in full. The stock holding of the pharmacy had been increased in response to this feedback.

The pharmacy team recorded private prescriptions and emergency supplies on the computer, but the details of the prescriber and the date of the prescription were not always recorded correctly. The pharmacist did not know how to retrieve the reason for making the emergency supply, although she said she recorded it when the supply was made. The controlled drugs registers were up to date and legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team members had their own NHS smartcards and were seen to use their own cards to retrieve information from the NHS spine rather than sharing those of others. Confidential waste was removed by a licensed waste contractor. Confidential waste was segregated into designated bags. The bags were stored in the basement prior to removal. 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 for the local authority available to use if needed. The staff said that they would let the pharmacist know if they thought there was a problem with a patient.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. Its staffing rotas enable it to have good handover arrangements and effective staff communication. Informal training is provided and staff find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

There was a regular pharmacist, working four days a week, and the superintendent pharmacist covered her day off each week. The other half day that the pharmacy opened was either covered by the superintendent pharmacist or a locum pharmacist. There was a trained dispenser and two counter assistants who were training to be dispensers.

There was no formal appraisal system in place, but the whole team worked together and said that they could make suggestions to the pharmacist and the superintendent pharmacist to make changes to the way prescriptions were dispensed. The pharmacist had suggested to the superintendent pharmacist that they held more stock, so that there were fewer prescriptions dispensed with items owed to people, and better customer service. This had been done and people appeared to be happier with the service provided.

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 provide a safe, secure and professional environment for people to receive healthcare. The use of the cellar for the storage of medicines and dressings may not be appropriate.

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 although the recent changes to the patient medication record (PMR) system had meant that some areas needed to be cleaned and re-organised. It was quite small and space was at a premium. The sink in the dispensary had hot and cold running water.

There was a small consultation room, divided from the shop by a sliding glass door. This could be locked and the staff said they tried to keep it shut to prevent unauthorised access.

The cellar was damp and smelled of mould, and previously had not been used for medicines storage. As the stock holding had increased the excess was being stored in the cellar. The damp conditions were being addressed, by removing the old stock and rubbish from it, and keeping the medicines away from the walls. Consideration should be given to what is stored in the damp cellar, for example the storage of dressings in these conditions might not be appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are 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. The pharmacy could do more to make sure that people taking higher-risk medicines receive all the advice they need to take their medicines safely.

Inspector's evidence

Access to the pharmacy was via step-free entrances which were suitable for people using wheelchairs. The pharmacy had practice leaflets displayed which advertised its services.

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 included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced.

Some people were being supplied their medicines in multi-compartment compliance packs. These 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. There was a list of packs to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs.

The pharmacy used packs with five compartments per day, which meant that people taking lansoprazole or levothyroxine could have them put into a separate compartment, to be taken 30 minutes before breakfast. The pharmacist had considered which medicines were put into the packs. A person taking Epilim had them put into the packs, despite the stability issues, as when they had been supplied separately the person had not taken them at all. This decision had been a joint one with the patient, their carer and the GP.

Schedule 4 controlled drug prescriptions were not highlighted to staff who were to hand them out. Doing so may help them to ensure that these items are not given out more than 28 days after the date on the prescription. 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 the patients 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 warning cards or alert stickers for split boxes. The pharmacist said that she would get the safety literature from the manufacturer.

The pharmacy had not yet made adjustments to meet the requirements of the Falsified Medicines Directive. The pharmacy did not have scanning equipment in place. However, it had just up-graded its PMR to a system which would support the new equipment needed.

Controlled drugs were stored and managed appropriately during the inspection. Date-expired controlled drugs were segregated to prevent mixing up with in-date medicines. Dispensed controlled drugs or fridge items such as insulin were stored in clear plastic bags. This provided the opportunity for

additional accuracy checks when they were collected.

As the quantity of stock-holding had increased, the cellar was being used to store stock. (See Principle three.) The pharmacy had a regular process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. Records were maintained of this process which displayed the date of checking. A sample of medicines were chosen at random and were found to be within date. Date-expired stock and patient-returned medicines were disposed of in pharmaceutical waste bins which were then sent 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. Electrical equipment was regularly tested for safety.

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 glass, crown-stamped measures, with separate ones labelled for controlled drug use, reducing the risk of cross-contamination.

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.