

Registered pharmacy inspection report

Pharmacy Name: Jade Pharmacy (Hatfield), 31 Town Centre,
HATFIELD, Hertfordshire, AL10 0JT

Pharmacy reference: 1032247

Type of pharmacy: Community

Date of inspection: 22/08/2019

Pharmacy context

This community pharmacy is in Hatfield town centre. It mainly dispenses NHS prescriptions from three local GP surgeries. It provides a travel vaccination service and it is a yellow fever centre. The pharmacy supplies some medicines in multi-compartment compliance packs to help people organise their medicines.

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 generally manages its risks well. Its team members make records about near misses when they dispense medicines. The pharmacy uses near miss records to make improvements to safety. Team members appropriately manage people's personal information. And they know how to protect vulnerable people. The pharmacy keeps the legal records that it needs to and generally makes sure that these are accurate.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were kept up to date and were signed by the pharmacy's team members to show that they had read them. The SOPs were last reviewed in November 2018. SOPs were being updated to reflect changes to laws about pregabalin and gabapentin. The responsible pharmacist's name and registration number was displayed on a notice in the retail area.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. Formal complaints would be escalated to the pharmacist and superintendent pharmacist. The pharmacy had a procedure about managing complaints.

Information about safeguarding vulnerable adults and children was in the pharmacy's SOPs. The pharmacy's delivery driver had also signed records to show that they had read this SOP. The pharmacy had contact details for local safeguarding organisations so that concerns could be escalated. Team members said that there were no previous safeguarding incidents. Concerns would be escalated to the pharmacy manager to appropriately manage.

The pharmacy had procedures about information governance and confidentiality. This included updated procedures about the General Data Protection Regulation (GDPR). Confidential waste was separated from other waste so that it could be shredded. The pharmacist said that there were plans for the waste to be destroyed by a third-party company. Team members had their own NHS smartcards to access electronic prescriptions.

Near misses were recorded on a template and the entries were reviewed every month. The pharmacy kept a list of 'look alike' and 'sound alike' (LASA) medicines so they could be highlighted to team members. The pharmacy had separated prochlorperazine and procyclidine tablets so that the team members wouldn't mix these up. Dispensing errors were recorded on templates and the incidents were reported to the superintendent pharmacist.

Certificates were displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy generally kept appropriate records about private prescriptions. There were some records where the prescriber's details had not been recorded or had been incorrectly recorded. These were highlighted to the pharmacy manager, so they could be rectified. The pharmacy kept required records about controlled drugs (CDs). It kept records about their running balances and it checked these regularly to make sure its records were accurate. The physical stock of two CDs matched their recorded balances. Other records about the responsible pharmacist and CDs returned by people were kept and generally maintained adequately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely provide pharmacy services and it has planned arrangements so that it can maintain its staffing level. The pharmacy's team members have the right qualifications for their roles. They receive some ongoing training to help them keep their knowledge up to date.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (pharmacy manager), a pre-registration pharmacy student, two dispensers and one counter assistant present. One of the dispensers had recently started employment at the pharmacy and was currently in training. The pre-registration pharmacy student was based at another pharmacy in the company and was providing cover until a new pre-registration pharmacy student started at the pharmacy in October 2019. This meant that the trainee dispenser and pre-registration pharmacy student frequently referred to the pharmacist and regular dispenser because they were not familiar with the pharmacy's processes. People visiting the pharmacy were generally served efficiently however the dispensing process was sometimes delayed because of the newer team members. The pharmacy had a current vacancy for a full-time delivery driver which was being covered by an agency driver. A calendar was displayed which helped to organise team members' annual leave and to ensure there was enough cover. The company owned another local pharmacy which meant that staff could be shared if needed. The pharmacist said that overtime was also used to provide additional cover if needed.

There were certificates displayed which showed that counter assistants had undertaken appropriate pharmacy qualifications. The company's head office kept records about the qualifications that had been achieved by team members. Some team members were receiving training from the National Pharmacy Association (NPA) to achieve the required qualifications. The pharmacy's team members occasionally attended training events run by the local NHS or by pharmaceutical companies. Ongoing training was generally informal and there weren't any records about the training that had been completed. This may have made it harder for team members to keep their knowledge up to date. The pharmacist said that he sometimes passed important information to the team when he read trade magazines. Information was shared through group discussions, written notes and through a WhatsApp group.

The pharmacy's team members did not have documented appraisals or reviews. The pharmacist said that he would provide feedback to team members when it was required. The pharmacy had targets about dispensed items and some of its services. Team members said that the targets were achievable and that they felt supported by the superintendent pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. The premises are clean and largely free from clutter. The pharmacy has appropriate security arrangements to protect its premises.

Inspector's evidence

There was enough space in the pharmacy's retail area for people to wait for their medicines or other services. The pharmacy had a consultation room that people entered via the dispensary. Confidential information wasn't visible to people who entered the room. The consultation room was cluttered with documents and boxes of stock. This did not present a professional image to people who used the room.

The dispensary was generally clean and tidy. Baskets of dispensed medicines were stacked on workbenches for the pharmacist to check. Team members kept some areas clear so that there was enough space to dispense and check medicines. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. And it had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services well. It gets its medicines from reputable suppliers and makes sure they are safe for people to use. It generally stores medicines appropriately. Its team members largely provide advice to people who receive higher-risk medicines, so they can be taken safely.

Inspector's evidence

The counter assistant knew when to refer to the pharmacist. She provided examples of circumstances where it would not be appropriate to sell an over-the-counter medicine. The pharmacy's entrance and layout made it easier for people in wheelchairs or with pushchairs to use. The pharmacy did not have its practice leaflets displayed which meant that some people may not have access to information about the pharmacy or its services. The pharmacist said practice leaflets had been ordered.

The pharmacy supplied medication in multi-compartment compliance packs to some people to help them organise their medicines. The workload was arranged across four weeks. The pharmacy kept records about medicines included in the packs, their administration times and changes to medicines. The packs were assembled in a separate area which reduced distractions. Patient information leaflets were supplied with the packs so that people could access up-to-date information about their medicines. The pharmacy kept records about prescription ordering and assembly of the packs. Assembled packs included descriptions which helped people to identify individual medicines. Two assembled packs were checked at random and did not include the dispenser's initials which meant it may have been more difficult for the pharmacy to find out who had been involved with the supply of these medicines.

The pharmacy provided a travel vaccination service. It had up-to-date patient group directions (PGDs) which outlined the eligibility for the service. The pharmacist had completed online and face-to-face training to provide the service. This was repeated every two years. It kept appropriate electronic records about the treatment that had been provided.

The pharmacy provided a repeat prescription service. People could order their prescriptions through the pharmacy. The pharmacy also ordered some people's prescriptions when they were due. The pharmacy kept records about prescription items that were required by people.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were generally initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team and these were shown to the pharmacist.

The pharmacist used stickers to highlight dispensed medicines that needed more counselling. People who were supplied with warfarin were not always asked about relevant blood tests. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. But it did not have treatment cards or other guidance materials to support this advice. The inspector provided information about where to find these resources. The pharmacy delivered some people's medicines. It used software to arrange and keep track of its deliveries. People who received deliveries provided their signatures. This helped the pharmacy to show that the

medicines had been safely delivered.

The pharmacy had invoices which showed that its medicines were obtained from licensed wholesalers. It used a fridge to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs which had gone past their 'use-by' date were separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. The latest records were dated in May. Team members said recent checks had taken place but had not been recorded. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were first opened. This helped the team members to know that the liquid medicine was suitable if they needed to use it again. Date-expired and medicines people had returned were separated and placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used to segregate cytotoxic and other hazardous medicines.

The pharmacy did not currently have equipment or software to help verify the authenticity of its medicines and to comply with the Falsified Medicines Directive. The superintendent pharmacist was in the process of making arrangements for the required equipment to be installed. The pharmacy received information about medicine recalls. It kept records about the recalls it had received and the actions that had been taken. This included a recent recall about irbesartan.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know how to keep equipment in good working order. And they know how to access up-to-date reference sources when they provide services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Team members said that they referred maintenance issues to the pharmacy manager or superintendent pharmacist. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had appropriate measures to accurately measure liquids and it had suitable equipment to count loose tablets. The pharmacy's team members accessed up-to-date reference sources on the internet.

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.