

Registered pharmacy inspection report

Pharmacy Name: Manor Pharmacy, 347 Watling Street, RADLETT,
Hertfordshire, WD7 7LB

Pharmacy reference: 1032272

Type of pharmacy: Community

Date of inspection: 05/06/2019

Pharmacy context

The pharmacy is located in a parade of businesses. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance packs (MDS blister packs) for people who have difficulty managing their medicines. Services include prescription collection and delivery, emergency hormonal contraception (EHC), stop smoking, minor ailments, NHS supply of urgent medicines, supervised consumption and seasonal flu vaccination. The pharmacy has healthy living status.

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	1.1	Good practice	The pharmacy team members can provide examples of actions taken to manage risk.
		1.2	Good practice	The pharmacy continually monitors the safety of its services to protect public safety.
2. Staff	Standards met	2.2	Good practice	The pharmacy's team members are well trained and they understand their roles and responsibilities.
		2.5	Good practice	The pharmacy team members make suggestions to improve safety and workflow
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy offers its services to people with a wide range of healthcare needs.
		4.2	Good practice	The pharmacy is good at providing its services safely and effectively. It takes extra care with high risk medicines to make sure people take their medicines safely.
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 safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk well and keeps people's information safely. The pharmacy asks its customers for their views. The pharmacy has written procedures which tell staff how to complete tasks safely. But these are currently under review and may not always reflect current best practice. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand their role in protecting vulnerable people.

Inspector's evidence

Near misses were recorded, reviewed and actions taken to prevent a repeat near miss were completed for each incident. Monthly patient safety reviews (PSR) were completed. A safety improvement point detailed reducing drug strength errors by careful checking of the strength of medicine versus the prescription. Action points included highlighting 'lookalike, soundalike' (LASA) medicines on the dispensary shelves to reduce picking errors and checking the strength, quantity and form required. 'Lookalike' medicines with similar packaging included those made by the same manufacturer. An incident was highlighted where an incorrect inhaler was picked when dispensing a prescription for a generic inhaler.

Workflow: the pharmacist explained that a legal, clinical and stock check was undertaken on receipt of the prescription. Baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated and medicines were picked from reading the prescription. There were separate dispensing and checking areas. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines. When generating labels interactions were highlighted to the pharmacist.

There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. 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 packs (blister packs) were prepared for a number of patients according to a matrix. Preparation was away from the main dispensary where there was more space and less distraction. The pharmacy managed prescription re-ordering on behalf of patients. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a blister pack. Then the pharmacist explained to the patient/carer how to use the blister pack. The patient was asked to return any remaining medicines from home before commencing the blister pack to reduce the risk of confusion over which medicines to take. Blister packs were re-dispensed to manage changes in medication. Gloves were worn when handling tablets/capsules.

There was a folder which contained patient information in individual polythene sleeves and included discharge summaries and notes. Labelling included a description to identify individual medicines and package information leaflets were supplied with each set of blister packs. Each blister pack was labelled with week 1,2,3 or 4 and a start date.

Controlled drugs (CDs) were supplied in the blister pack and were added just prior to supply to the patient. A weekly prescription was issued so the dates of CD prescriptions were managed to ensure supply within 28-day validity of the prescription. Levothyroxine and lansoprazole were supplied in the blister pack and special instructions were highlighted on the backing sheet to ensure they were taken before food. The dispenser said sodium valproate was supplied in a weekly blister pack to manage stability of the medication.

The practice leaflet was on display and included details of how to comment or complain. The annual patient questionnaire had been conducted and had resulted in positive feedback. The standard operating procedures were reviewed late 2018 and staff were up to date with training. SOPs included a complaints procedure, whistleblowing policy, safeguarding and a completed roles and responsibilities matrix. Staff said they would not give out a prescription or sell a P medicine if the pharmacist were not on the premises. Hydrocortisone cream would not be sold for use on the face. A member of the public would be refused purchase of three packs of Sudafed because of unwanted symptoms developing.

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring 31 Oct 2019. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions, emergency and special supplies were generally complete.

The CD registers were complete and the balance of CDs was audited weekly. A random check of actual stock of three strengths of MST reconciled with the recorded balance in the CD registers. Footnotes correcting entries were not all signed and dated. Invoice information recorded for receipt of CDs included name, part address and number of the invoice. Patient returned CDs were recorded in the destruction register for patient returned CDs. The pharmacist checked on all prescriptions for more than 28-days' supply of CD with the prescriber.

Patient group directions (PGDs) were valid and included EHC, Champix and chlamydia treatment. Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). The Data Security and Protection toolkit had been completed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff generally used their own NHS cards. Staff had undertaken safeguarding and dementia friends training and the pharmacist was accredited at level 2 in safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload within the pharmacy and works well together. The team members are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

Inspector's evidence

Staff comprised: one full-time regular pharmacist, two part-time pharmacists who covered Saturday and days off, one full-time pre-registration pharmacist, one part-time dispenser, two full-time and one part-time medicines counter assistants (MCAs). In addition, there were two newly recruited part-time MCAs to cover Saturday and one full-time accuracy checking technician (ACT) who had not commenced employment at the time of the visit. Locum dispenser cover was provided by head office. There was one vacancy for a full-time dispenser.

The pharmacist was a pharmacist independent prescriber (PIP) specialising in minor ailments which was available as a service. The pharmacist had undertaken training to deliver the forthcoming planned travel clinic service including vaccinations. The pre-registration pharmacist was enrolled on Greenlight training and attended training days regularly. There was half a day set aside for study each week. The pharmacist was pre-registration tutor.

Staff had training profiles on the Alphega tablet. Training topics included hay fever, glucose monitoring with Free Style Libre and Viagra Connect POM to P. staff had also completed Children's Oral Health and Risk Management in line with quality payments criteria.

Staff performance was monitored and documented at annual appraisal. Staff were free to provide feedback to improve services and had suggested a rota to file completed prescriptions. When counter staff needed to ask the pharmacist a question, they put a note in a basket which went into the prescription queue. That way distraction during the dispensing and checking procedures was reduced and if looking for a person's prescription there was no breach of confidentiality by calling out the name. There was a whistleblowing policy. Targets and incentives were set but staff did not believe patient safety and wellbeing was adversely affected

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for the provision of its services.

Inspector's evidence

The premises were generally clean and tidy. The lavatory facilities were clean and handwashing equipment was available. The consultation room was downstairs in the basement next to the store room and protected patient privacy. There was a hand rail on both sides of the staircase. The consultation room was lockable to secure documentation or equipment. There was a quiet area at the end of the medicines counter where members of the public could have a private word with the pharmacist. There was sufficient lighting and air conditioning.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe and effective.

Inspector's evidence

There was wheelchair access and large font labels could be printed to assist visually impaired patients. Staff could converse in Marathi, Swahili, Arabic, Hindi and Gujarati to assist patients whose first language was not English.

Patients were signposted to other local services via information in a signposting book which included the family planning clinic for late emergency contraception via a coil, minor injuries at local hospital or optician. Interventions were recorded on the patient medication record (PMR) including blister pack interventions, counselling given on pregnancy prevention programme (PPP) when supplying Roaccutane and within seven days of the date of issue of the prescription. The pharmacist confirmed that she had the folder of information regarding supply of sodium valproate to patients of child bearing potential and that any counselling would be noted on the PMR. The folder of information including cards to distribute to patients when supplying sodium valproate were retained in a drawer. Both phases of the sodium valproate audit were undertaken but no patients were identified requiring PPP information.

'Speak to pharmacist' stickers were attached to prescriptions to highlight any high-risk medicines being supplied such as warfarin and methotrexate. The pharmacist would then counsel the patient on how best to take their medication.

During medicines use reviews (MURs) patients taking warfarin were asked about blood test dates and for their record of INR which was recorded on the PMR. The dose of the warfarin and the colour of tablets in relation to strength of warfarin was explained. Advice was given about side effects of bruising and bleeding. Advice was given about diet containing green vegetables and cranberry which could affect INR. Patients taking methotrexate were reminded of the weekly dose and taking folic acid on a different day. Advice was given to visit the doctor if sore throat or fever developed.

The NHS email and nhs.uk entry was current. The pharmacy had level 2 healthy living status. Health campaigns had been conducted to increase public awareness of ovarian cancer, 'blood in pee', 'Protect your child's smile' and Stoptober. Oral health display material was located with the dental toothpaste section to increase public awareness. There was 'Protect your child's smile' and 'Dental check by 1' posters.

Audits had been conducted. No patient was identified for referral for prescription of proton pump inhibitor for gastric protection during the non-steroidal anti-inflammatory drug (NSAID) audit. The audits regarding use of inhalers in the treatment of asthma resulted in two referrals of adults and four referrals to the doctor to obtain a spacer and asthma treatment plan. Both phases of the sodium

valproate audit were undertaken but no patients were identified requiring PPP information.

Delivery of CDs had been risk assessed to ensure there was a complete audit trail including the CD register when CDs were delivered. As part of the risk management within the pharmacy, the dispenser was not to answer the phone while dispensing to minimise risk of errors.

Medicines and medical devices were delivered outside the pharmacy and there was a delivery drop sheet which included whether there was a CD or fridge item. Patient signatures were recorded. There was a failed delivery slip to leave in the event of an unsuccessful delivery attempt. Uncollected prescriptions were removed from retrieval every six weeks. CD prescriptions including schedule 4 were endorsed with expiry date of 28 days.

The pharmacist provided private prescriptions after a consultation to treat minor ailments for patients to take away and have dispensed at other local pharmacies. The pharmacist followed up on the patient a few days later to monitor progress and recovery. Falsified medicines directive (FMD) hardware and software was not operational at the time of the visit.

Medicines and medical devices were obtained from Alliance, AAH, Phoenix and Day Lewis. Floor areas were clear, and stock was neatly stored on the dispensary shelves. Stock was date-checked and recorded and there were regular stock takes. No date-expired medicines were found in a random check. Liquid medicines were marked with the date of opening. Medicines were stored in original manufacturer's packaging. Cold chain items were stored in the medical fridge. Waste medicines were stored separate from other stock in pharmaceutical waste bins.

Uptake of services: EHC was supplied three to four times per month, Stop smoking (Champix) was accessed by one patient currently. There were no clients for supervised consumption at the time of the visit. Two supplies had been made via NUMSAS. No supplies of chlamydia treatment had been made. These services were reported on Pharm Outcomes. Around 10 people accessed the private minor ailments service per month. Drug alerts were actioned on receipt, annotated and filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

Current reference sources included BNF and Drug Tariff. There was a range of British standard glass measures to measure liquids including separate marked measures for methadone.

The medical fridge was in good working order. Minimum and maximum temperatures were monitored daily and found to be within range 2 - 8 degrees Celsius. The CD cabinet was fixed with bolts. CD destruction kits were available.

Adrenaline injection devices were in date. Minor ailments equipment included thermometer, oximeter and Multistix. The sharps bin was brought into the consultation room at the time of vaccination.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). The Data Security and Protection toolkit had been completed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff generally used their own NHS cards.

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.