

# Registered pharmacy inspection report

**Pharmacy Name:** Village Pharmacy, 7 Bell Street,  
SAWBRIDGEWORTH, Hertfordshire, CM21 9AR

**Pharmacy reference:** 1032296

**Type of pharmacy:** Community

**Date of inspection:** 27/08/2019

## Pharmacy context

This community pharmacy is in a Hertfordshire village. It mainly dispenses NHS prescriptions that it receives from a nearby GP surgery. It dispenses some medicines in multi-compartment compliance packs to help people take their medicines. And it supplies some medicines to care homes.

## 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
<b>1. Governance</b>	Standards met	1.2	Good practice	The pharmacy makes improvements to its services by reviewing its records about mistakes and near misses.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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

The pharmacy manages its risks well. It makes improvements to its services by reviewing its records about mistakes and near misses. The pharmacy keeps the records that it needs to and makes sure that they are accurate. Its team members know how to protect vulnerable people. And they manage people's personal information properly.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs had been reviewed to keep them up to date. The pharmacy's team members had signed records which showed that they had read the SOPs that they needed to. The responsible pharmacist's name and registration number was displayed on a notice in the retail area. But the notice's location meant that it was not clearly visible to people using the pharmacy, and this may have meant that they did not know who the pharmacist on duty was. This was highlighted to the pharmacists, so the notice's location could be changed.

The pharmacy had a SOP about investigating and reporting dispensing errors. It had a template for recording near misses which included the date, time, type of error, and the medicines and team members involved. Team members did different parts of the dispensing process which helped to minimise errors. The pharmacy wrote regular reports to record any trends and improvements they had made. Recent reports were dated in April and June 2019. Team members had clearly separated strengths of the same medicine to make sure the correct strength was dispensed. The pharmacy team had highlighted 'lookalike and soundalike medicines (LASA)' to prevent mistakes involving these medicines.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. Team members said that they received additional feedback verbally. Complaints were escalated to the responsible pharmacist and the superintendent pharmacist. The pharmacy had a SOP about managing complaints.

The pharmacy's team members had received training about safeguarding vulnerable children and adults. Some team members had received training through the Centre for Pharmacy Postgraduate Education (CPPE). There was a SOP about safeguarding which helped the team to manage its concerns. Team members had to escalate their concerns to the responsible pharmacist or superintendent pharmacist. Team members said that there were no previous incidents. The pharmacy had contact details for local safeguarding organisations.

The pharmacy had SOPs about information governance and confidentiality. Confidential waste was separated so that it could be shredded. Most team members had their own NHS smartcards to access electronic prescriptions. Other team members were in the process of applying for their own smartcards.

The superintendent pharmacist emailed the inspector certificates which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept required records about controlled drugs (CDs). The records included running balances and these were checked every month to make sure the records were accurate. Two CDs were chosen at

random and the stock found matched the recorded running balances. Other records about the responsible pharmacist, returned CDs and private prescriptions were kept and maintained adequately.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide its services. Its team members have the right qualifications to competently perform their roles. And they receive appropriate support when needed.

### Inspector's evidence

At the time of the inspection there was the responsible pharmacist, a second pharmacist, one pharmacy technician, two dispensers and two counter assistants present. The staffing level was adequate to comfortably manage the pharmacy's workload. The pharmacy used a rota to plan staff hours and it used overtime to cover absences.

The pharmacy had certificates which showed that most team members had appropriate pharmacy qualifications for their roles. Other team members described training they were receiving to achieve appropriate qualifications. The pharmacy team used discussions and WhatsApp conversations to share information and updates. The team members received informal training which may have made it more difficult to keep their knowledge up to date. Team members said that they discussed new legislation or read trade magazines when they came in the post. Some had received training to provide the 'Stop Smoking' service. The pharmacy's team members had informal conversations about their performance. The pharmacy had targets that were set by the superintendent pharmacist. This include targets about services that were provided such as MURs and flu vaccinations. Team members said that the targets were achievable, and they said that the superintendent pharmacist was approachable and supportive.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides its services from suitable premises. It has enough space to safely provides its services. The pharmacy's consultation room protects people's privacy during private consultations.

### Inspector's evidence

The pharmacy was clean and tidy. Parts of the pharmacy had recently been refurbished to provide more space for storing stock and dispensed medicines. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a consultation room which was suitable for private consultations and conversations. And it had appropriate security arrangements to protect its premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally manages its services well. Its team members make sure that they give the right advice to people who receive higher-risk medicines. The pharmacy stores its medicines appropriately and makes sure they are supplied safely to people.

### Inspector's evidence

The pharmacy team could not find practice leaflets which may have restricted some people's access to information about the pharmacy and its services. There was a small step at the entrance of the pharmacy and the door wasn't automatic. Team members said that they would help people who could not easily use the entrance to the pharmacy. The pharmacy kept records about prescriptions it ordered for people. It generally received electronic prescriptions from local GP surgeries.

Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team members so they could inform the pharmacist. Its team members made sure that CDs were supplied at the right time.

The pharmacist used stickers to highlight dispensed medicines that needed more advice. This included methotrexate, warfarin and lithium. There were several stickers seen on bags of dispensed medicines. The pharmacy kept records about relevant blood tests when it supplied warfarin to people. Several records were seen on people's medication records. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. And it had up-to-date guidance materials to support this advice. The pharmacy delivered some people's medicines. It kept records about these deliveries which included the recipient's signature.

The pharmacy supplied medicines in multi-compartment compliance packs to some people. The pharmacy kept records about the medicines inside the tray, the administration time and any changes to medicines. Assembled packs included descriptions which helped people to identify individual medicines. Patient information leaflets were supplied with the packs, so people had information about their medicines. The pharmacy's team members said that prescribers usually decided how frequently people should receive their packs.

The pharmacy supplied some medicines to care homes. The medicines were supplied in their original packaging. The pharmacy kept records about the medicines that had been ordered by the care home. The pharmacy kept separate records about the CDs and acute medicines that were supplied to the homes. The pharmacy organised the workload so that it was more manageable.

The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used a fridge for 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 were stored appropriately. 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 every month. It kept records about the medicines that

were close to their 'use-by' dates. But the pharmacy didn't keep records about when it completed date checks, so it may have been more difficult for its team members to monitor how frequently the checks had taken place. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were 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 placed into pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used for cytotoxic and other hazardous medicines. The pharmacy had installed equipment and software to help verify the authenticity of its medicines and to comply with the Falsified Medicines Directive. 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 Valsartan in July 2019.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members make sure that equipment is in good working order. And they use up-to-date reference sources when they provide services to people.

### 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 regular pharmacist, who would contact approved contactors. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. Glass measures were available in the pharmacy to accurately measure liquids and there was 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.