

Registered pharmacy inspection report

Pharmacy Name: Medix Pharmacy, 84 High Street, STEVENAGE,
Hertfordshire, SG1 3DW

Pharmacy reference: 1032309

Type of pharmacy: Community

Date of inspection: 29/01/2020

Pharmacy context

The pharmacy is situated in the High Street of the Old Town. It dispenses NHS and private prescriptions to people in the local community and it has a travel clinic. Several people have prescriptions dispensed which are issued by the drug and alcohol team. The pharmacy offers a prescription delivery service to the surrounding villages, as well as the town. It also supplies medicines in multi-compartment compliance packs to people who need this support. There are plans to provide cosmetic services as well but this has yet to be advertised. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

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 work to professional standards and identify and generally manage risks effectively. They are clear about their roles and responsibilities. The pharmacy keeps its records up to date. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people. They log some mistakes they make during the pharmacy processes. They try to learn from these to avoid problems being repeated but there is no formal record of this learning.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) to tell the team how they should undertake the work in the pharmacy. The procedures were last reviewed in September 2019 and had been signed by the staff. They were generally followed. The written procedures said that the team should log any mistakes they made in the dispensing process in order to learn from them. The team members had not logged many in recent months although they said they had discussed some near misses made. The team said that they discussed near misses and took steps to prevent recurrences, such as separating amlodipine and amitriptyline, which had been a common picking error. The limited near miss recording may hinder the ability of the pharmacy to identify risks in the dispensing process, establish any patterns or trends and coaching needs, and adopt appropriate remedial actions to minimise risks.

During the hours that the pharmacy was open to the public, the pharmacy conspicuously displayed the RP notice and the record required by law was up to date and filled in correctly. The staff were aware of when they should speak to the pharmacist and were observed doing so.

As found during the last inspection in May 2019, the pharmacy still had not posted any customer survey information on the NHS website, and the staff could not say what learning had been taken from it. There was a complaints procedure, with a notice telling people how to make a complaint. The pharmacy had professional indemnity and liability insurance with the NPA. The pharmacy used CityDoc for all its current vaccination and patient group direction supplies. These services were said to be covered by their insurance.

The pharmacy team recorded private prescriptions and emergency supplies on the electronic patient medication record (PMR) although the details of the prescriber and the date of private prescriptions were not always recorded accurately. The controlled drugs (CD) registers were up to date and legally compliant. The maximum and minimum fridge temperatures were recorded daily and were within the expected ranges.

The pharmacy team segregated confidential waste and it was shredded by a member of the team. Confidential material was kept in the dispensary or stock room, where it could not usually be accessed by people who should not see it. The team all had NHS smartcards to access electronic prescriptions, and these were used only by the member of staff to whom the card was issued during the inspection.

The RP had undertaken the required level of safeguarding training and the team were aware of what to do if they were worried about a customer. The team had ready access to local contact telephone

numbers if they needed to report a concern about a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe services for local people. The staff have finished or are completing accredited training for the roles they undertake. The pharmacy does not have a formal approach to monitoring its team members development and it does not provide any training to staff beyond the required accredited training. So, it may not always be able to identify and resolve any knowledge gaps or other learning needs that its staff may have.

Inspector's evidence

The regular pharmacist worked five and a half days each week. The superintendent pharmacist worked part-time during the day, sometimes in the wholesaling business and sometimes in the pharmacy. Other staff comprised a trainee dispenser, a counter assistant, a trainee counter assistant who also labelled prescriptions and two delivery drivers. The trainee counter assistant who also took some part in the preparation of prescriptions had only just started this role. The superintendent pharmacist said they would be put onto the dispensing course as soon as possible, following the inspection. The trainee dispenser had completed the last module of her training and was waiting for the result. The superintendent pharmacist's mother did some administration jobs. She had been given training on the confidential nature of the role.

Those staff who were enrolled on the required accredited training courses were encouraged to complete their training, but were not provided with dedicated time at work to do so. They fitted it in when they could. There were no formal appraisals in place for staff and staff were not aware of what training would be available once their formal training was complete. The superintendent pharmacist did not set targets for the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are acceptably clean and generally provide a safe, secure and professional environment for people to receive healthcare. Fire-exits should always be kept unlocked when the building is occupied.

Inspector's evidence

Walk-in and repeat prescriptions were dispensed behind the counter, where staff could be seen by the public. There was a separate area where the multi-compartment compliance packs were usually dispensed. This area was quieter which helped staff to concentrate better when dispensing. A room further to the rear was used for storage and administration tasks. The wholesale dealing was done from a lockable room at the rear of the building.

There was a consultation room. There were chairs set round a table for pharmacy consultations but the space available was somewhat impacted by a large clinic chair. There was no sink in the consultation room which could make it harder to maintain hygiene standards when taking blood samples and vaccinating people.

It was noted that the fire exit door to the rear of the premises were clear of debris but was locked at the top using a bolt.

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. But patients receiving higher-risk medicines such as warfarin and valproates may not get all the support and information they need to take their medicines in the best way. And because the pharmacy doesn't highlight all prescriptions which are only valid for 28 days, there is an increased chance of medicines being given out when the prescription is no longer valid.

Inspector's evidence

The pharmacy consistently 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. Prescriptions where the person was waiting were put into red baskets to highlight this fact.

A large group of 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. Each person had a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs. There was a file containing the information for each person receiving a compliance pack which recorded any changes made to their medication. Packs were dispensed as the prescriptions came in, rather than on a rota basis.

Schedule 4 CD prescriptions were not highlighted to staff who were to hand them out. This could increase the chances that these are supplied to people after the expiry date of the prescription. A number of prescriptions which were older than 28 days were found on the shelving waiting to be handed out. People taking warfarin, lithium or methotrexate bringing their prescription into the pharmacy were not always asked about any recent blood tests or their current dose. So, the pharmacy could not show that it was monitoring these people in accordance with good practice. However, it was reported that the local surgeries would not issue a prescription unless there were recent blood tests on the person's record. People in the at-risk group who were receiving prescriptions for valproate were not routinely counselled about pregnancy prevention. And appropriate warnings stickers were not available for use if the manufacturer's packaging could not be used. So, these people may not receive appropriate advice about the medicines they receive. Following the inspection the regular pharmacist confirmed that she had the warning labels and cards in stock and provided assurance that she was now giving them out to people in the at risk group who needed them.

The pharmacy used CityDoc for all its current vaccination and patient group direction supplies. This included rabies, hepatitis A and B, tetanus, chicken pox, typhoid and yellow fever. Compulsory, ongoing training was supplied by CityDoc and the regular pharmacist had to complete the training successfully to offer these services and have access to the CityDoc website. The pharmacy also supplied malaria prevention treatments using a CityDoc authority. The regular pharmacist performed blood tests for CityDoc, sending the samples by post or courier, depending on what the test was for. She had undertaken the necessary training for this. When the superintendent pharmacist was the responsible pharmacist these services were not offered.

The pharmacy got its medicines from licensed wholesalers, generally stored them in dispensary drawers and on shelves in a tidy way and did regular date checking. There were stickers on the shelves and boxes to indicate items which were short dated.

The pharmacy had changed its patient medication record system to one which enabled it to comply with the Falsified Medicines Directive. 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 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, stamped measures with separate ones labelled for methadone use, reducing the risk of cross contamination. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice.

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.