

Registered pharmacy inspection report

Pharmacy Name: Bricketwood Pharmacy, 111 Oakwood Road,
Bricket Wood, ST. ALBANS, Hertfordshire, AL2 3QB

Pharmacy reference: 1032338

Type of pharmacy: Community

Date of inspection: 04/10/2019

Pharmacy context

This is a community pharmacy in the village of Bricket Wood, near St Albans in Hertfordshire. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter (OTC) medicines, offers advice and a few services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations, blood pressure testing as well as home deliveries. The pharmacy also provides multi-compartment compliance aids to people if they find it difficult to take their medicines on time. And, it provides medicines to one residential care home.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	Good practice	4.1	Good practice	The pharmacy's services are easily accessible to the public. The pharmacy has proactively sought to improve ways in which its services can be provided
		4.2	Good practice	The pharmacy ensures its services are effectively managed and provided safely. The team makes appropriate clinical checks for people prescribed higher-risk medicines, and there are audit trails to verify this
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy operates in a safe manner. It manages risks appropriately. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand the need to protect the welfare of vulnerable people. And, the pharmacy generally maintains its records in accordance with the law.

Inspector's evidence

The pharmacy was very organised. The dispensary's workspaces were kept clear of clutter and the pharmacy's workload was manageable. At the point of inspection, the pharmacy was being re-fitted and the dispensary extended. This had not affected the team's ability to comply with relevant standards as the premises were being kept clean and ordered.

The superintendent pharmacist explained that there were usually separate areas to process prescriptions and assemble them, both him and his wife, took it in turns to prepare multi-compartment compliance aids. Near misses were seen recorded with monthly or quarterly reviews taking place to help identify any common themes or patterns. An annual patient safety report was also seen compiled. In response, the team's awareness was raised, and they separated medicines involved in near misses or ones that were deemed likely to cause a mistake, such as those that were similar in name or packaging. The pharmacy's stock holding was very organised, and this also helped to reduce the likelihood of errors happening.

Incidents were managed by pharmacists and their procedure was in line with the documented complaints policy. This included apologising, investigating and recording details. They were also reported to the National reporting and Learning System (NRLS) and previous reports were seen completed. The pharmacy informed people about its complaints procedure.

The pharmacy held the required standard operating procedures (SOPs) to support its services. They were reviewed in 2019. Team members roles and responsibilities were semi defined within the SOPs and staff had signed to confirm that they had read the SOPs. Team members understood their roles and responsibilities and knew the activities that were permissible in the absence of the responsible pharmacist (RP). The correct RP notice was on display and this provided people with details of the pharmacist in charge of operational activities on the day.

Staff were trained to identify signs of concern to safeguard vulnerable people. They had read the relevant SOPs and took instructions from the pharmacists. The RP and superintendent pharmacist were trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE). There were SOPs to support the process and relevant local contact details for the safeguarding agencies were readily available.

The pharmacy informed people about how their privacy was maintained. Staff explained that when the owners had installed a computer terminal on the front counter, they had also created an enclosed space around it so that confidential details could not be seen. The consultation room was used if private conversations were required. Confidential waste was segregated before being shredded and staff were trained on the EU General Data Protection Regulation (GDPR). They described reading through relevant

information about this and had signed confidentiality statements.

However, there was confidential material stored to one side of the front counter that was due to be shredded. This could have been potentially accessed by people coming into this area. This did not happen during the inspection and once highlighted, the information was removed. There was also a risk that sensitive information on dispensed prescriptions awaiting collection could be seen from the front counter but only if people leaned over the counter. Although this was not observed, this situation was discussed at the time and the pharmacy team advised to ensure details were either turned around or better protected. The superintendent agreed that this would be implemented, or the bags moved as soon as possible.

Most of the pharmacy's records relating to its services were compliant with statutory requirements. This included a sample of registers seen for controlled drugs (CDs), records of emergency supplies, most of the RP record, records of unlicensed medicines and private prescriptions. On randomly selecting CDs held in the cabinet, their quantities matched balances that were recorded in the corresponding registers. The maximum and minimum temperatures for the fridge were checked every day and records were maintained to verify that they remained within the required temperature range. Staff kept a complete record of CDs that had been returned by people and destroyed at the pharmacy. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association (NPA) and this was due for renewal after 31 December 2019. There were the occasional missing entries within the electronic RP record when the pharmacist had not recorded the time that their responsibility ceased. Records for some private prescriptions had been made using generated labels but they had not faded or become detached and occasionally prescriber details were missing from records of unlicensed medicines. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. They are provided with resources and encouraged to complete regular, ongoing training. This helps to keep their skills and knowledge up to date.

Inspector's evidence

Staff present during the inspection included a locum RP and a trained medicines counter assistant (MCA). Shortly into the inspection, the superintendent pharmacist arrived to assist with the inspection. There were also two other part-time MCAs, a pre-registration pharmacist who was due to start soon and the superintendent's wife who was also a pharmacist. The team's certificates of qualifications obtained were seen.

The MCA understood her role and responsibilities, she asked appropriate questions before selling medicines over the counter and referred when required. To assist staff with their training needs, a range of resources were provided by the pharmacists. This included reading material from the NPA, booklets from wholesalers, using trade publications, reading promotional material as well as regularly taking instructions from them. This helped to improve and keep their knowledge up to date. Staff progress was monitored annually with formal performance reviews taking place. The team used a WhatsApp group to communicate with one another and because they were a small team, details were also discussed and provided verbally. According to the locum, there had been no formal targets set to complete services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment to deliver its services. The pharmacy is clean and kept secure from unauthorised access.

Inspector's evidence

The premises consisted of a spacious and medium sized retail space with a much smaller dispensary behind this. This section was currently being extended which, once finished, would create additional space here. Currently, the size of the dispensary was adequate and there was an additional table placed on one side to provide further workspace. The pharmacy was clean and tidy. This included the area being refurbished. The pharmacy's retail area was well presented, and it was suitably lit as well as appropriately ventilated.

Pharmacy (P) medicines were stored behind the front counter, staff were always within the vicinity and this helped restrict access by self-selection or unauthorised entry into the dispensary. One end of this counter however, was open with no barrier in place to prevent people from coming behind it. Staff explained that people did not normally venture into this space or if they did, they would come to this location to help assist them. A signposted, consultation room was present in the retail space for services and confidential conversations to take place. The room was of an adequate size for this. It was normally kept locked and there was no confidential information accessible.

Principle 4 - Services ✓ Good practice

Summary findings

The pharmacy provides its services in a safe and effective manner. Its services are easily accessible. The pharmacist owners are proactive in seeking helpful outcomes for people. And, the team takes extra care for people prescribed higher-risk medicines. This helps ensure that people can take their medicines safely. The pharmacy sources, stores and manages its medicines well.

Inspector's evidence

The pharmacy's opening hours were listed on the front door and its services were being advertised. Entry into the pharmacy was from the street and the premises consisted of wide aisles as well as some clear, open space. This assisted people with wheelchairs or restricted mobility to easily use the pharmacy's services. Staff described using written communication for people with different needs or they used the consultation room to provide a private space. The pharmacy displayed some leaflets that provided information about other local services. There was documented information present that staff could use alongside their own knowledge of the area or online resources, to signpost people to other local organisations. Four seats were available for people if they wanted to wait for their prescriptions with plenty of car parking spaces outside.

The pharmacy team was proactive in identifying people who could benefit from the pharmacy's services. They did this by attaching labels to bags, highlighting prescriptions and explaining the services to people. The superintendent pharmacist described MURs and the NMS as useful services for people because they had helped improve people's compliance and understanding about their medicines. This meant that people could take their medicines in accordance with how they were prescribed. They also provided an opportunity for the pharmacy team to interact with people.

The pharmacy owners had completed an in-house survey to see how they could improve their prescription collection and management system. As a result, they had created and set up an App for people to use for the delivery service. This was to assist younger people in accessing the pharmacy's services. To help promote the service, when the team signed people up for the former service, consent forms were used which asked if a delivery service was required and further information was provided on their website, via the App, by coming in to speak to the pharmacy team or at the local GP surgery. Staff maintained records for the repeat prescription management system, this included details about when they were ordered, when prescriptions were received or if queries had been required with the surgery. The superintendent pharmacist also described periodically checking that people who had not used their repeat prescription service for some time, were still taking their medicines as prescribed.

There were details about previous clinical audits seen. This included an audit completed in the previous year, about whether people prescribed non-steroidal anti-inflammatory drugs (NSAIDs) were co-prescribed gastroprotection. A few people had been found not to have been co-prescribed a proton pump inhibitor, they were referred to their GP and subsequently returned with prescriptions for this.

The influenza vaccination was also described as a popular service due to the ease and convenience of having this administered at the pharmacy. The pharmacy provided a walk-in and an appointment-based service. The pharmacists were appropriately trained, they stored the vaccines in a separate space inside the fridge and held suitable equipment to safely provide the service. This included adrenaline in the

event of a severe reaction to the vaccines. The Patient Group Directions (PGDs) to authorise this were readily accessible and signed by the pharmacists. Risk assessments were completed before vaccinating and informed consent obtained. Once they were vaccinated, details were shared with people's GP's.

Furthermore, the pharmacy had recently been presented with an award from their local council. The RP explained that this was from working closely with the local population. They had been nominated by people who had used their services with long term illnesses because in addition to supplying medicines, counselling and deliveries that they had made, the staff also provided initial and ongoing support.

Staff were aware of risks associated with valproates and an audit had been completed in the past to identify people at risk who had been supplied this medicine. They were counselled appropriately; relevant literature was provided and available for future supplies as well as a poster displayed on the dispensary wall to help highlight the risks. The team routinely identified people prescribed higher-risk medicines, relevant parameters such as blood test results were asked about and this information was recorded. This included asking about the International Normalised Ratio (INR) level for people prescribed warfarin.

Compliance aids:

People were supplied with compliance aids after the pharmacist or GP completed an assessment to determine suitability. Once set up, staff ordered prescriptions and when received, they cross-referenced details against individual records to help identify any changes or missing items. The team checked queries with the prescriber and maintained records to verify this. The pharmacists also retained copies of people's summaries when they had been discharged from hospital and provided details to the surgeries if needed. All medicines were de-blistered and removed from their outer packaging before being placed into them. Compliance aids were not left unsealed overnight, descriptions of the medicines within them were provided and patient information leaflets (PILs) were routinely supplied. Mid-cycle changes involved obtaining new prescriptions and supplying new compliance aids.

Care home:

Medicines were supplied to the home as original packs. The home ordered prescriptions for their residents and the pharmacy obtained copies of the repeat requests. On receiving the prescriptions at the pharmacy, they were checked against the requests to ensure all items had been received. Information about missing items was sent to the care home. PILs were routinely supplied to the home. There were no residents prescribed higher-risk medicines. Staff had been approached to provide advice regarding covert administration of medicines to care home residents. A three-way conversation and agreement were required between the pharmacy, care home or representative(s) and the person's GP. Relevant guidelines and resources were used to assess the suitability for this. This included contacting the NPA's information services department.

Delivery service:

Pharmacists delivered dispensed prescriptions to people. There were records available to demonstrate when this had taken place and to whom medicines were supplied. Staff called people before they attempted to deliver. Signatures were obtained from people once they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy although this was described as rare and people were called to inform them of the attempt made to deliver their medicines. No medicines were left unattended.

During the dispensing process, staff used baskets to keep prescriptions and medicines separate. A dispensing audit trail through a facility on generated labels helped to identify staff involvement in

processes. Dispensed prescriptions awaiting collection were stored with prescriptions held within a retrieval system. Details about fridge items and CDs (Schedules 2 to 4) were highlighted to help staff to identify them. Uncollected prescriptions were checked every month and removed every three months.

The pharmacy obtained its medicines and medical devices from the Cambrian buying group. This included using licensed wholesalers such as Sigma and Colorama who were used to obtain unlicensed medicines. The pharmacy had been set up to comply with the process involved with the European Falsified Medicines Directive (FMD). Medicines were stored in the dispensary in an ordered manner. The team date-checked medicines for expiry every three months and kept records to verify that the process had taken place. Medicines approaching expiry were highlighted. There were no date-expired medicines seen or mixed batches of medicines present. In general, CDs were stored under safe custody as the keys to the cabinet were maintained in a manner that prevented unauthorised access during the day. Drug alerts were received via email, the process involved checking for stock, taking appropriate action as necessary and passing to the care home if required. There were records present to verify this.

Medicines returned by people for disposal were stored within designated containers prior to their collection. This included containers and a list available for staff to identify, separate and store hazardous and cytotoxic medicines. People returning sharps for disposal were referred to the local council for collection and provided with relevant contact details. Details were taken about returned CDs and they were brought to the attention of the RP before being appropriately stored and destroyed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and clean equipment. This included a crown-stamped conical measure for liquid medicines, counting triangles and the dispensary sink that was used to reconstitute medicines. A second conical measure was on order. There was hot and cold running water with hand wash available. The fridge used for medicines requiring cold storage was operating at appropriate temperatures although the RP on the day had stored her lunch in here. This was discussed at the time. The CD cabinet was secured in line with legal requirements. The blood pressure machine had been replaced recently. The computer terminal in the dispensary was positioned in a manner that prevented unauthorised access. Staff held their own NHS smart cards to access electronic prescriptions and they were stored securely overnight. A shredder was available to dispose of confidential waste.

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.