

# Registered pharmacy inspection report

**Pharmacy Name:** Jade Pharmacy (St. Albans), 111-113 St.Peters Street, ST. ALBANS, Hertfordshire, AL1 3ET

**Pharmacy reference:** 1032340

**Type of pharmacy:** Community

**Date of inspection:** 10/07/2019

## Pharmacy context

The pharmacy is located at one end of a busy high street and has healthy living status. 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, substance misuse, emergency hormonal contraception, travel health and seasonal flu vaccination.

## 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	N/A	N/A	N/A
<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'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 and keeps people's information safe. The pharmacy asks its customers for their views. The pharmacy has written procedures which tell staff how to complete tasks effectively. 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. A trend had been identified where the incorrect form was picked so 'tablets' or 'capsules' were circled to highlight the difference. Different strengths of bisoprolol had been separated on the dispensary shelves. 'Lookalike, soundalike' (LASA) medicines had been separated on the dispensary shelves to reduce picking errors LASA medicines such as amitriptyline or amlodipine were underlined on the prescription. Staff matched the medicines picked and labelled with the text on the prescription before signing the dispensing audit trail. Monthly and annual patient safety reviews (PSR) were completed.

Workflow: 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 and checking was completed away from distractions in the pharmacy. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines. 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. The pharmacy managed prescription re-ordering on behalf of patients. The pharmacy liaised with the prescriber and practice pharmacist when a new patient was identified who would manage taking their medicines more effectively via a blister pack. Tweezers were used to handle tablets and capsules.

There was a folder of blister pack information and patient notes were maintained on the patient medication record (PMR). Labelling included a description to identify individual medicines and package information leaflets were supplied with each set of blister packs. If Sinemet was included in a blister pack, the time of dose was marked on the blister pack. High-risk medicines such as controlled drugs (CDs) were supplied in the blister pack. The dates of CD prescriptions were managed to ensure supply within 28-day validity of the prescription. Alendronate was supplied in a separate compartment on one day per week positioned to ensure it was taken correctly in relation to other medicines. There were no patients being supplied sodium valproate in a blister pack at the time of the visit.

The practice leaflet and how to complain were displayed. The annual patient questionnaire had been conducted and had resulted in positive feedback. The standard operating procedures were in the

process of being updated and reviewed at the time of the visit. There were staff training records. The medicines counter assistant said she 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. Interactions were highlighted to the pharmacist when generating labels for a prescription.

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring 7 Nov 2019. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions were generally complete. A range of patient group directions (PGDs) including yellow fever, cholera, hepatitis A+B, emergency hormonal contraception (EHC) and azithromycin to treat chlamydia were valid. Free condoms were available through C Card service.

The CD registers were generally complete, and the balance of CDs was audited every two weeks in line with the SOP. A random check of actual stock of two strengths of MST reconciled with the recorded balance in the CD registers. Footnotes correcting entries were signed and dated. Invoice number, part-address and name of the supplier were recorded for receipt of CDs. Patient returned CDs were recorded in the destruction register for patient returned CDs. The headers in methadone registers were not all completed. A random sample of FP10MDA entries complied and the prescription was endorsed at the time of supply. A matrix was compiled of clients attending daily for supervised consumption to reconcile against FP10MDA prescriptions.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). There was a privacy policy. The Data Security and Protection folder was in the process of being completed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. The work experience person had been briefed on confidentiality in relation to the placement. 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, one full-time NVQ3 dispenser, one full-time and one part-time medicines counter assistants. A locum pharmacist covered alternate Saturdays and there was a vacancy for one Saturday staff member. There was a work experience person. A part-time delivery person was shared with another pharmacy branch. One pre-registration pharmacist was due to commence employment with the pharmacist being the tutor.

Staff were allocated protected learning time for training. The dispenser had undertaken stop smoking training to supply nicotine replacement therapy. Head office provided support with re-validation for registrants. The pharmacist's training record included NaTHNaC vaccination training to provide yellow fever and a declaration of competence regarding provision of EHC. Staff had completed children's oral health and risk management training, Patient returned medicines had been risk assessed in relation to inclusion of sharps in error.

Staff performance was monitored through annual appraisal. Staff said they were able to provide feedback and had suggested separation of the strengths of bisoprolol to minimise near miss and picking errors. 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 pharmacy's premises are clean, secure and suitable for the provision of its services.

### Inspector's evidence

The pharmacy premises had been re-fitted since the previous visit and presented a professional image. The pharmacy was generally clean and tidy. The lavatory facilities were clean and handwashing equipment was provided.

The consultation room protected patient privacy. The chaperone policy was displayed. Health related leaflets including information on the risks of taking sodium valproate during pregnancy were available. Miscellaneous stock was stored in the consultation room. 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 does not always keep a record when checking that medicines are safe for people to take. So it may not be able to show that appropriate counselling was provided to protect patient safety. Medicines are not always stored in appropriately labelled containers. This could mean the pharmacy is not able to identify all stock affected by drug recalls or safety alerts. 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 were two automatic doors and wheelchair access via a ramp. Large font labels could be printed to assist visually impaired patients. Staff could converse in Hindi, Urdu, Lithuanian and Gujarati to assist patients whose first language was not English. Patients were signposted to other local services including travel clinic, doctor, physiotherapist, drug and alcohol team. The pharmacist printed information including 'do something different' for members of the public.

Uncollected prescriptions were cleared from retrieval every three months. Warning stickers such as CD stickers were attached to prescriptions to alert staff to check the validity of the prescription. CDs were removed from blister packs and not supplied after 28 days. 'Speak to pharmacist', INR and methotrexate stickers were in use to convey special messages and counselling needed. People taking warfarin were asked about blood test dates and for their record of INR which was not always 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 over-the-counter medicines which could affect INR. People taking methotrexate were reminded of the weekly dose (which was highlighted on the dispensing label) and taking folic acid on a different day. Advice was given to visit the doctor if sore throat or fever developed.

Audits had been conducted including referral for prescription of a proton pump inhibitor for gastric protection if taking non-steroidal anti-inflammatory drugs (NSAID) audit and use of inhalers in 5-15-year olds for the treatment of asthma. Health campaigns had been conducted to increase public awareness about asking the pharmacist about minor ailments, heart age and Stoptober. The pharmacist was aware of the procedures for supply of sodium valproate and isotretinoin to people in the at-risk age group.

Medicines and medical devices were delivered outside the pharmacy and the delivery procedure was via an app. Scheduled delivery were entered on the pharmacy computer. A drop sheet was printed. Deliveries could be tracked through a mobile phone and the patient signed a hand-held device to confirm delivery. A daily driver vehicle inspection report was submitted.

Medicines and medical devices were obtained from Alliance, AAH, Phoenix, De South, Lexon and Sigma. Floor areas were clear, and stock was neatly stored on the dispensary shelves. Stock was date-checked

and recorded. Stickers were attached to highlight short dated stock. No date-expired medicines were found in a random check. Liquid medicines were marked with the date of opening. Medicines were generally stored in original manufacturer's packaging but there were some loose strips of tablets/capsules on the dispensary shelves. Cold chain items were stored in two medical fridges. Waste medicines were stored separate from other stock.

Falsified medicines directive equipment and software were not functional at the time of the visit. Drug alerts were actioned on receipt, annotated and filed. Needle exchange and substance misuse services were reported through PharmOutcomes.



## 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

The medical fridges were in good working order. Minimum and maximum temperatures were monitored daily and found to be within range two to eight Celsius. The CD cabinets were fixed with bolts. The dispensary sink required treatment to remove a small amount of limescale. There was a range of British standard glass measures to measure liquids including separate marked measures for methadone. A 'dispensette' used to measure methadone was cleaned and re-calibrated daily. The needle exchange sharps bin was located in the consultation room.

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. The consultation room protected patient privacy. Current reference sources included BNF and Drug Tariff.

### 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.