

Registered pharmacy inspection report

Pharmacy Name: Normandy Chemist, 52 Waverley Road, ST.
ALBANS, Hertfordshire, AL3 5PE

Pharmacy reference: 1032349

Type of pharmacy: Community

Date of inspection: 28/06/2019

Pharmacy context

The pharmacy is located in a residential area near the local hospital. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance packs (blister packs) for people who have difficulty managing their medicines. Services include prescription collection and delivery, stop smoking 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
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

The pharmacy's working practices are generally 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 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. Monthly and annual patient safety reviews (PSR) were completed. 'Lookalike, soundalike' (LASA) medicines including atenolol and allopurinol had been separated on the dispensary shelves to reduce picking errors. 'Select with care' stickers had been placed on shelf edges.

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. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines. The dispenser highlighted interactions between medicines 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. There was a separate bench and black card under the blister pack so tablets were more visible during preparation. The pharmacy managed prescription re-ordering on behalf of patients. The pharmacy liaised with the prescriber when a new patient was identified, often during a medicines use review, who would manage taking their medicines more effectively via a blister pack. New patients were supplied with a medication administration record chart and one blister pack as a trial. If feedback was positive, medicines continued to be supplied in blister packs.

Each patient had their own basket to contain their discharge summaries, notes and medicines. A different coloured basket was used for each week one to four. Labelling included a description to identify individual medicines and patient information leaflets were supplied with each set of blister packs. The backing sheet was fixed to the lid of the blister pack and endorsed with the week (one to four of the cycle). Medicines were handled with gloves or tweezers during preparation. High-risk medicines such as controlled drugs and alendronate were generally supplied separately from the blister pack. The dates of controlled drug prescriptions were managed to ensure supply within 28-day validity of the prescription. Sodium valproate was supplied one week at a time. The pharmacist checked if the patient or carer were clear about special instructions regarding medicines included in the blister pack.

There was a folder of standard operating procedures which were being updated. There were staff training records. Each procedure included the staff required to train in that procedure. Procedures included delivery, responsible pharmacist and roles and responsibilities, complaints and whistleblowing.

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. A locum pharmacist induction sheet and a checklist of tasks to be completed at closing time were on display. 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 feedback about stock supply issues.

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring 6 June 2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records supporting medicines supplies of specials, private prescriptions and by emergency were generally complete.

The controlled drug registers were complete, and the balance of controlled drugs was audited monthly in line with the standard operating procedure. A random check of actual stock of two strengths of MST reconciled with the recorded balance in the controlled drug registers. Invoice details included invoice number and name of supplier although not the address for receipt of controlled drugs. Patient returned controlled drugs were recorded in the destruction register for patient returned controlled drugs. The patient group direction to supply varenicline was in-date and signed. A risk assessment was documented prior to providing flu vaccination in the community off-site from the pharmacy during a previous flu vaccination campaign.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS cards. A privacy notice was displayed. 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 part-time regular pharmacist who covered Saturdays, one part-time dispenser also accredited as a medicines counter assistant, one full-time medicines counter assistant enrolled on accredited training, one part-time medicines counter assistant who covered Saturdays and a part-time delivery person.

Staff were registered to a training platform, but it was temporarily unavailable at the time of the visit. Training topics included children's pain. The pharmacy team had completed children's oral health and risk management training in line with quality payments criteria. The delivery person had completed NPA delivery training and read the written procedure.

Staff did not have an appraisal to monitor performance. Staff felt able to provide feedback to improve services and had suggested filing bagged prescriptions awaiting collection on numbered shelves and endorsing the prescription with the shelf number before filing the prescription. This made location of prescription medicines easier when the people came to collect their medication. There was a whistle blowing 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 tidy, clean and presented a professional image. Lavatory facilities were clean and handwashing equipment was provided. The consultation room was located to one side of the entrance to the dispensary and was not locked when not in use. There was very little equipment on view. The chaperone policy and health related leaflets were displayed. Patient privacy was protected. The laptop computer was closed. There was sufficient lighting and an air conditioning unit to use in warmer weather.

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. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy does not always record the checks it makes in response to safety recalls. So it may not be able to show that it has taken the right steps to keep people safe in the event of a future query. The pharmacy team does not follow the written procedures for recording prescription deliveries. This may make it difficult to investigate when people query a failed delivery of their medicines. 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

Due to a steep approach to the entrance of the pharmacy, staff offered delivery service to people with mobility issues. Large font labels could be printed to assist visually impaired patients. Patients were signposted to other local services including the sexual health clinic to access emergency hormonal contraception. During the visit, the pharmacist sourced information for a patient wanting to try a pre-diabetic diet.

Controlled drug warning stickers were attached to prescriptions and the date after which the controlled drug could not be given out was marked on the prescription. There were stickers informing patients when there were mixed batches in a container and size, shape and colour may vary. Prescriptions requiring counselling and which included high-risk medicines were marked and highlighted 'please see pharmacist'. The pharmacist said interventions were recorded on the patient medication record including contact with the prescriber regarding prescriptions for more than 30 days supply of a controlled drug. The pharmacist explained the procedure for supplying isotretinoin and recording the intervention for provision of pregnancy prevention programme information to the patient. The pharmacist had the folder containing information regarding the risks associated with taking sodium valproate in people in the at-risk group.

Patients taking warfarin were asked about blood test dates and for their record of INR which was not always recorded on the patient medication record. Advice was given about side effects of bruising and bleeding. Advice was given about over-the-counter medicines and diet containing green vegetables which could affect INR. Patients were asked to inform the dentist about taking warfarin. Patients taking methotrexate were reminded of the weekly dose, strength of tablets 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. 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 pharmacy team conducted an audit of referral of diabetic patients for flu vaccination. Audits included risks associated taking sodium valproate by people in the at-risk group.

The pharmacy had healthy living status. Health campaigns had been conducted to increase public awareness of children's oral health, blood pressure week, alcohol awareness, and Stoptober. There had

been eight successful quits from smoking using nicotine replacement therapy and three quits via supply of varenicline.

Medicines and medical devices were delivered outside the pharmacy. The drop sheet was endorsed indicating a successful delivery rather than the patient signing the delivery log book as stated in the written procedure. Falsified medicines directive (FMD) hardware and software were set up but not initiated at the time of the visit. Medicines and medical devices were obtained from Alliance, AAH, Waymade 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. Cold chain items were stored in the medical fridge. Waste medicines were stored separate from other stock. Drug alerts were actioned on receipt and filed in the clinical governance folder but not always annotated to show actions taken.

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. Measures and the dispensary sink required treatment to remove lime scale. The blood pressure monitor was due for re-calibration. The medical fridge was in good working order. Minimum and maximum temperatures were monitored daily and found to be within range two to eight Celsius. The controlled drug cabinet was fixed with bolts.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS cards. A privacy notice was displayed.

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.