

Registered pharmacy inspection report

Pharmacy Name: Andrews Chemists, 104 High Street, WARE,
Hertfordshire, SG12 9AP

Pharmacy reference: 1032357

Type of pharmacy: Community

Date of inspection: 01/08/2019

Pharmacy context

The pharmacy provides NHS and private prescription dispensing mainly to local residents. They dispense medicines in multi-compartment compliance trays for some people. There is a home delivery service. It is situated on a high street.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.7	Standard not met	The pharmacy fails to consistently destroy confidential waste, leading to confidential information being found in the waste bins.
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 not all met

Summary findings

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards and identify and manage risks effectively. The pharmacy logs or discusses mistakes it makes during the dispensing process. It tries to learn from these to avoid problems being repeated. The pharmacy keeps its records up to date and these show that it is providing safe services. Its team members also understand how they can help to protect the welfare of vulnerable people. The pharmacy manages tells people how their private information will be used. But it doesn't always make sure confidential waste is destroyed adequately.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs). The SOPs covered the services that were offered by the pharmacy. A sample of SOPs were chosen at random and were found to have been reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes in the process to learn from them. They usually logged any issues and identified trends. The team investigated the reasons for these trends and identified 'look-alike and sound-alike' (LASA) medicines to ensure these were suitably highlighted. It was discussed how the team could improve the recording of these events.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice when talking to customers. Members of the team explained what they would do if the pharmacist did not arrive at work in the morning.

The results of the customer survey conducted by the pharmacy during 2018 and 2019 were displayed on the NHS choices website. These showed that the people who responded to the survey were generally very positive about the pharmacy. There was a notice on the wall behind the counter giving people details about how to complain. There was also a SOP for dealing with complaints, which the staff knew how to access.

The pharmacy had professional indemnity and public liability insurances in place. The pharmacy team accurately recorded private prescriptions and emergency supplies in a book. The controlled drugs registers were up to date and legally compliant. Fridge temperatures were recorded daily and were within the recommended range.

Some of the pharmacy team members had their own NHS smart cards but some did not as they had yet to be issued with them. Confidential waste had previously been shredded, but when the shredder stopped working staff had been told to tear up the waste. They did this but confidential information could still be seen in the waste bins. A more robust method of confidential waste destruction would ensure that confidential information did not end up in land fill. The staff had signed a confidentiality agreement.

The pharmacist had done a level 2 qualification about safeguarding vulnerable people and had the local contact details available for the local authority to use if needed. The staff said that they would let the

pharmacist know if they thought there was a safeguarding problem with someone who used the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe services. Its staffing rotas enable it to have good handover arrangements and effective staff communication. Informal training is provided and staff find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

There was a regular pharmacist who worked all the opening hours of the pharmacy. There were two full-time and two part-time dispensers and four counter assistants. All of them were either on the required accredited training courses for their roles or had completed them. There had been a recent turn-over of staff which had led to more trainees than usual, but the pharmacist and experienced dispensers were seen to give support to the trainees' learning.

The staff had appraisals and the whole team worked together well. They said that they could make suggestions to the pharmacist and the superintendent pharmacist to make changes to the way prescriptions were dispensed. The staff had suggested that the dispensary stock be moved around to leave commonly selected items more accessible and to prevent the counter staff having to ask the dispenser to move in order to retrieve dispensed prescription. This had led to a much better working system in the dispensary.

Staff were given pharmacy magazines to improve their knowledge of the products they sold. They were encouraged to take part in the quizzes and tests made available in these.

The superintendent pharmacist did not set targets for the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The premises were in a listed building and so there were limits on the ability to make changes to them.

The dispensary was generally clean and tidy. It was quite small and space was at a premium with limited space for dispensing. There was a small consultation room, divided from the shop by a glass door. This was usually behind an expandable belt which prevented unauthorised access. It was also used to keep some dispensary records. Unauthorised access to the consultation room would be observed by staff.

There were air conditioning and adequate handwashing facilities. There was hot and cold running water in the dispensary.

The pharmacy-only medicines were kept behind the counter, where they could not be accessed without a member of staff's help.

The pharmacy had a cellar. Parts of this were damp and smelled of mould, but this was being addressed by dry-lining the rooms to make them suitable for medicines storage. Dressings and medicines were not stored in the damp areas, only in the newly re-fitted areas.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. But people taking higher-risk medicines do not always receive all the advice they need to take their medicines safely.

Inspector's evidence

Access to the pharmacy was via step-free entrances which were suitable for people using wheelchairs. The pharmacy had practice leaflets which advertised its services. The staff had a signposting file where they could get up-to-date information to direct people to services which might benefit them. Opening hours were displayed on the windows.

The pharmacy 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. The pharmacy team said that most people ordered their prescriptions directly with the surgery. Computer-generated labels included relevant warnings and were initialised by the dispenser and checker which allowed an audit trail to be produced.

Some people were being supplied their medicines in multi-compartment compliance trays. These trays were labelled with the information the person needed to take their medicines in the correct way. The trays also had tablet descriptions to identify the individual medicines. There was a list of trays to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the trays. One person was supplied with Depakote in the trays, still in the manufacturer's foil. This had been discussed with the person and the pharmacist was assured that the person took the medicine out of the foil before swallowing.

Schedule 4 controlled drug prescriptions were not highlighted to staff who were to hand them out. This could increase the chances of these items being given out more than 28 days after the date on the prescription. Some staff were not aware that there was a 28-day validity of these prescriptions. People taking warfarin, lithium or methotrexate, were not always asked about any recent blood tests or their current dose. So the pharmacy could not show that it was always monitoring these people in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were not routinely counselled about pregnancy prevention where needed. But there was a notice to staff about this on the wall of the dispensary. The staff did not have access to warnings cards or stickers for split boxes. The pharmacist said that he would get information from the manufacturer.

The pharmacy had just up-graded its patient medication record (PMR) system to one which would support the new equipment needed to comply with the Falsified Medicine Directive, but the necessary hardware was not yet in place.

Controlled drugs were stored in a suitable cabinet. Expired controlled drugs were segregated to prevent mixing up with in-date medicines. Dispensed controlled drug or fridge items such as insulin were stored in clear plastic bags. This provided the opportunity for additional accuracy checks when they were collected.

The pharmacy had a regular process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. Records were maintained of this process and these included the date of checking. A sample of medicines were chosen at random and were found to be within date. Expired stock and patient-returned medicines were disposed of in pharmaceutical waste bins for destruction. These bins were stored securely and away from other medication. Team members said that they were all able to process and sort returned medicines for destruction.

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 access to up-to-date reference sources. This meant that people could receive information which reflected current practice.

Information stored on the PMR could not be viewed by the public. Cordless telephones allowed private conversations to be held, where they could not be overheard.

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, crown-stamped measures, with separate ones labelled for methadone use, reducing the risk of cross-contamination.

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.