

Registered pharmacy inspection report

Pharmacy Name: Village Pharmacy, 62 High Street, Stanstead Abbots, WARE, Hertfordshire, SG12 8AQ

Pharmacy reference: 1032358

Type of pharmacy: Community

Date of inspection: 05/09/2019

Pharmacy context

The pharmacy is situated in a small village in the high street. It provides NHS and private prescription dispensing mainly to local residents. The team also dispense medicines in multi-compartment compliance packs for some people. There is a home delivery service. And an on-site pharmacist independent prescriber (PIP). The consultation room is used by a chiropodist once a week.

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 manage risks effectively. They are clear about their roles and responsibilities. They log any mistakes they make during the pharmacy processes. And they 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. 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.

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 was chosen at random and these had 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 in order to learn from them. They regularly logged any issues and had a monthly meeting to discuss trends and learning from these near misses. A WhatsApp group had also been set up, so that all the members of the team, whether at work or not when the incident happened, could learn from near misses made by their colleagues.

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.

Feedback in the annual survey from people who used the pharmacy had been positive but had mentioned the lack of space for private conversations. There was a large consultation room, but it was situated away from the counter, so may not have been obvious to people. Staff were heard to mention this facility to people during consultations on the counter. There was also a sign displayed which indicated that there was a room available if needed. The pharmacy and services provided by the PIP had professional indemnity and public liability insurances in place. Services provided by the PIP were also insured.

The pharmacy team recorded private prescriptions and emergency supplies on the computer, but the details of the prescriber and the date of the prescription were not always correctly recorded. The controlled drugs registers were up to date and legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range. The PIP did not prescribe regularly. But there were no records made of what he had prescribed and the reasoning behind the prescription. He was reminded of the guidance for prescribers and the records that he should keep.

Confidential information was only kept in the dispensary, where it could not be accessed by unauthorised people. Staff only used their own NHS smart cards to access electronic prescriptions and summary care records. Confidential waste was shredded by staff on a weekly basis. It was separated from other waste until then.

The pharmacist had undertaken level 2 safeguarding training and was able to show where the local telephone contacts were for the safeguarding boards in the area. The rest of the staff had had some training on the subject and told the inspector that they would speak to the pharmacist in the first instance if they thought there was an issue with one of their customers.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. Staff are able to make suggestions to change the way the pharmacy is run. Training is provided and staff find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

There was a pharmacist, two qualified dispensers and a counter assistant present during the inspection. They all had the necessary training to perform their roles. They knew when they should ask for advice. Team members were able to make suggestions about the running of the pharmacy, if they could think of ways to improve it. One member of staff had suggested that they should change the way they handed out prescriptions. The team now got every person collecting a prescription to sign the back of the form, whether or not they were under 65, so that all the prescriptions were signed and no-one was missed. The pharmacist said that it had been a very useful suggestion.

Training was provided for the team, mainly using pharmacy magazines and e-learning to support the team in improving their knowledge. They had regular appraisals. There was a whistleblowing policy in the standard operating procedure folder, which all the staff had read.

The superintendent pharmacist did not set the pharmacist any targets which might interfere with his professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are generally clean and provide a safe, secure and professional environment for people to receive healthcare. The pharmacy could do more to make sure the consultation room is appropriately maintained.

Inspector's evidence

The pharmacy and dispensary were both clean, tidy and bright. They were suitable for the services provided and there was enough space. The counter was at right-angles to the dispensary, the entrance to which was not accessible by the public. The dispensing benches were large enough to give separate areas for dispensing multi-compartment compliance packs, walk -in prescriptions, repeat prescriptions and to accuracy check.

The consultation room was also large enough for the services provided and was used by a chiropodist once a week for a clinic. Although it was suitable for use, it was a bit grubby, and did not look suitable for vaccinations as it was on the day of the inspection. The pharmacist said that he would clean it.

There was an air-conditioning system, kitchen area with hand washing facilities as well as a toilet, with hot and cold water.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, 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. The pharmacy sometimes checks that people who take high-risk medicines are being monitored appropriately. But some people may not always get the advice and information they need to take their medicines safely. People receiving multi-compartment compliance packs are provided with adequate care, although some of the processes when dispensing the packs could be improved.

Inspector's evidence

Access to the pharmacy was level from the pavement and the consultation room was large enough for easy access for those using wheelchairs. Services were advertised outside the pharmacy.

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

Approximately 55 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. But no patient information leaflets were supplied, meaning that people could not easily access the information provided by the manufacturer for patients. The packs had tablet descriptions to identify the individual medicines. There was a list of packs 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 packs. When they were dispensed the packs were left unsealed until checked by the pharmacist. A dispenser would then seal them later in the day. This delay in sealing the packs could mean that medicines move into another compartment after checking, if the packs are knocked before sealing.

People taking warfarin were monitored appropriately. One person had their warfarin put into multi-compartment compliance packs. This is not usually recommended. However, the pharmacy had a system in place to ensure that the weekly dose supplied was the correct current dose. Before dispensing the pack each week, the pharmacy telephoned the surgery on the day the pack was due to be delivered, to check the current blood tests, results and recommended dose. This dose was then put into the pack. All this was well documented, including who the pharmacy had spoken to at the surgery. The system had been agreed between the surgery, the pharmacy and the patient, to ensure that they took their medicines correctly.

Other high-risk medicines were not monitored as closely as the prescriptions for lithium and methotrexate where not highlighted to staff who were to hand them out. This could mean that people don't always get the advice they need about their medicines.. People who were receiving prescriptions for valproate and in the at-risk group were not routinely counselled regarding pregnancy prevention where needed. The pharmacy had the right educational literature available to give to people.

Schedule 4 controlled drug prescriptions were not highlighted to staff who were to hand them out. This

would have helped them to ensure that they were not given out more than 28 days after the date on the prescription.

The pharmacy got its medicines from licensed wholesalers, and stored them on dispensary shelves in a tidy way. There were 'use first' stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done. 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. 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. Electrical equipment was regularly safety tested.

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.