

# Registered pharmacy inspection report

**Pharmacy Name:** Ridge House Pharmacy, 38 High Street, Puckeridge, WARE, Hertfordshire, SG11 1RN

**Pharmacy reference:** 1032359

**Type of pharmacy:** Community

**Date of inspection:** 25/10/2022

## Pharmacy context

The pharmacy changed to its current ownership on 1 November 2021. It is situated in a village location, providing pharmaceutical services mainly to the local population. The pharmacy offers a COVID-19 vaccination service which is provided from an associated premises next door to the pharmacy.

## 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 generally identifies and manages the risks associated with its services to help provide them safely. Its team members mostly protect people's personal information well. The pharmacy records some mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. But it does not consistently record its mistakes, so team members may be missing out on opportunities to learn and make the pharmacy's services safer. The pharmacy generally keeps the records that it needs to by law. But some of its records are incomplete so it may mean they are less able to be relied upon.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. Team members had signed to say that they had read them. The pharmacy recorded some dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were logged on a sheet displayed in the dispensary, but the latest sheet was dated August 2022. The staff said that they had near misses since but they had not been recorded. Amlodipine and amitriptyline had been separated following a picking error. Following the inspection the SI said that they would review these records more regularly. Warning labels were used on the shelves to highlight picking errors made in the past. Dispensing errors were investigated and reported to the superintendent pharmacist (SI).

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and it displayed a notice informing people about the procedure. Complaints were dealt with by the pharmacist. Where the matter could not be resolved in store it was referred to head office.

Records about private prescription, emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were generally well maintained. But the private prescription book did not contain all the required information as some details were missing or inaccurate CD registers were kept in a book and were generally complete. Regular CD balance checks were carried out.

People's private information was not visible to others using the pharmacy. Relevant team members who accessed NHS systems had their own smartcards. But staff had access to the SI's smartcard which was being used during the inspection. The staff stopped using it immediately when this was highlighted. Pharmacists had access to Summary Care Records (SCR) and consent to access these was gained verbally. Confidential waste was kept in a designated bag and collected by a contractor for secure destruction. All team members had also completed online training about confidentiality.

Team members had completed safeguarding training. Details were available for the local safeguarding

boards. The company also had a safeguarding officer at head office who team members could contact.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members for the services it provides. The team work effectively together and are supportive of one another. The pharmacy does not always check that team members are enrolled on relevant courses in a timely manner.

### Inspector's evidence

At the time of the inspection, the pharmacy team comprised of a regular pharmacist, a dispenser and a counter assistant. The dispenser had done relevant training for his role, but the counter assistant had not had any formal training. The SI said that she had been told that they had been trained by the previous owner, but there was no evidence of this training. Following the inspection, the SI reviewed all the staff's training and any staff in this position were put onto appropriate courses by the SI. Team members worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. Team members counselled people about the use of over-the-counter medicines and asked appropriate questions before recommending treatment.

The staff said that they were able to make suggestions about how the pharmacy was run. Appraisal meetings were going to be held annually. Team members were also given on-the-spot feedback. They had access to formal training and pharmacy magazines were used as well.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. It is sometimes difficult for people to have a conversation with a team member in a private area, but this is being addressed.

### Inspector's evidence

The pharmacy premises was in a small, listed building and it was bright, clean, and well organised. The shop was small and did not allow for private conversations, so if needed, team members used a room in the next building which was being used for vaccinations. This was signposted in the pharmacy. There were plans to knock through to the pharmacy to make a consultation room accessible from the pharmacy. The room used for vaccinations was fit for purpose.

The dispensary was small and there was a worktop which was clutter-free and clean. A sink was available for preparing medicines. Medicines were stored in the dispensary, another stock room and in the rear porch. There was also a cellar, which was damp and not used for medicines storage, only old paperwork and rubbish to be disposed of.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services. There were adequate toilet and handwashing facilities.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services safely. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. The pharmacy does not always highlight prescriptions for higher-risk medicines. So, team members may miss opportunities to provide additional information to people collecting these medicines.

### Inspector's evidence

There was a flight of steps to access the pharmacy. Team members helped people who needed to come into the pharmacy and if people preferred, their medicines were brought out to them. Team members used the internet to find details about other local services to help people.

The pharmacy had an established workflow. Dispensed and checked-by boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes. The pharmacy also offered the New Medicine Service which did not require a consultation room.

COVID-19 vaccinations were done by a second pharmacist, on Mondays, Wednesday, Fridays and Saturdays. There was adequate equipment, which was in date, for the service to be provided safely.

Prescriptions for warfarin, lithium or methotrexate were not flagged so staff were not prompted to ask about any recent blood tests or the person's current dose. So, there was some risk that the pharmacy wasn't always able to monitor people in accordance with good practice. If the pharmacist saw the person collecting the prescription he said that he would ask them about their medicine. But this relied on the pharmacist seeing the person, and as these prescriptions were not highlighted to other team members this made the process less robust. The RP was aware of the guidance for dispensing sodium valproate, but there were no stickers to put on boxes which were not original packs, and no spare warning cards available. There were some split boxes of sodium valproate on the shelves and the staff said that they had some people in the at-risk group who got their prescriptions from the pharmacy. Placement of the dispensing label on the original packs of medicines so as not to obscure important information was discussed with the team. Following the inspection the SI expressed that she was disappointed that the team were not fully aware of the needs of people receiving these high-risk medicines and immediately put in place changes to ensure that relevant counselling was done. A folder had been ordered from the manufacturer of sodium valproate to get and store the spare stickers and cards obtained.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded and the records showed these were within the required range for storing temperature-sensitive medicines. CDs were held securely. Expiry date checks were carried out regularly. Short-dated stock was highlighted with a sticker. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were separated from stock and then collected by licensed waste collectors.

Drug recalls were received from the MHRA. The team printed these and checked against stock. If the affected batches were found these were quarantined and action was taken following instructions received from the SI.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Equipment was mainly clean and ready for use. A separate tablet-counting triangle was used for cytotoxic medicines to avoid contamination. Two fridges of adequate size were available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

### 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.