

# Registered pharmacy inspection report

**Pharmacy Name:** Greenfield Pharmacy, 77 Tolpitts Lane, Holywell Estate, WATFORD, Hertfordshire, WD18 6NT

**Pharmacy reference:** 1032436

**Type of pharmacy:** Community

**Date of inspection:** 11/03/2020

## Pharmacy context

The pharmacy is located in a parade of businesses near a residential area of Watford. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection and delivery, substance misuse, stop smoking, travel medicines and vaccinations. The pharmacy has healthy living status.

## 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 generally safe and effective. The pharmacy team satisfactorily manages the risks associated with the provision of its services. The pharmacy has written procedures which tell staff how to complete tasks safely. And these are being updated. It keeps the records it needs to show medicines are supplied safely and legally. The pharmacy team members generally make sure that people have the information they need so that they can use their medicines safely. They understand their role in protecting the welfare of vulnerable people and keeping people's information secure.

### Inspector's evidence

Near misses were recorded and reviewed although all the required information was not always recorded. Lookalike and soundalike (LASA) medicines were separated on the dispensary shelves to minimise picking errors. Painkillers were in one location. Bendroflumethiazide 2.5mg and 5mg tablets were separated and losartan and losartan hydrochlorothiazide were separated. The pharmacist was in the process of completing the patient safety review (PSR) but had noted a trend in quantity errors so staff had been reminded that all manufacturer's packs did not contain 28 tablets or capsules. There were community pharmacy patient safety report forms to record incidents in the information governance folder.

Workflow: most prescriptions were received electronically. Baskets were in use to separate prescriptions and medicines during the dispensing process. Red baskets were used to distinguish prescriptions for delivery to people's homes. Two staff were involved in the dispensing and checking process if possible. The clinical and final accuracy check of prescriptions was completed by the pharmacist. Interactions between medicines for the same person were shown to the pharmacist as part of the clinical check. The dispensing audit trail on the dispensing labels was completed identifying staff involved in dispensing and checking prescriptions. There was a procedure for dealing with outstanding medication. The original prescription was retained and an owing slip was issued to the patient. If the pharmacy was unable to supply outstanding medication, the patient was asked to take the prescription and try elsewhere to obtain their medication.

Multi-compartment compliance aids were prepared for a number of patients on a rolling basis according to a matrix. There was a separate dispensing area for compliance aids. The pharmacy managed prescription re-ordering on behalf of patients. New prescriptions were checked against the previous prescription, discharge summary or backing sheet for changes. Queries were clarified with the patient or their doctor. There was an audit trail of responses to queries. There were folders to retain patient information such as backing sheets and discharge summaries. The backing sheet was reprinted when there were changes in medication. The pharmacy liaised with the doctor's surgery when new patients were identified who would manage administration of medicines better if supplied in a compliance aid.

Backing sheets generally included a description identifying individual medicines and the pharmacist gave an assurance that patient information leaflets (PILs) would be routinely supplied with each set of compliance aids. Alendronate was generally not supplied in a compliance aid unless it was necessary and the patient understood the instructions for taking the medication. Checking the stability of sodium valproate when supplied in a compliance aid was discussed. If controlled drugs (CDs) were supplied in the compliance aid the date on the prescription was managed to ensure supply within the 28-day validity period. Levothyroxine tablets were supplied in the compliance aid and special instructions highlighted to ensure being taken correctly.

The standard operating procedures (SOPs) were in the process of being reviewed and updated by head office and included a responsible pharmacist, CD and complaints procedure. The staff member who served at the medicines counter explained that she would not give out a prescription or sell a pharmacy only medicine if the pharmacist was not on the pharmacy premises. She also explained why she would not sell three packs of Sudafed to the same person. The practice leaflet was due to be reprinted. The community pharmacy patient questionnaire responses had been submitted and the pharmacy was awaiting the results.

To protect patients receiving services, there was valid professional indemnity insurance in place provided by the National Pharmacy Association (NPA) expiring 31 Mar 2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed.

The CD and methadone registers were complete and the balance of CDs was audited regularly although increasing the frequency would provide an earlier opportunity for detection of discrepancies. There were some loose registers at risk of being mislaid. A random check of the actual stock of two strengths of MST tablets reconciled with the recorded balance in the CD register. The supplier name but not always the address was recorded for receipt of CDs. Footnotes correcting entries were generally signed and dated. Patient-returned CDs were recorded in the destruction register for patient-returned CDs. Records for supply of medicines for private prescriptions and unlicensed 'specials' were mostly complete although there were some missing prescriber details. The patient group direction (PGD) for flu was in date. Ensuring PGDs were signed in the appropriate places was discussed. PGDs for travel vaccines were current.

The pharmacist said staff had undertaken General Data Protection Regulation (GDPR) training. Staff had signed confidentiality agreements and were using their own NHS cards. Confidential waste paper was collected for shredding. The pharmacy computer was password protected and backed up regularly. There was information on 'How we safeguard information about you'. A box of filed repeat prescriptions had been located on the medicines counter but during the visit it was moved to a lower shelf to ensure private information was not visible to unauthorised persons. The pharmacist had completed Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. Staff had completed safeguarding and dementia friends training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough qualified team members to provide its services safely and manage the workload. The pharmacy team members are comfortable about suggesting ways to improve the pharmacy's services.

### Inspector's evidence

Staff comprised: one full-time pharmacist, one part-time pharmacist, one full-time pre-registration pharmacist, two full-time dispensers of whom one was also accredited as a medicines counter assistant (MCA), one newly recruited part-time MCA and one part-time delivery person. There was double pharmacist cover on one day per week so the full-time pharmacist could deliver services and complete other tasks such as checking compliance aids.

The full-time pharmacist was the pre-registration tutor. The pre-registration pharmacist was enrolled on the Greenlight training course and attended monthly training days. Training topics included chapters of the British National Formulary (BNF). There was protected learning time of six hours per week. Progress was monitored during an appraisal every thirteen weeks.

There was training information on avoiding infection due to Coronavirus. Other staff training included the repeat prescription request and owing procedures. In line with the Pharmacy Quality Scheme (PQS) training had been completed in risk management, sepsis, safeguarding and reducing LASA medicine errors. The pharmacy team had watched a video on sepsis and completed a test. Staff performance was monitored through an annual documented appraisal via head office. There were informal team meetings to discuss any changes in the pharmacy. Staff were able to provide feedback and had suggested adjusting stock levels to match prescription requirements and reduce owing medication. There was a whistleblowing policy. Staff said targets and incentives were not set in a way that affected patient safety and wellbeing.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, secure and suitable for the services provided. The pharmacy prevents people accessing the premises when it is closed and keeps medicines and information safe.

### Inspector's evidence

The pharmacy's premises were generally clean and tidy. There was dispensary bench behind the medicines counter and two further dispensing areas where compliance aids and general dispensing occurred. There was a seating area for people waiting for prescriptions near both consultation rooms which were signposted. The rooms were not locked when not use although there were lockable cabinets to secure equipment. Patient privacy was protected. The lavatory facility was quite clean and handwashing equipment was provided. There was sufficient lighting and air conditioning.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people with a range of needs. It gets its medicines from reputable suppliers and makes sure they are stored securely at the correct temperature. The pharmacy team members know what to do if any medicines need to be returned to the suppliers. They highlight prescriptions for high-risk medicines and provide people with the information they need to take their medicines safely. And they give advice to people about where they can get other support.

### Inspector's evidence

There was not wheelchair access to the pharmacy premises but staff went to the door to assist anyone with mobility issues. Pharmacy team members could converse in or understand Gujarati, Hindi, Urdu, Hungarian and Romanian to assist people whose first language was not English. Large font labels could be printed to assist visually impaired people. Patients were signposted to other services such as NHS 111, free condoms, chlamydia screening and treatment through Hertfordshire County Council. PGDs available included Champix (stop smoking), travel and flu vaccinations. Nicotine replacement therapy was also available to assist quitting smoking. Members of the public could access treatment for minor ailments and emergency supplies via the Community Pharmacist Consultation Service (CPCS). Referrals were emailed or through PharmOutcomes. There were health related leaflets on display which included steroid and methotrexate warning cards, valproate information, insulin passports and Maloff information sheets.

The pharmacist explained the procedure for supply of sodium valproate to people in the at-risk group. Information on the pregnancy prevention programme (PPP) would be explained. There was information available to give to patients on PPP. The intervention was recorded on the patient medication record (PMR). The procedure for supplying isotretinoin following a negative pregnancy test result and within seven days of the date on the prescription was discussed. Information on the PPP would be explained. The treatment would be initiated by a consultant and the intervention would be recorded on the PMR. The pharmacist said she would contact the prescriber and record the intervention regarding prescriptions for more than 30 days' supply of a CD. CD prescriptions were highlighted to ensure supply within the 28-day validity period.

Prescriptions were highlighted using assorted warning stickers such as 'fridge', 'cytotoxic', 'INR' and 'CD' to prompt counselling to the patient. The pharmacist said when supplying warfarin, people were asked for their record of INR along with blood test due dates. INR was recorded on the PMR. Advice was given about side effects of bruising and bleeding along with advice about over-the-counter medicines and diet containing green vegetables and cranberries which could affect INR. People taking methotrexate were asked if they had regular blood tests and reminded about the weekly dose, when to take folic acid and to take care when handling methotrexate tablets. People were advised to seek medical advice if they developed an unexplained fever.

An audit had been conducted to identify people in the at-risk group taking sodium valproate and to explain the PPP. An audit had been completed to identify people for referral for prescription of a proton pump inhibitor for gastric protection while taking non-steroidal anti-inflammatory drugs (NSAID). Recent audits included monitoring dates of last foot checks and retinopathy screening for diabetic people and people taking lithium to ensure they understood signs of toxicity and attended regular

blood tests. There was a more recent audit to monitor upper respiratory tract infections.

The pharmacy had healthy living status. Health campaigns to increase public awareness had been conducted such as Children's oral health. There were health related leaflets displayed at the healthy living zone including 'Help us to help you', Herts health walks and Dry January. Medicines and medical devices were delivered outside the pharmacy. There was a CD delivery book which the patient or representative signed indicating safe delivery. Ensuring another patient's details were not visible while signing was discussed and the delivery person resolved the issue by having one patient's details per page. For non-CD delivery a drop sheet was prepared. Ensuring the audit trail was reviewed was discussed. There was a cool box to transport cold chain items in warmer weather and a 'failed delivery' slip to put through the letterbox if the recipient was not at home.

Medicines and medical devices were obtained from Alliance, AAH, Phoenix and Sigma. Floor areas were generally clear, and stock was neatly stored on the dispensary shelves. Stock was date-checked and recorded. Yellow stickers were attached to short-dated medicines. No date-expired medicines were found in a random check. Medicines were generally stored in original manufacturer's packaging and the date of opening was marked on liquid medicines. Some de-blistered tablets in dispensing containers with insufficient labelling were disposed of during the visit. The issue of stability of de-blistered tablets and capsules was discussed and that they may be missed during date checks or responding to alerts and recalls. Cold chain items were stored in the medical fridge. Uncollected prescriptions were cleared from retrieval every three months. Prescriptions containing high-risk medicines, CDs and fridge items were highlighted. Waste medicines were stored separate from other stock. Falsified medicines directive (FMD) hardware and software was not operational at the time of the visit. Drug alerts were printed, annotated and filed.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It uses these appropriately to keep people's private information safe.

### Inspector's evidence

Current reference sources included BNF App, EMC and Drug Tariff. The dispensary sink and stamped measures required treatment to remove lime-scale. There were stamped glass measures to measure liquids including separate marked measures for methadone. The medical fridge showed an overall temperature of six Celsius but minimum and maximum temperatures were shown to be outside range two to eight Celsius. There was a discussion about ensuring the temperature was maintained in the range two to eight Celsius to preserve the integrity of the cold chain stock. The CD cabinets were fixed with bolts. Stop smoking equipment was provided and maintained by Hertfordshire County Council. The blood pressure monitor had been in use for around eighteen months. The sharps bin for vaccination sharps disposal was in the consultation room on a cupboard. The adrenaline ampoules to treat anaphylaxis were due for replacement. The pharmacy team were using their own NHS cards. Confidential waste paper was collected for shredding. The pharmacy computer was password protected and backed up regularly.

### 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.