

Registered pharmacy inspection report

Pharmacy Name: Cambridge Avenue Pharmacy, 10 Cambridge Avenue, Bottesford, SCUNTHORPE, South Humberside, DN16 3LG

Pharmacy reference: 1032505

Type of pharmacy: Community

Date of inspection: 02/09/2020

Pharmacy context

This community pharmacy is in a small town on the outskirts of Scunthorpe, North Lincolnshire. It changed ownership in March 2020. During the COVID-19 pandemic the pharmacy's main focus is on providing dispensing services, and in offering a home delivery service. The pharmacy also offers advice on the management of minor illnesses. And it supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 identifies and suitably manages the risks associated with its services. It advertises how people can provide their views about the services it provides. It keeps people's private information secure, and it generally keeps all the records it needs to by law. Pharmacy team members share information when mistakes happen. And they take action to reduce the risk of mistakes reoccurring. They understand how to recognise, and report concerns to help protect the health and wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had completed COVID-19 risk assessments and updates as the pandemic had developed. The risk assessments seen clearly identified the risks associated with providing pharmacy services during the pandemic. And they provided details of the actions taken to manage these risks. Areas covered included a review of the physical environment of the pharmacy, hygiene, equipment, services and staffing. Some of the actions taken to help manage the identified risks included following increased cleaning regimens and applying floor markers at two metre intervals in the public area of the pharmacy. Most pharmacy team members wore a face mask or face visor when speaking to people at the pharmacy counter. The pharmacy had a stock of visors, gloves and type IIR face masks. But they didn't routinely wear personal protective equipment (PPE) when working in the dispensary. Team members could not always socially distance from each other whilst working. A discussion took place about Public Health England's guidance associated with healthcare staff wearing PPE. This discussion explored the risks associated with the impact on pharmacy services should multiple team members need to self-isolate if they were considered close contacts through NHS Test and Trace. All team members had engaged in individual COVID-19 risk assessments. Those on duty confirmed they felt supported at work throughout the pandemic to date.

The pharmacy had a set of standard operating procedures (SOPs). These covered controlled drug (CD) management, responsible pharmacist (RP) requirements, pharmacy services and dispensing processes. Team members had read and signed the SOPs during their induction to the company. The SOPs had been reviewed by the superintendent pharmacist in March 2020. But they did not contain details of the next planned review date. Team members were observed working in accordance with SOPs throughout the inspection. For example, completing dispensing audit trails on medicine labels. Team members were confident in providing advice to members of the public. And they were observed referring to the pharmacist when appropriate to do so.

The dispensary was small, but workflow was efficient. Workspace was well organised with separate areas for labelling, assembling and checking medicines. Due to the restriction of space in the dispensary, pharmacy team members used a workbench in the staff room to complete some tasks associated with supplying medicines in multi-compartment compliance packs.

Pharmacy team members consistently recorded near miss errors made during the dispensing process. Records included contributory factors of the mistakes which occurred. The RP confirmed he reviewed the record and discussed trends with the team. And team members could demonstrate some actions they had taken to help reduce risk. For example, salbutamol breath-actuated inhalers had been separated from other salbutamol inhalers on the dispensary shelves. This helped to reduce the risk of a

picking error occurring. But the team did not keep records of reviews. A discussion took place about the benefits of formalising the review process to help show the effectiveness of the risk reduction actions applied. The pharmacy had not needed to record a dispensing incident since it had transferred ownership. But the RP was confident when explaining how he would deal with and report an incident. And the pharmacy's SOPs covered incident reporting. The RP discussed the company's requirement to report incidents through the National Reporting and Learning System (NRLS), this helped inform learning across the pharmacy sector. And he confirmed he could seek some support when reporting an incident for the first time from the pharmacy's superintendent pharmacist or area manager.

The pharmacy had a complaints procedure. And it provided details of how people could leave feedback or raise a concern about the pharmacy within its practice leaflet. Pharmacy team members could explain how they would manage and escalate feedback if required. A team member reflected on how she had managed some feedback when a person indicated they were not happy that team members had not openly informed people of the change in ownership prior to transfer of ownership of the pharmacy.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice on display reflected the correct details of the RP on duty. Entries in the RP record generally complied with requirements, although a small number of entries were not completed with sign-out times. The pharmacy held its prescription only medicine (POM) register electronically, no entries had been made in the register since the change of ownership. The RP confirmed he had not dispensed a private prescription since working at the pharmacy. And the pharmacy had very little need to make emergency supplies as its opening hours mirrored those of the local surgery. Specials records complied with regulatory requirements. The pharmacy maintained running balances in its CD register. And it completed weekly stock checks of the register balances against the physical stock held. A physical balance check of Sevredol 10mg tablets complied with the balance recorded in the register. The register was generally maintained in accordance with legal requirements. But the pharmacy did not always record wholesaler addresses when entering receipt of a CD in the register. The pharmacy kept a patient returned CD destruction register, and records made in the register were up to date.

The pharmacy displayed a privacy notice. Details of its information governance policy and the information governance lead were displayed in the dispensary. It also had an up-to-date data protection impact assessment. Pharmacy team members were vigilant when handling personal information and they disposed of confidential waste in a designated bag within the dispensary. Team members reported that bags were sealed and collected by a waste management contractor regularly. All team members had completed some learning associated with the General Data Protection Regulation (GDPR) and the NHS Data Security and Protection requirements.

The pharmacy had procedures and information relating to safeguarding vulnerable people. And pharmacy team members had completed e-learning associated with safeguarding. Contact details for the local safeguarding teams were available. A team member explained how she would manage a safeguarding concern. The team monitored people receiving their medicines in multi-compartment compliance packs. And a dispenser explained how concerns relating to compliance issues were discussed with family members and the person's GP when appropriate. The pharmacy's repeat prescription collection service had ceased in April 2020 due to changes implemented by the local NHS Clinical Commissioning Group. The pharmacy had identified some vulnerable people who could not cope with ordering their own medicines. It worked with the surgery to ensure prescriptions for these people were ordered each month.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough skilled and knowledgeable people working to provide its services effectively. Pharmacy team members are enthusiastic and they take part in regular team discussions. They engage in continual learning associated with their roles. And they understand how to provide feedback about the pharmacy and how to raise a professional concern if needed.

Inspector's evidence

The previous inspection of the pharmacy in January 2020 had found the pharmacy working with a reduced workforce due to the approaching sale of the premises. The inspection had identified some areas for improvement as some key tasks associated with safety and medicines management were not being carried out. The new owners had reviewed staffing levels and skill mix, and they had successfully recruited an additional dispenser and the delivery driver. Key tasks such as responding to drug alerts were being completed in a timely manner. The RP and two qualified dispensers were on duty on the date of inspection. Another qualified dispenser and a delivery driver were also employed. Two of the dispensers worked full-time and one worked part-time. The RP was a regular locum pharmacist who was working at the pharmacy full-time. Team members explained this helped provide consistency for both them and members of the public visiting the pharmacy.

Members of the pharmacy team reported feeling well supported by the new owners. The pharmacy's area manager had worked at the pharmacy during the first few weeks of the takeover. And had provided consistent support to the team throughout the first few months of ownership. The area manager had developed a 'key contacts' list to support the team. A dispenser was observed accessing this list when contacting the pharmacy's clinical software provider to resolve an issue found during the inspection. Team members understood how to raise and escalate concerns should they need to. And the company's whistle blowing policy was clearly displayed. Pharmacy team members explained they had contacted the pharmacy's head office on a few occasions with queries. And they had received full support and guidance when doing so.

The pharmacy displayed certificates of its team members qualifications. Training in recent months focussed on reading and signing SOPs, learning how to effectively use the pharmacy's new computer system, and keeping informed of the latest guidance and SOPs related to COVID-19. Team members read regular updates provided by the company's head office. And they kept up to date with key information communicated through NHS and Pharmaceutical Services Negotiating Committee (PSNC) news bulletins. The pharmacy team did not hold formal team meetings. But they did discuss task management and share patient safety information through regular discussions. All team members demonstrated actions put in place following these discussions. For example, some stock locations in the dispensary had been adjusted following a discussion about near miss errors.

The pharmacy team had managed a number of significant changes within the last six months. These included the change in ownership, changes brought about by the pandemic, and the loss of the managed repeat prescription service. Team members appeared to have coped well and were in good spirits on the day of the inspection. The RP explained any focus on targets at the current time involved maintaining and increasing the dispensing business. There was no focus on specific targets relating to

pharmacy services. And the RP confirmed he felt well supported by both team members and the head office team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and suitably maintained for the services it provides. People using the pharmacy can speak with a member of the pharmacy team in confidence in a private consultation room.

Inspector's evidence

The pharmacy was secure and clean. The premises were maintained to a sufficient standard. There were no outstanding maintenance concerns. A concern relating to the effectiveness of the air-conditioning system had recently been escalated. An engineer had visited the pharmacy to check the system. Floor spaces and workbenches were free from clutter. Antibacterial handwash and paper towels were available at designated handwashing sinks. Workstations were equipped with hand sanitiser. Team members were seen using hand sanitiser frequently during the inspection. The pharmacy had suitable heating arrangements. Lighting throughout the premises was sufficient.

The public area was accessible to people using wheelchairs and pushchairs. The consultation room was clearly signposted. The room was a sufficient size and it was clean and professional in appearance. The pharmacy had floor markers instructing members of the public to safely socially distance when accessing the pharmacy. It had a Perspex screen fitted at the till area. Team members explained the contactless card machine worked through the screen, and contactless payment methods were promoted. This helped manage social distancing requirements. Some free standing, ex-display units to one side of the healthcare counter provided a wider distance between team members and a person speaking to team members. This helped the team to socially distance when providing over-the-counter advice and support.

The dispensary was accessed from beyond the healthcare counter. Off one side of the dispensary was the consultation room, a small store area and staff toilet. Off the other side of the dispensary was access to the multi-compartment compliance pack storage area and the staff room. The dispensary was small. Pharmacy team members managed the space well. They used a work bench in the staff room for assembling medicines in multi-compartment compliance packs. This work bench was clean and organised.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to people. It obtains its medicines and medical devices from reputable sources, and it stores them safely and securely. The pharmacy team responds to safety alerts promptly. This helps provide assurance that people receive medicines and medical devices that are safe to use. The pharmacy has up-to-date procedures to support the pharmacy team in delivering its services. And team members provide people with information to help them take their medicines safely.

Inspector's evidence

The pharmacy was accessible from street level, through a push/pull door. It advertised its opening hours and services in window displays. It also displayed clear information relating to COVID-19. This included reminding people to wear a face covering when visiting the pharmacy. And not to enter the pharmacy, but to return home and contact NHS 111 if they had any symptoms associated with the virus. The pharmacy had continued over-the-counter consultation services, such as the supply of medicines under the local minor ailments protocol during the pandemic. And it had an up-to-date protocol in place to support this service. But requests for medicines through the scheme had reduced during the pandemic. The pharmacy had suspended other face-to-face services such as Medicines Use Reviews (MURs) to reduce the risk associated with transmitting the virus. The RP discussed their plans associated with safely implementing the seasonal flu vaccination service. Plans included strict hand hygiene, enhanced cleaning of the consultation room, and wearing PPE which would be changed between each appointment. Team members shared details of the upcoming flu vaccination service with people attending the pharmacy to collect their medicines. Pharmacy team members were aware of how to signpost a person if the pharmacy could not provide a service or medicine.

The pharmacy had some processes for identifying high-risk medicines during the dispensing process. These included sodium valproate, warfarin and methotrexate. The RP explained how he would provide verbal counselling to people taking these medicines. This counselling included questions relating to recent monitoring checks and guidance about how to act if specific side effects occurred when taking a medicine. The RP discussed the requirements relating to 'Pregnancy Prevention Programmes' for medicines such as valproate. And he was aware of the requirement to counsel people in the high-risk group and issue an associated warning card when dispensing valproate preparations. But the pharmacy team did not record details of any checks associated with high-risk medicines on patient's medication records (PMRs). This meant it could be more difficult for the pharmacy to manage a query relating to the supply of high-risk medicines should one occur.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped to inform workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy kept original prescriptions for medicines owing to people. The team used the prescription throughout the dispensing process when the medicine was later supplied. The pharmacy kept an audit trail of the medicine deliveries it carried out. The driver was following social distancing guidance when delivering medicines. And was signing the delivery record after observing safe collection of the medicine from a person's doorstep.

Each person receiving their medication in multi-compartment compliance packs had a patient profile

record. This record provided details of their medication regimen. The pharmacy generally managed the service well with strict planning and adherence to working schedules. This helped to ensure changes were identified and managed in a timely manner and people received their medication on time. The team had continued to provide the service as normal throughout the current pandemic. A sample of assembled compliance packs included full dispensing audit trails and descriptions of the medicines inside to help people recognise them. The pharmacy provided patient information leaflets at the beginning of each four-week cycle of compliance packs. But backing sheets inside the compliance packs did not contain details of cautionary and advisory labels as required. A dispenser acted on this feedback by contacting the clinical software provider to resolve the issue during the inspection. And the dispenser was observed sharing learning from the phone call with other team members. This helped provide assurance that there would be a consistent approach with including the necessary cautionary and advisory labels on backing sheets moving forward. A discussion also took place about the need to ensure backing sheets were physically attached to compliance packs.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members had demonstrated an understanding of the requirements associated with the Falsified Medicines Directive (FMD) during the last inspection. But the pharmacy had yet to begin scanning and decommissioning medicines to assure compliance with the directive. The pharmacy stored Pharmacy (P) medicines behind the healthcare counter. This arrangement allowed the RP to appropriately supervise any sales taking place. The team stored medicines in the dispensary in an organised manner and within their original packaging. Team members followed a date checking rota. This showed checks were up to date. And short dated medicines were clearly identified using stickers. Liquid medicines were annotated with details of their opening dates. No out-of-date medicines were found during random checks of dispensary stock.

The pharmacy held CDs in secure cabinets. Medicines were stored in an orderly manner within the cabinets. Assembled CDs were held with the associated prescription. This helped inform appropriate checks when handing out these medicines. The pharmacy had two medical fridges. These were an appropriate size for the level of stock and assembled medicines stored inside. Assembled medicines were placed in clear bags to prompt additional safety checks prior to hand-out. Medicines inside both fridges were held in an organised manner. Pharmacy team members checked the temperature of the fridges daily. Temperature records confirmed they were operating between two and eight degrees Celsius as required.

The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It received medicine and medical device alerts through email. The pharmacy had improved the timeliness of checking and responding to alerts since the last inspection. There was now a full paper-based audit trail in place detailing timely checks made against each alert. This provided the assurance required that the pharmacy was acting on any concerns associated with the safety of medicines and medical devices.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a suitable range of equipment available for the pharmacy services provided. Pharmacy team members use the equipment and facilities in a way which protects people's privacy.

Inspector's evidence

The pharmacy had a range of clean equipment available to support the delivery of pharmacy services, Equipment included crown stamped measuring cylinders for measuring liquid medicines. It had separate cylinders for use solely with methadone. And counting equipment for tablets and capsules included a separate triangle for use when counting cytotoxic medicines. It had single-use consumables for the substance misuse and compliance pack services.

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. The team could access the internet to help resolve queries and to obtain up-to-date information. Computers were password protected and the layout of the premises protected information on computer monitors from unauthorised view. Pharmacy team members on duty had working NHS smart cards. The pharmacy stored bags of assembled medicines within the dispensary, so people's details on bag labels were not visible to members of the public.. Members of the pharmacy team used cordless telephone handsets. This meant they could move out of earshot of the public area when having confidential conversations with people over the telephone.

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.