

# Registered pharmacy inspection report

**Pharmacy Name:** Osbon Pharmacy, 17 Duncan Road, GILLINGHAM,  
Kent, ME7 4LA

**Pharmacy reference:** 1032762

**Type of pharmacy:** Community

**Date of inspection:** 17/05/2019

## Pharmacy context

The pharmacy is on a street in a residential area. The people who use the pharmacy are mainly older people. The pharmacy provides a range of services including, Medicines Use Reviews, New Medicine Service, multi-compartment compliance aids and substance misuse medicines.

## 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. It actively seeks feedback from the public and protects people's information. It generally keeps the records it needs to by law, but some are not always complete. So, they may be less reliable in the event of a future query. Team members understand their role in protecting vulnerable people. And they protect people's personal information.

### Inspector's evidence

The pharmacy adopted some measures for identifying and managing risks associated with pharmacy activities. These included documented standard operating procedures (SOPs). The SOPs were written in 2016 and did not appear to have been reviewed since then. This could mean that they may not have been updated to reflect any changes in current best practice. The current team members had not signed to indicate that they had read and understood the SOPs. Near misses were highlighted with the team member involved at the time of the incident; they identified and rectified their own mistakes. The pharmacist said that the near miss log had recently been implemented and he would review this regularly for trends and patterns. He said that dispensing incidents would be recorded on a designated electronic form and a root cause analysis would be undertaken. He was not aware of any dispensing incidents since he started working at the pharmacy around two years ago.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members roles and responsibilities were specified in the SOPs. The medicines counter assistant (MCA) knew that she should not sell pharmacy only medicines or hand out bagged items if the pharmacist was not on the premises. Team members could not access the pharmacy before the pharmacist arrived.

The pharmacy had current professional indemnity and public liability insurance in place. Records required for the safe provision of pharmacy services were available though not all elements required by law were complete. All necessary information was recorded when a supply of an unlicensed special was made. Signed in-date patient group directions were available for the services offered. The prescriber's details were not always recorded in the private prescription record. The nature of the emergency was not routinely recorded when a supply of a prescription only medicine was supplied in an emergency without a prescription. Controlled drug (CD) running balances were checked around once a month. Liquid overage was recorded in the register. The recorded quantity of one item checked at random was the same as the physical amount of stock available. The regular pharmacist did not routinely complete the RP log when he finished his shift. He said that he would ensure that this was completed. The correct RP notice was clearly displayed.

Confidential waste was shredded and the people using the pharmacy could not see information on the computer screens. Computers were password protected. Smart cards used to access the NHS spine were stored securely and team members used their own smart cards during the inspection. Bagged

items waiting collection could not be viewed by people using the pharmacy.

The pharmacy carried out yearly patient satisfaction surveys; results were displayed in the shop area and on the NHS website. Results showed that 99% of respondents were satisfied with the pharmacy overall. The complaints procedure was available for team members to refer to where needed. The pharmacist said that he was not aware of any recent complaints.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. The MCA could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people. The pharmacist said that he had referred a vulnerable person to the police.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to provide its services safely. But it could do more to ensure that all team members are enrolled on an accredited pharmacy course in a timely manner. The team members can discuss any issues and they are provided with some ongoing training.

### Inspector's evidence

There was one regular pharmacist and two MCAs working during the inspection. The MCA said that she had worked at the pharmacy for around three years and had regularly worked in the dispensary during this time. She was carrying out dispensing tasks on the day of the inspection. But was not enrolled on an accredited dispenser course. The pharmacist enrolled both MCAs onto an accredited course during the inspection. The pharmacist said that he would ensure that all team members working in the dispensary were enrolled within the required timeframe in future. They worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed.

The MCA appeared confident when speaking with people. She was aware of the restrictions on sales of pseudoephedrine containing products. And said that she would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care. Effective questioning techniques were used to establish whether the medicines were suitable for the person.

The MCA said that she completed some online training. Most recently about smoking cessation, oral health and cholesterol. The pharmacy received training booklets from one of the suppliers. The pharmacist said that he gave team members the booklets, but he did not ensure that these were completed. The MCA had completed all training required to provide the smoking cessation service. The pharmacist had completed consultation skills training and a declaration of competence for the services offered.

The pharmacist said that he informally highlighted areas where team members might improve or when they were performing well. He said that these were not documented. The MCA felt confident to discuss any issues with the pharmacist during the working day. The pharmacist said that a messaging group was used to highlight any issues and discuss any problems with other pharmacists. Targets were not set. The pharmacist said that he carried out the services for the benefit of people who used the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services.

### Inspector's evidence

The pharmacy was secured from unauthorised access. Pharmacy-only medicines were kept behind the counter. It was bright, clean and tidy throughout and presented a professional image. Air-conditioning was available, and the room temperature was suitable for storing medicines.

There were two chairs in the shop area. These were positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard. There was a yellow bin in the shop area for people to place used sharps; the lid was open and sharps boxes were visible. The yellow bin was moved into a locked room during the inspection to restrict access.

The consultation room was accessible from the shop area and dispensary. Low-level conversations in the consultation room could not be heard from the shop area. The windows in the doors were see-through; the pharmacist said that he would ensure that these were covered. There were two chairs and a desk available. The room was accessible to wheelchair users. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

## Principle 4 - Services ✓ Standards met

### Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy generally manages its services well. But it does not always highlight when high-risk medicines are dispensed, which may mean that people are not given all the information that they need to take their medicines safely. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe to use.

### Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. The pharmacy team had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. A variety of patient information leaflets were available. Services and opening times were clearly advertised. The induction hearing loop appeared to be in good working order.

The pharmacist said that he did not check monitoring record books for people taking high-risk medicines such as methotrexate and warfarin. This could make it harder for the pharmacy to monitor people's previous blood test results. Prescriptions for these medicines were not highlighted so there is a chance that the opportunity to speak with these people is missed. Prescriptions for schedule 3 and 4 CDs were not highlighted. This could make it harder for the person handing the medicines out to know if the prescription was still valid. The pharmacist said that CDs and fridge items were checked with people when handing them out. He said that the pharmacy supplied valproate medicines to a few female patients. Patient information leaflets and warning cards were available. But there were currently no patients who needed to be on a pregnancy prevention programme.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked every three months. But this activity was not always recorded. Stock due to expire within the next six months was marked. There were several medicines which were not kept in appropriately labelled containers. This may mean that there were expired medicines with the dispensing stock. The MCA disposed of these during the inspection.

Part-dispensed prescriptions were checked regularly. 'Owings' notes were provided, and people were kept informed about supply issues. Prescriptions for alternative medicines were requested from prescribers where needed. Prescriptions were not routinely kept with bagged items until the medicines were collected. This could make it harder for team members to refer to the original prescription if there was a query. There were some bagged items dispensed over six months ago waiting collection. And this may increase the chance of the items being handed out when the prescription had expired.

Prescriptions for people receiving their medicines in multi-compartment compliance packs were ordered in advance so that any issues could be addressed before they needed their medicines. Prescriptions for 'when required' medicines were not routinely requested; the pharmacist said that the people contacted the pharmacy when they needed them. The pharmacy kept a record for each patient which included any changes to their medication. Packs were suitably labelled and there was an audit trail to show who had dispensed and checked each tray. Medication descriptions were put on the packs. Patient information leaflets were routinely supplied. The backing sheets were not attached to the trays. The pharmacist said that he would ensure that these were attached in future.

CDs were generally stored in accordance with legal requirements. Denaturing kits were available for the safe destruction of CDs. CDs people had returned, and expired CDs were clearly marked and segregated. Returned CDs were recorded in a register and destroyed with a witness; two signatures were recorded. There were arrangements in place to safeguard the CD keys overnight. The pharmacy was re-using dispensing bottles for supervised consumption of methadone. The pharmacist said that he would ensure that people were given a new bottle each time.

Deliveries were made by a delivery driver. The pharmacy did not always obtain people's signatures for deliveries. This could make it harder for the pharmacy to show that the medicines were safely delivered. The driver said that all deliveries were within the local area and he attempted to deliver fridge items first.

Only licensed wholesalers were used for the supply of medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. These were actioned and kept for future reference. The pharmacy had equipment for the implementation of the EU Falsified Medicines Directive and team members had received some training. The pharmacist said that the pharmacy was in the process of writing an SOP for this.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely.

### Inspector's evidence

Up-to-date reference sources were available in the pharmacy and online. Suitable equipment for measuring medicines was available. A plastic measure was marked for methadone use only. The pharmacist said that he would order a suitable measure. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination.

The Smokerlyzer was calibrated by an outside agency. The phone in the dispensary was portable so could be taken to a more private area where needed. The shredder was in good working order.

Fridge temperatures were checked daily; maximum/minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and was not overstocked.

### 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.