

# Registered pharmacy inspection report

**Pharmacy Name:** Farnsfield Pharmacy, Station Lane, Farnsfield,  
NEWARK, Nottinghamshire, NG22 8LA

**Pharmacy reference:** 1035588

**Type of pharmacy:** Community

**Date of inspection:** 24/07/2019

## Pharmacy context

The pharmacy is in a large semirural village in Nottinghamshire. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. It offers advice about the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartmental compliance packs to help people remember to take their medicines. And it delivers medicines to people's homes.

## 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	1.8	Good practice	The pharmacy has a clear culture of safeguarding the safety and wellbeing of vulnerable people. It advertises to people that it is a safe space for them to visit.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	3.2	Good practice	The pharmacy team actively promotes access into the pharmacy's consultation room. The room is soundproof and is fitted to a high standard.
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy engages well with people to promote health and wellbeing. And it works effectively to support people within the community.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has procedures and processes in place to manage the risks associated with the services it delivers. It keeps people's private information secure and promotes how people can provide feedback about its services. Pharmacy team members follow procedures and understand their roles and responsibilities. They record and discuss the mistakes they make. And they engage in conversations to inform the safety and quality of the pharmacy's services. The pharmacy has a clear culture of safeguarding the safety and wellbeing of vulnerable people. It advertises to people that it is a safe space for them to visit. The pharmacy generally keeps all records it must by law. But some minor gaps in these records occasionally result in incomplete audit trails.

### Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) in place which were accessible to its team. The next review date for SOPs was documented as November 2019, they had been issued in Autumn 2017. Training records held with the SOPs confirmed pharmacy team members had read and understood the SOPs in place. The SOPs highlighted the roles and responsibilities of staff and pharmacy team members were seen working in accordance with dispensing SOPs throughout the inspection. They were confident at explaining their roles. For example, a member of the team explained clearly what tasks she could and couldn't complete if the responsible pharmacist (RP) took absence from the premises. The pharmacy had processes in place for pharmacists to record the clinical check of a prescription, this took place prior to the accuracy checking technician (ACT) completing the final accuracy check of a medicine.

The pharmacy team effectively managed workflow in the dispensary. The dispensary was split between two rooms. The first room provided space for labelling and assembling acute and repeat prescriptions. The back room of the dispensary was used for completing some administration tasks and tasks associated with the supply of multi-compartmental compliance packs. This helped to avoid unnecessary distractions when dispensing these packs.

Pharmacy team members recorded details of near-misses made during the dispensing process following feedback from the RP or ACT. Entries in the near-miss record were consistent. But the team did not generally record additional information such as learning points or contributory factors. Pharmacy team members explained they regularly discussed patterns in near-misses and acted to reduce risks following these discussions. For example, the pharmacy team had labelled shelving across the dispensary to indicate where 'look alike and sound alike' (LASA) medicines were stored. This helped prompt additional checks when picking a medicine to fill a prescription. The pharmacy didn't record details of the team's discussions relating to the management of near-misses. This meant that it could be difficult for the team to reflect on the outcomes of the discussions and review the effectiveness of its risk reduction strategies.

The pharmacy had an incident reporting procedure in place. And the RP demonstrated how incident reporting was completed electronically and forwarded to the superintendent pharmacist's office for review. Evidence of reporting was available. The RP discussed how he would respond to a dispensing incident and the team shared feedback following incidents. For example, the team had been briefed

and their awareness drawn to an error involving the wrong strength of a medicine being dispensed. Although the team had discussed the incident, the pharmacy had not taken any action to review the stock location of the two strengths on the dispensary shelves to help further reduce the risk of a similar incident occurring.

The pharmacy had a complaints procedure in place. And it provided details of how people could leave feedback or raise a concern about the pharmacy through its practice leaflet. A member of the team explained how she would listen to a concern and take steps to address it or escalate it depending on the nature of the issue. The pharmacy had a formal complaints route if people wished to escalate a concern to its head office. It also engaged people in feedback through an annual 'Community Pharmacy Patient Questionnaire' and it published the results of this questionnaire for people using the pharmacy to see.

The pharmacy had up to date indemnity insurance arrangements in place. The RP notice contained the correct details of the RP on duty. Entries in the responsible pharmacist record complied with legal requirements. A sample of the CD register entries found entries were made in accordance with legal requirements. The pharmacy maintained running balances in the register and checked these monthly against physical stock. A physical balance check of Zomorph 60mg capsules complied with the balance in the register. The pharmacy maintained a CD destruction register for patient returned medicines. And the team entered returns in the register on the date of receipt. The pharmacy kept records for private prescriptions and emergency supplies within its Prescription Only Medicine (POM) register. Some entries checked for accuracy were missing dates and the full details of the prescriber. The pharmacy maintained full audit trails to show who unlicensed medicines had been supplied to.

The pharmacy displayed a privacy notice and all pharmacy team members had completed learning associated with data protection. Pharmacy team members demonstrated how they managed people's private information to ensure their confidentiality was maintained when using the pharmacy. The pharmacy had submitted its annual NHS information governance toolkit. It disposed of confidential waste by using a heavy-duty shredder.

The pharmacy had procedures and information relating to safeguarding vulnerable people in place. Contact information for safeguarding teams was available. All members of the pharmacy team had completed learning associated with safeguarding and regularly shared any concerns with each other. Pharmacy professionals had completed level 2 learning through the Centre for Pharmacy Postgraduate Education (CPPE). Pharmacy team members were attentive to the needs of the community. The pharmacy engaged in the county's 'Age Friendly' project by displaying an 'age friendly' sticker in the window which encouraged people to come in and speak with the team. Pharmacy team members provided several examples of how they had worked to protect the health and wellbeing of vulnerable people.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough skilled and knowledgeable staff to provide its services. It monitors staffing levels to ensure they remain appropriate. The pharmacy encourages its team members to engage in continual learning. And it supports them by advertising how they can provide feedback or raise a concern. Pharmacy team members engage in regular reviews to help identify and minimise risks during the dispensing process. But they do not record the outcomes of these reviews. This means that there are limited opportunities for the team to reflect and measure the effectiveness of actions it takes to reduce risk.

### Inspector's evidence

On duty at the time of the inspection was the RP (the pharmacy manager), a pharmacy technician, a qualified medicine counter assistant and the delivery driver. The pharmacy also employed another medicine counter assistant, a qualified dispenser and an ACT. Most of the pharmacy's team members worked part time which meant there was some flexibility for covering both annual leave and unplanned leave. Pharmacy team members reported they worked with a minimum of two support staff and the pharmacist on any given day. The manager had transferred to the pharmacy in Spring 2019 from another of the company's pharmacies.

The pharmacy kept training records for its team. And it displayed certificates of its team members qualifications. Pharmacy team members were encouraged to complete ongoing learning associated with their roles. They reported that they generally completed this learning in their own time. The learning documented was relevant to their roles and to health promotional campaigns supported by the pharmacy. The RP confirmed that the company provided protected training time for any staff enrolled on accredited training. And time to complete learning relating to procedures and services was provided at work. Pharmacy team members had not received an appraisal for several years. But the new manager had made it clear to staff that appraisals were planned.

The RP and other members of the team provided several examples of how supported they felt at work through feedback they received and annual visits from one of the pharmacy's owners, who they felt engaged well with both the team and people using the pharmacy. The RP discussed how he was encouraged to apply his professional judgement when delivering services and was complimentary when discussing the company's approach to managing targets relating to services such as Medicine Use Reviews (MURs).

Pharmacy team members confidently discussed their roles. They shared information through continual discussions and informal briefings. And they read information received from the superintendent pharmacist's office regularly. The pharmacy had a whistleblowing policy in place. Pharmacy team member were aware of how to raise concerns and escalate these if needed. They confirmed they felt confident in providing feedback and when discussing mistakes. Pharmacy team members didn't provide any specific examples of how the pharmacy used their feedback to inform delivery of its services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and secure. The premises are well maintained and offer a professional environment for the delivery of the pharmacy's services. The pharmacy team actively promotes access into the pharmacy's consultation room. The room is soundproof and is fitted to a high standard.

### Inspector's evidence

The pharmacy was professional in appearance and it was secure. The public area was open plan which assisted people using wheelchairs and pushchairs in accessing the pharmacy with ease. A door leading off this area led to staff facilities. The two back rooms of the pharmacy formed the dispensary. It was a good size and space was managed well. Work benches were free from clutter. And there was enough space for holding stock medicines.

Pharmacy team members reported maintenance concerns to the pharmacy's head office. And they confirmed that maintenance issues were prioritised and managed in a timely manner. There were no outstanding maintenance issues at the time of inspection. The pharmacy was clean and organised with no slip or trip hazards evident. It had heating, and the public area of the pharmacy had air conditioning. Fans were available in the dispensary and it was relatively cool at the time of inspection despite high temperatures outside. Lighting throughout the pharmacy was sufficient. Antibacterial soap and paper towels were available close to designated handwashing sinks.

There was a private consultation room. This was clearly signposted and was accessed from behind the medicine counter. As such all access into the room was monitored and people waiting in the public area could not overhear conversations taking place in the room. The room was a good size and offered a professional environment for providing healthcare services. It was fully accessible and the external door leading into the room meant that the pharmacy could support access via this option if required. A sink was available which assisted in the provision of clinical services such as the administration of flu vaccinations. Pharmacy team members promoted access to the room when people wanted to speak in private about their health.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy promotes its services and makes them fully accessible to people. It engages well with people to promote health and wellbeing. And it works effectively to support people within the community. The pharmacy generally has effective records and systems in place to make sure people get the right medicines at the right time. And it supports people taking high-risk medicines to ensure it manages the risks associated with these medicines. The pharmacy gets its medicines from reputable sources. And it has some systems in place to ensure medicines are safe and fit to supply.

### Inspector's evidence

People accessed the pharmacy through a push/pull door from street level. The pharmacy clearly displayed details of its opening times and services. It had a range of service and health information leaflets available to people. The pharmacy had a prominent healthy living display. This was opposite the designated seating area which meant that it caught people's attention while they waited for their prescription. A recent healthy living campaign to promote children's oral health had led to the pharmacy issuing all available support material to people interested in the campaign. The pharmacy's sales of children's toothbrushes had risen significantly during the campaign which demonstrated its effectiveness.

Pharmacy team members understood the arrangements in place for signposting people to other local pharmacies or healthcare services if they were unable to provide a service. Pharmacy team members engaged well with people while they waited for their prescriptions. They provided several examples of providing a listening ear to people who needed a safe place to talk. They explained how they could offer the pharmacy's delivery service to people who were housebound or who struggled with collecting their medicines. The pharmacy promoted access to its services, such as the minor ailments scheme. And it had up to date protocols and patient group directions in place to support the supply of medicines through these services. The RP reflected on some of the benefits he had noted to people accessing the pharmacy's services. For example, the MUR service had led to an intervention relating to the medicine regimen for a person taking a high-risk medicine. And New Medicine Service consultations had resulted in some adverse side-effects being identified and people referred to the GP for an alternative prescription.

The pharmacy had systems in place for managing high-risk medicines. The team highlighted these prescriptions to prompt additional counselling and checks when handing out these medicines. The pharmacy documented international normalised ratio (INR) results for people on warfarin, including people it delivered medicines too. A poster in the dispensary contained details of the valproate pregnancy prevention programme (PPP) and the pharmacy technician had a clear understanding of the requirements to identify and support people who required a pregnancy prevention plan.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped 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 team kept original prescriptions for medicines owing to people. The team used the prescription throughout the dispensing process when the medicine was later supplied. It maintained delivery audit

trails for the prescription delivery service. People signed to confirm they had received their medicine.

The pharmacy had a schedule to support workload associated with the multi-compartmental compliance pack service. Individual profile sheets were in place for each person on the service. And the pharmacy documented changes to medicine regimens on these sheets. It kept clear audit trails to show who had assembled and checked a pack and to identify when packs were collected/delivered. But the pharmacy did not always provide patient information leaflets (PILs) when supplying the packs and some descriptions recorded on backing sheets were not accurate. This was due to the pharmacy not updating descriptions when dispensing a different brand of a medicine. This meant it could be difficult for people to identify their medicines.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members demonstrated some awareness of the aims of the Falsified Medicines Directive (FMD). It had taken some steps to begin the process of complying with FMD. Pharmacy team members were aware the system was being piloted in another of the company's pharmacies. But had not received any further details of when processes to comply with FMD would be rolled out to them.

The pharmacy stored Pharmacy (P) medicines behind the medicine counter. This meant the pharmacist could supervise all sales and intervene if required. The pharmacy stored medicines in their original packaging in an organised manner. The team followed a date checking rota to help manage stock. Short dated medicines were identified, and bottles of 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 had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It received drug alerts relevant to the medicines it stocked via its intranet. The pharmacy team checked alerts and kept details of alerts for reference purposes.

The pharmacy held CDs in secure cabinets. Storage of medicines held inside the cabinets was orderly. There was designated space for storing patient returns, and out-of-date CDs. Assembled CDs were held in clear bags. Pharmacy team members highlighted all CD prescriptions by placing a docket on the front of each prescription which prompted additional validity checks and included the requirements for entry into the register for schedule 2 CDs. The pharmacy's fridge was clean and stock inside the fridge was held in an organised manner. Temperature records confirmed that the fridge was operating between two and eight degrees Celsius. The pharmacy held assembled cold chain medicines in clear bags within the fridge, this prompted additional safety checks of the dispensed medicine upon hand-out.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team has access to all the equipment it needs for providing its services. It monitors this equipment to ensure it is safe to use and fit for purpose.

### Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. Internet access provided the team with access to further information. Computers were password protected and staff used personal NHS smartcards. The layout of the premises protected computer monitors from unauthorised view. The pharmacy used a small room between the medicine counter and dispensary to hold assembled bags of medicines. This provided a good space which ensured information on bag labels could not be overseen when people accessed the consultation room. The team used cordless telephones and moved to the back of the dispensary when discussing confidential information on the telephone.

Clean, crown stamped measuring cylinders were available along with counting equipment for tablets and capsules. The pharmacy used separate counting equipment when dispensing cytotoxic medicines. Gloves were available to team members assembling multi-compartmental compliance packs, all packs were single use. The pharmacy's equipment was subject to maintenance checks to ensure it remained in working order.

### 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.