

Registered pharmacy inspection report

Pharmacy Name: Jaysons Pharmacy, 95-97 Arleston Drive, Wollaton, NOTTINGHAM, Nottinghamshire, NG8 2GB

Pharmacy reference: 1035592

Type of pharmacy: Community

Date of inspection: 23/05/2019

Pharmacy context

The pharmacy is located in the residential area of Wollaton, approximately five miles from Nottingham city centre. The pharmacy provides standard NHS services. It dispenses NHS and private prescriptions and sells over-the-counter medicines; it offers Medicines Use Reviews (MURs), the New Medicine Service (NMS) and seasonal flu immunisations. It provides the extended minor ailment scheme. It also has access to an independent pharmacist prescriber who provides private services such as malaria prophylaxis and erectile dysfunction treatments.

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 manages most of the risks associated with the provision of its services. The pharmacy doesn't record all of its near misses. This could mean it misses opportunities to improve the safety and quality of its services. And the pharmacy doesn't always follow its own procedures for auditing controlled drugs. The pharmacy manages sensitive information adequately and it has satisfactory procedures in place to protect vulnerable people.

Inspector's evidence

The responsible pharmacist (RP) notice was on display and showed the pharmacist who was in charge of the pharmacy. But where it was situated meant that the details couldn't easily be read by someone standing in the public area.

The pharmacy had a set of up-to-date standard operating procedures (SOPs) which covered the operational activities of the pharmacy and the services provided. SOPs had been signed by staff. But the sections covering who was responsible for particular tasks hadn't been completed. A dispensing audit trail was created by staff signing their initials on the dispensed and checked by boxes on the medicine labels.

The dispensing assistant had a good knowledge of questions to ask, and the advice to give, when selling over-the-counter medicines. She knew that prescriptions had a validity of six months apart from prescriptions for controlled drugs (CDs) which were valid for 28 days from the date on the prescription. She said that CDs kept in the CD cupboard were not dispensed until the person came in. However, the pharmacy did not have a sufficiently robust way of making sure that CDs not stored in the CD cupboard were only supplied within the 28 days. The dispenser knew that CDs not stored in the cupboard included tramadol, gabapentin and pregabalin but could not recall any others. She said that CD prescriptions were highlighted to remind staff when handing out a medicine. When the dispensed prescriptions waiting collection were checked a prescription for pregabalin was highlighted but a prescription for zopiclone was not highlighted.

The pharmacy had a medication change record form which was attached to prescriptions highlighting when the pharmacist wanted to speak to the patient. The interventions included strength, form, dose, new medicine, warfarin, lithium, CD prescription but not methotrexate or sodium valproate.

The pharmacy had up-to-date patient group directions (PGDs) in place for emergency hormonal contraceptive, travel services and prescription only medicines supplied through the extended minor ailment scheme. The pharmacist had received appropriate training to provide these services.

The pharmacy had procedures in place for managing near misses, errors and incidents. The pharmacist said that he gave the near miss back to the team member and asked them to find the mistake. The mistake was then discussed along with any learning points. The team member then wrote it in the near miss log. When the inspector looked in the near miss log he noted that there weren't many near misses recorded. For example, only one near miss recorded in April. The pharmacist said that some near misses might not have been recorded. The pharmacist said that he reviewed the log at the end of the month to

look for any trends or patterns. He gave an example of separation of different strengths of bisoprolol as an action taken following the review.

The complaints procedure was explained in the practice leaflet and there was a complaints SOP. The latest patient satisfaction survey was on NHS UK. 100% of people were satisfied with the service that was provided.

A certificate of professional indemnity and public liability insurance was displayed with an expiry date of August 2019. The pharmacy maintained most of the records required to support the safe delivery of pharmacy services. Records were routinely sent to head office which meant that some historical records were not available at the inspection. Controlled drug (CD) registers recorded the information that was legally required. The SOP stated the balance check for CDs should be completed monthly. Solid dose CD balance checks were mainly completed monthly but this didn't always happen.

A patient returned CD register was in place. There was a patient return CD that had been brought in the night before but had been left in a basket below the CD cupboard rather than being put in the CD cupboard. The pharmacist entered it in the register. The register recorded initials for the witness and the pharmacist who had destroyed them rather than full names and registration numbers (where appropriate). The pharmacist couldn't remember the name of the witness whose initials were checked.

Private prescriptions were recorded in a book. While the required information was mainly recorded, the prescriber records were often just initial or a name without their address. The prescriptions from the independent pharmacist prescriber didn't include his registration number.

Confidential information was stored securely. Confidential waste was bagged and sent away for destruction. There was an information governance protocol in place that had been updated to reflect general data protection regulation. Pharmacy team members had read and signed an SOP on safeguarding. The pharmacist had completed additional training. Local safeguarding contacts were available in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team adequately manages the workload within the pharmacy. They can raise concerns or issues affecting patient safety and there is a work culture of openness and honesty. The pharmacy doesn't currently have a structured training programme for staff. So they may not always be able to develop their skills and knowledge to improve the service and advice they can give to people.

Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The RP record showed who the RP in charge of the pharmacy had been. But when the inspector arrived the pharmacist hadn't signed in to the RP log.

The pharmacy team was able to manage the workload. But the consultations for the extended minor ailment scheme could take up to 20 minutes so it had an impact on other services. The pharmacy team comprised of a pharmacist, a pre-registration pharmacist and three dispensers. Two dispensers had completed training for and had previously been registered as pharmacy technicians but were no longer registered. They said that there was no benefit for them being on the register. A pharmacy student from Nottingham University was also present. She said that she had signed a confidentiality agreement but that it was at head office.

Pharmacy staff said that they had performance reviews every three months with the regular pharmacist and supervisor. Pharmacy staff were asked before the review to consider what area for development they would like to work on for the next three months and this was discussed during the review. They also had an annual review with the pharmacy owner. They said that the pharmacist and the superintendent were easy to talk to and they were able to raise any issues or concerns.

The team worked well together during the inspection and were observed helping each other and sharing tasks as appropriate. The pharmacist said that he gave a range of informal training to staff but didn't record it. Staff were up-to-date with recent changes. He said that he didn't provide any structured training. The RP did not have personal targets for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. It protects people's confidentiality. The premises are secure from unauthorised access when open and when closed.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. The pharmacy premises had been re-fitted in recent years. The pharmacy had four consultation rooms, but the pharmacist said that he mainly used one consultation room with a second being used occasionally for supervised methadone.

The dispensary was a large size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a separate area for assembling multi-compartment compliance aids.

The pharmacy was clean and tidy with no slip or trip hazards evident. The sink used for the dispensary and staff areas had hot and cold running water. The pharmacy had an air conditioning system which provided an appropriate temperature for the storage of medicines.

Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter. Unauthorised access to the pharmacy was prevented during the day and at night.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. Its team members are helpful but some people including those who receive higher-risk medicines may not be getting all the information they need to take their medicines safely. The pharmacy gets its medicines and medical devices from reputable sources. It mainly stores them safely. The pharmacy does not keep records of the checks it makes in response to safety recalls. So it may not be able to show that it has taken the right steps to keep people safe in the event of a future query.

Inspector's evidence

The pharmacy had flat access and automatic doors which provided easy access for those in a wheelchair or the less physically able. A home delivery service was available for people who could not access the pharmacy.

The pharmacy clearly advertised its wide range of services. Services were displayed in the pharmacy window and on displays in the public area of the pharmacy. A large range of leaflets were available for customers; these included Jaysons specific leaflets and health promotion leaflets.

The responsible pharmacist provided a minor ailment scheme for over a hundred people a month. The pharmacy was also a trial provider for the extended service for ear nose and throat conditions. This allowed the pharmacist to supply a range of medicines including antibiotics on PGDs after he had carried out an examination. The pharmacist said that most people were referred from the local surgeries.

The superintendent was a pharmacist independent prescriber (IP) and had developed a range of private services for people such as malaria prophylaxis, treatment for erectile dysfunction and treatment for UTIs. The pharmacist completed a patient consultation on the superintendent's behalf and then sent the information to the superintendent for him to assess and provide a prescription if appropriate. People were signposted to the other nearby pharmacy in the group if they wanted other travel services.

The pharmacy was a healthy living pharmacy; a dispenser explained how the display was changed every month. The pharmacy used a dispensing audit trail which included staff initialling the dispensed by and checked by boxes on the medicine label. When dispensing, the pharmacy also put people's medicines in separate dispensing baskets to reduce the risk of an error.

For each person who received their medicines in a multi-compartment compliance aid the pharmacy had a record to ensure that medicines were ordered and delivered in a timely manner. Each chart listed the medicines to be put into the compliance aid and any external items. Any changes in or missing medicines were checked with the surgery before being dispensed. When a compliance aid was checked, some, but not all, dispensing labels showed the shape and colour of the medicines to make them easily identifiable. The pharmacy only sent pharmacy information leaflets (PILs) for new medicines.

The pharmacist said that he spoke to people when they were starting a higher-risk medicine but he didn't always speak to them when it was a repeat medicine. The intervention form didn't flag people

taking methotrexate or sodium valproate. The pharmacist knew the advice to give to people in the at-risk groups who were taking sodium valproate .

A dispenser explained the date checking process and there was a record listing stock due to go out of date in the next six months. No out-of-date stock was seen during the inspection.

Medicines were obtained from licensed wholesalers. Medicines were stored in an organised manner on the dispensary shelves. All medicines observed were being stored in their original packaging. CDs were stored securely. Access to the CD cupboards was managed appropriately.

The pharmacy had two medical fridges to hold stock medicines and assembled medicines. Records were maintained and showed that the fridges were working within the required temperature range. But some stock medicines were pushed to the back of the fridge which increased the risk of them freezing.

The pharmacy delivered medicines to people. The person receiving the medicine signed to show they received it creating an audit trail. When a person couldn't sign the driver ticked the sheet to show a delivery had been made. There were more ticks than would normally be seen on a delivery record. The pharmacist said he would remind the driver to get a signature wherever possible. A separate sheet for delivered CDs was signed by the person receiving the medicine and retained in the pharmacy.

The pharmacy was alerted to drug alerts by emails sent from the superintendent. The pharmacist was aware of the process to be followed but there was no clear audit trail to show that appropriate action had been taken. The last printed alert in the folder was from October 2018. The pharmacist said he would organise for alerts to be sent directly to the pharmacy. The pharmacy had the equipment in place for the Falsified Medicines Directive but had not yet started using it.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services it offers. It adequately maintains the equipment and facilities that it uses.

Inspector's evidence

A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines.

The pharmacy had a range of up-to-date reference sources. The pharmacist said that he didn't know how long the blood glucose machine had been used for and didn't think it had been calibrated. He said he would change it for a new one. He said that the blood pressure monitor was a couple of months old. Using equipment that is not regularly calibrated or replaced could mean that readings are inaccurate.

There was no evidence that electrical equipment was regularly tested. The pharmacy team were not sure when it had last been done but said they would speak to the superintendent. A visual check of equipment didn't show any signs of damage.

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.