

Registered pharmacy inspection report

Pharmacy Name: Well, 42 Bailey Street, Old Basford, NOTTINGHAM,
Nottinghamshire, NG6 0HA

Pharmacy reference: 1035600

Type of pharmacy: Community

Date of inspection: 31/07/2019

Pharmacy context

This community pharmacy is in a residential area of Nottingham and it is close to a health centre. The pharmacy dispenses NHS prescriptions which it mostly receives from the local health centre. It supplies some medicines in multi-compartment compliance packs to help people use their 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
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 generally manages its risks well. It identifies improvements to help its services be safer. It keeps the legal records that it needs to and generally makes sure that they are accurate. The pharmacy's team members know how to protect vulnerable people. And they handle people's personal information properly.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were regularly reviewed to make sure they were up to date. It kept electronic records which showed that its team members had read the SOPs that they needed to.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. Team members said that they received feedback verbally. The pharmacy had plans to refurbish the premises following feedback from team members and people who used the pharmacy's services. The pharmacy had a SOP about managing complaints. Complaints were escalated to the manager, so they could be resolved.

The pharmacy's team members received training about safeguarding vulnerable people. The pharmacy had contact details for local safeguarding organisations. Team members provided several examples about referrals they had made after identifying vulnerable adults.

Confidential waste was separated so that it could be destroyed properly. Team members had their own NHS smartcards to access electronic prescriptions. The pharmacy had SOPs about information governance and confidentiality. And team members also received training about confidentiality as part of their pharmacy qualifications.

The pharmacy kept records about dispensing errors and near misses. The team member checking the prescription generally made records about near misses. The records included the type of error, and the team members and medicines involved. Near misses were reviewed monthly by a team member so that trends could be discussed and addressed. The team had identified times when errors were more likely to occur and fed this information back to the regional manager so that additional staffing could be added.

Certificates were displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept required records about controlled drugs (CDs). The records included running balances which were checked weekly to help the pharmacy make sure the record was accurate. There were some CD registers where the headers were not completed, and this may have led to entries being made in the incorrect place. This was highlighted to the pharmacist, so the headers could be completed. Three CDs were chosen at random and their physical stock matched the recorded running balances. Some records about unlicensed medicines did not include information about who they were supplied. This was highlighted to the pharmacy's team members, so they could record this information from people's medication records. Other records about the responsible pharmacist, private prescriptions and CDs returned by people were kept and maintained adequately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Its team members have the right qualifications for their roles and they receive training to keep their knowledge up to date.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (pharmacy manager) and two dispensers present. There was one team member on long-term leave. The staffing level appeared adequate to manage the pharmacy's workload. People visiting the pharmacy were served efficiently. Overtime and relief staff were used to provide additional cover. The pharmacy used an offsite dispensary to help dispense a large proportion of its workload. However, the pharmacist said that there were some temporary issues at the offsite dispensary which meant that fewer prescriptions could be dispensed there. This increased the workload for the team.

The pharmacy's head office kept records about pharmacy qualifications that team members had achieved. The team said that it used informal discussions to share messages. Weekly conference calls were also used to share information about current issues and targets. The pharmacy's e-Learning platform was used to provide regular training to the pharmacy's team members. They said that they completed some training at home because there were fewer distractions. The pharmacy also received information from its head office and through emails.

The pharmacy provided annual appraisals to its team members. These were recorded on templates and involved self-assessments and discussions. The pharmacy had set targets to achieve. Its team members said that they did not feel any undue pressure to achieve the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. Its team members manage available space well so that medicines can be safely dispensed. The pharmacy does not have a consultation room which may prevent some people from discussing sensitive information with the pharmacist.

Inspector's evidence

The dispensary was small which restricted available space for dispensing and storing people's medicines. The pharmacy's team members managed the workflow well to make sure that there was enough space to safely dispense medicines. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy did not have a consultation room. The pharmacist said that he would wait until the retail area was empty if he needed to have a private conversation with a patient or take them to a quieter area. The pharmacy had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy adequately manages its services and makes sure they are organised. It makes sure that it stores its medicines properly and they are fit for people to use. The pharmacy generally provides appropriate advice to people using higher-risk medicines, so they can use their medicines safely.

Inspector's evidence

The entrance to the pharmacy had a door bell which could be used by people in wheelchairs to alert the team. The pharmacy did not have practice leaflets in the retail area which may have restricted some people's access to information about the pharmacy and its services. The pharmacy kept records about people's prescriptions it ordered from local GP surgeries. This helped its team members to make sure all required medicines were prescribed.

The pharmacy supplied medicines in multi-compartment compliance packs to some people. The workload was arranged across four weeks which helped it to be organised. The pharmacy kept records about medicines and their administration times. There was a separate dispensing area which could be used for assembling the packs. Assembled packs included descriptions which helped people to identify individual medicines. Patient information leaflets were also supplied with the packs.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team. Warning labels about interactions were automatically printed by the software.

The pharmacy used notes attached to checked medicines to make sure counselling points were provided to people. It sent letters to remind people who had not picked up their medicines within three to four weeks. Stickers were used to identify CDs and to make sure they were supplied at the right time. People who received higher-risk medicines were provided advice by the pharmacist so that they could use their medicines safely. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The pharmacy had several outdated versions of guidance materials to support this advice. The inspector provided information to the team about where to obtain updated guidance materials. The pharmacy delivered some people's medicines. It kept appropriate records about these deliveries which included the recipient's signature.

The pharmacy kept invoices which showed that its medicines were obtained from licenced wholesalers. Stock that required cold storage was kept in a fridge. The pharmacy kept fridge temperature records, so it could monitor storage conditions for these medicines. CDs were stored appropriately. Expired CDs were separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates every month. It kept records about checks that it completed and expired medicines. Recent records were dated in July 2019. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were opened. This helped the team members to know that the liquid medicine was suitable if they needed to use it again.

Expired and returned medicines were placed into pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used for hazardous medicines. Team members could only identify some hazardous medicines when they were asked. This could increase the chances that hazardous medicines are not always correctly separated.

The pharmacy did not have procedures to help verify its medicines' authenticity in line with the Falsified Medicines Directive. The pharmacy's head office was in the process of making arrangements so that it could carry out the required checks. The pharmacy received information about medicine recalls from its head office. It kept records about recalls it had received and the actions that had been taken. This included a recent recall about aripiprazole.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has suitable equipment and facilities to provide its services. Its team members know how to report maintenance issues and they make sure that equipment is in good working order.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. The pharmacy's team members had telephone numbers to report maintenance issues so these could be managed. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had appropriate measures to accurately measure liquids. The pharmacy had suitable equipment to count loose tablets. The pharmacy accessed up-to-date reference sources on the internet.

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.