

Registered pharmacy inspection report

Pharmacy Name: Shally's, 37 Beech Avenue, Sherwood Rise,
NOTTINGHAM, Nottinghamshire, NG7 7LJ

Pharmacy reference: 1035609

Type of pharmacy: Community

Date of inspection: 28/05/2019

Pharmacy context

This community pharmacy is in a residential area of Nottingham close to the city centre. It serves a multicultural community and dispenses NHS prescriptions which it receives from several local GP surgeries. The pharmacy provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations.

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. Its team members make changes to improve its services. The pharmacy keeps the records it needs to and generally makes sure that these are accurate. The pharmacy team knows how to protect vulnerable people and generally manages confidential information well.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available which covered the services that were provided. The procedures were annotated to indicate that they were reviewed every one to two years. The pharmacy's team members said that the pharmacist was currently updating the procedures. A sample of SOPs were signed by all the team members on duty. A locum pharmacist worked in the pharmacy every week. They had not signed-off all relevant SOPs, so the pharmacy could not be sure if they read them.

The pharmacy had templates available to record dispensing errors and near misses. There were no records of near misses available. The most recent record of a dispensing error was dated in June 2018. The pharmacy's team members said that errors were rare because of the low volume of prescriptions dispensed which meant they were not rushed. The team had separated various medicines and strengths of the same medicine to prevent team members from selecting the incorrect product. Notes were used on some storage shelves to highlight similar looking medicines and to help make sure the team were alerted to these. This included perindopril and furosemide tablets.

Certificates were displayed which indicated that there were current arrangements in place for employer's liability, public liability and professional indemnity insurance. Controlled drug (CD) records were kept and running balances were maintained. A CD was chosen at random and found to match the recorded running balance. Several CD registers did not include completed headers when entries were made on the pages and meant that it was not always clear which CD the records related to. Other records about the responsible pharmacist, unlicensed medicines, returned CDs and private prescriptions were kept and maintained adequately.

People visiting the pharmacy completed annual surveys that were provided by the pharmacy. The results of the most recent survey were positive. Team members said that they received additional feedback verbally. The pharmacy had a leaflet available which gave people an overview of complaints and feedback processes. The pharmacy team had a good rapport with many of the people who visited the pharmacy.

The pharmacy had an SOP about safeguarding vulnerable adults and children. Its team members said that they would refer any concerns to the pharmacist. The pharmacy had contact numbers for local safeguarding organisations available. Its team members said that there had been no previous incidents.

Confidential waste was segregated by the team. It was appropriately stored and then shredded by a third-party company. Team members said training about information governance and confidentiality was provided in SOPs and as part of their pharmacy qualifications. NHS smartcards were used to access electronic prescriptions and to keep an audit trail. Team members used the pharmacist's smartcard to

access electronic prescriptions which reduced the audit trail's accuracy. The inspector advised the pharmacy about getting smartcards for team members who accessed electronic prescriptions.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy manages its workload safely. It has suitably qualified team members that are competent in their roles. The pharmacy team receives some ongoing training to keep up to date.

Inspector's evidence

At the time of the inspection there was: the responsible pharmacist (superintendent pharmacist), one dispenser and one counter assistant present. The staffing level during the inspection was adequate to manage the pharmacy's workload. The pharmacist said that planned absences were managed so that only one team member was absent at a time. A regular locum pharmacist provided cover for the superintendent pharmacist's absences.

Team members were clear about the tasks that could not be completed when the pharmacist was absent. They referred to the pharmacist for more guidance where appropriate and that informal discussions were used to share messages.

Training certificates were available which indicated that appropriate pharmacy qualifications had been completed by the pharmacy's team members. Ongoing training was generally informal. Team members described further training they had completed about the Falsified Medicines Directive (FMD) and confidentiality. They said the team held monthly informal discussions about a variety of subjects. Team members said that the pharmacist often informed them about over-the-counter treatment options after people visited the pharmacy with various conditions. They said that coughs had been discussed recently.

Team members said that they were provided with feedback when needed. A team member said that the pharmacist was receptive to the team's suggestions. The team did not have targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises.

Inspector's evidence

The pharmacy was tidy throughout. Its team members managed the space in the dispensary well and made sure that it remained tidy.

Dispensing benches were used for different tasks which helped to make an efficient workflow. The premises had a consultation room which was suitable for private consultations and conversations.

There was adequate heating and lighting throughout the pharmacy. There was hot and cold running water available. The pharmacy had appropriate security arrangements for protecting its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its workload well. Its team members source its medicines from reputable suppliers and make sure people can use their medicines safely. But it could do more to make sure enough information is given to people who are supplied their medicines in multi-compartment compliance packs.

Inspector's evidence

There was a step at the entrance of the pharmacy which may have made it difficult for people using wheelchairs or pushchairs to enter the pharmacy. Team members said that they tried to help people enter the pharmacy when needed. The pharmacy had leaflets in the retail area which advertised its services and provided additional information. The pharmacists who regularly worked in the pharmacy were able to speak several languages. This helped some people who visited the pharmacy who could not speak English well. Team members said that most people ordered their prescriptions directly with local GP surgeries.

Multi-compartment compliance packs were supplied to around 28 people. The pharmacy kept records of medicines and administration times. Changes to medicines were also recorded by its team. Assembled packs did not include descriptions so it may have been difficult for people to identify specific medicines. There was one dispenser in the pharmacy who said they dispensed the packs, so their initial was not included in the audit trail. The pharmacist who checked the pack included their initial on the audit trail. Team members said that patient information leaflets were not always supplied with the packs. This meant that people may not have had access to up-to-date information about their packaged medicines.

A record of invoices indicated that medicines were obtained from licensed wholesalers. Stock in the fridge was stored appropriately. The pharmacy kept records to make sure the stock was stored at appropriate temperatures. CDs were stored appropriately.

The pharmacy team checked the expiry dates of stock that it received. Team members checked the stock and kept records of medicines that were approaching their expiry date, so they could be removed. The record included medicines that were due to expire up to December 2019. The pharmacy did not keep records about the frequency of its checks, so it could not demonstrate how regularly the checks occurred. A sample of medications was chosen at random and found to be within date. Opened bottles of liquid medications were marked with their opening date. This was to make sure they were fit for purpose when being used for dispensing.

Expired and returned medicines were segregated and placed into pharmaceutical waste bins. These bins were kept safely away from other medicines, so they were not mixed up. A dispenser described the process for managing returned CDs and sharps. A separate bin was used for returned cytotoxic medicines. The pharmacy had a list of cytotoxic medicines which helped team members identify them.

The staff who were dispensing used baskets to make sure medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to produce an audit trail. The dispensing software highlighted interactions. Team members said that they verbally informed the pharmacist about interactions. They said that these warnings could also be

printed. The pharmacy had scanners to comply with the FMD. The scanners were used to help verify the authenticity of medicines.

The team said that prescriptions for CDs were checked by the team when the medicines were collected. This was so that they were supplied within the legal timeframe. Stickers were used to highlight bags of dispensed medicines if people were eligible for MURs. Team members said that they asked people about relevant blood test records if they were supplied with warfarin. The team was aware of updated advice to be provided about pregnancy to the at-risk group of people supplied with sodium valproate. The pharmacy kept a record of interventions that it had made to help people receive the right medicines. Previous records described pharmacists identifying incorrect dosages and medicines on prescriptions. The pharmacy delivered people's medicines. The pharmacy's delivery records included the recipient's signature.

The pharmacy received emails about medicines recalls. A record of collated alerts was maintained in the pharmacy. This included a recent recall for co-amoxiclav which had been appropriately actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy keeps its equipment and facilities maintained well so it can provide its services safely.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. The superintendent pharmacist was responsible for managing maintenance issues. Sinks had running hot and cold running water. Crown-stamped measures were available to accurately measure liquids.

Confidential information was not visible to people using the pharmacy. Computers were password protected to prevent the unauthorised access of people's medication records. The pharmacy had up-to-date reference sources available. Its team members could access the internet from its computers.

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.