

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 412-414 Broxtowe Lane, Aspley,  
NOTTINGHAM, Nottinghamshire, NG8 5ND

**Pharmacy reference:** 1035610

**Type of pharmacy:** Community

**Date of inspection:** 22/10/2019

## Pharmacy context

This is a community pharmacy located in a small parade of shops in a residential area of Nottingham. Most of the activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own homes. Other services that the pharmacy provides include prescription deliveries to people's homes, Medicines Use Reviews (MUR), New Medicine Service (NMS) checks, seasonal flu vaccinations under both NHS and private patient group directions (PGDs) and emergency hormonal contraception under a PGD.

## 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 identifies and manages the risks associated with the provision of its services. The pharmacy adequately manages people's personal information. It knows how to protect vulnerable people. The pharmacy has adequate procedures to learn from its mistakes. But because it doesn't routinely record in-depth information about its near misses it could be missing opportunities to improve the safety and quality of its services.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which reflected how the pharmacy operated. Staff had read the latest SOPs and followed them. For example, the staff dispensed medicines from the prescription and undertook weekly controlled drug (CD) balance checks.

The pharmacy provided private and NHS flu vaccinations and Emergency Hormonal Contraception (EHC). These were supplied against in-date patient group directions (PGDS). The pharmacist was able to provide evidence of competence.

The counter assistant had a good understanding of the questions that needed to be asked to sell an over-the-counter (OTC) medicine safely and had a good knowledge of OTC medicines. She said that prescriptions had a six-month expiry date apart from CD prescriptions which were valid for 28 days from the date on the prescription. She said that dispensed prescriptions that were not in the cupboard were highlighted to make her aware there was a CD. She was able to name the CDs that, once dispensed, were put on the shelves for collection.

The final check was done by the responsible pharmacist (RP) and an accuracy checking technician (ACT). The pharmacy had records of errors and some records of near misses. The pharmacist explained that near misses were returned to the dispenser for them to find the mistake and then the reasons for the mistake were discussed. The near miss was then recorded on the near miss log. Each individual person had their own near miss log. The pharmacist said that the aim was to record all near misses, but some were not recorded. The record for one member of staff hadn't had near misses recorded since 06 September 2019. The near miss logs didn't record the reason for the near miss or any actions taken. Staff entered the near misses on the electronic recording system, Datix. Only a limited amount of information was recorded on Datix; for example, the name of the medicine and action taken were often not recorded. Staff explained that they recorded the information they had been told to enter. This might mean it was harder to learn from the near misses. The pharmacy completed a monthly patient safety report. The safety report for August 2019 highlighted some learning points from compliance pack errors. Staff said they had a meeting on a Tuesday where near misses were discussed.

Records to support the safe and effective delivery of pharmacy services were maintained. These included the RP log, private prescription records, and the CD register. An audit trail was created using dispensed by and checked by boxes on the medicine labels.

Public liability and professional indemnity insurance were in place. There was a complaints procedure in place. The pharmacy had completed a satisfaction survey for 2018-19 but the satisfaction survey was no longer on display. Of the people who had responded, 87% rated the pharmacy as excellent or very good.

CDs were stored securely. A random check of the recorded running balance of a CD corresponded with the actual stock in the CD cabinet. CDs were mainly audited weekly. Not all of the methadone registers had headers which might make it easier to make an entry in the wrong register. There were ten dispensed CDs in the CD cupboard that were waiting collection. Two had dispensing labels that showed they were beyond their 28-day validity. The dispenser explained that they were for people using compliance packs and she would investigate. The dispenser explained that when a team member carried out the weekly CD stock check they should also be checking dispensed CDs to make sure they were still in date. Most of the dispensed medicines didn't have a CD sticker. The ACT showed the inspector the CD stickers. These had a space to record the date the medicine had to be given to the person by. Not doing this could make it harder for the team member handing out the medicine to know if the prescription was still valid.

Date-expired stock and patient-returned CDs were separated from in-date stock in the CD cupboard. There was a patient-return CD register in place. The register was completed correctly but there was one that patient returned CD that hadn't been recorded in the register.

The dispenser said that some of the prescriptions for the pharmacy were sent away for dispensing by the Well hub pharmacy (a central dispensing pharmacy). She said that this mainly worked well. The pharmacy team were aware of safeguarding procedures and had completed appropriate training. Local contact details were available for reporting safeguarding concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members manage the workload within the pharmacy effectively. They work well together. And there is a work culture of openness and honesty. The team members receive support in keeping their skills and knowledge up to date.

### Inspector's evidence

The responsible pharmacist (RP) notice was on display. Unfortunately, on arrival the notice on display showed the name and registration number of the pharmacist from the previous day. So, the pharmacist changed the notice to the correct one.

During the inspection the pharmacy team members worked well together and managed the workload effectively. The pharmacy team engaged in the inspection and were interested in how they could improve the service. During the inspection there was one pharmacist. There were up to four trained dispensers. A relief ACT was at the pharmacy for part of the inspection.

There was a formal review for team members called a personal development plan, undertaken annually; looking at performance and achievements of the year. Staff had an input into the setting of new targets and objectives. Staff said it was easy to raise issues informally with the pharmacy manager. Staff said there was also a colleague survey which they had recently completed.

There was online learning operational and clinical governance training. SOPs were now issued electronically. As part of the process staff needed to complete a test to show they had understood the SOP. Staff were up to date with mandatory training. A staff member said that she completed her training at home as there wasn't enough time to train at work. The staff member asked said that there was also informal training from the pharmacist. She was aware of changes in the legal requirements for gabapentin and pregabalin. There were targets for services which the pharmacist said didn't compromise the safety or wellbeing of people using the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. The pharmacy protects personal information.

### Inspector's evidence

The pharmacy was clean and maintained to a suitable standard throughout. There was enough seating for people waiting. The layout of the pharmacy meant that the dispensary and the counter were mainly separated by a wall but there was a gap and staff went out to support the counter staff when necessary. This design may make the pharmacist seem less accessible to people visiting the pharmacy.

The dispensary was a suitable size for the services provided, with an adequate dispensing bench available for assembling prescriptions and reasonable space for storing medicines. The dispensary was clean and tidy; there was a sink with hot and cold water.

The pharmacy was an appropriate temperature for storing medicines; lighting was sufficient. A small size sound-proofed secure consultation room was available to ensure people could have confidential conversations with pharmacy staff. Computer screens were set back from and faced away from the counter. Access to the electronic patient medication record (PMR) was password protected. Unauthorised access to the pharmacy was prevented during working hours and when closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely. Its team members are helpful to the people who use the pharmacy. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely. Staff understand the actions to take if any medicines or devices are not safe to use to protect people's health and wellbeing.

### Inspector's evidence

The pharmacy entrance had a small step and a push pull door. This made access a little more difficult for customers in a wheelchair or those with a physical disability. The pharmacy had a hearing loop. The front of the shop had signs advertising the times of opening and services provided. The pharmacy had a range of healthcare leaflets on display.

Work was prioritised based on whether the prescription was for a person who was waiting or coming back. The pharmacy used a dispensing audit trail which included use of dispensed by and checked by boxes on the medicine label. This helped identify who had done each task. Baskets were used to reduce the risk of error. The pharmacy had a defined workflow with separate areas for dispensing and checking of medicines.

The pharmacy was a Healthy Living Pharmacy. There was a display on stop smoking. The pharmacy team used local knowledge to signpost people to other healthcare providers when required. The pharmacist gave advice on a range of matters. He was aware of the guidance about pregnancy prevention to be given to people in the at-risk group who took sodium valproate. He knew the advice that should be given to people taking high risk medicines such as warfarin and methotrexate. But he didn't have a process for counselling people who had their medicines delivered; particularly those with compliance packs. This may mean that some people don't get all the information they need to take their medicines safely.

The pharmacy was a hub for people who had their medicines in multi-compartment compliance packs. This meant the pharmacy team assembled compliance packs for a very large number of people a month. The pharmacy split the packs over four weeks to make it easier to manage. Each person who received their medicines in a compliance pack had a chart so that any changes in or missing medicines could be easily managed. Some of the charts had medicines which were crossed through and these were not always dated. This made the charts a little more difficult to read. Most charts had notes on the back and the pharmacy also used a diary to pass information between the team. The compliance packs checked had a backing sheet which sometimes recorded the medicine's shape and colour to allow easy identification, but some other medicines didn't have this information on the chart. Patient information leaflets (PILs) were sent to make sure that people had information about their medicines. Staff said that people were reviewed by their GP before being referred to the pharmacy for a compliance pack. The pharmacist was looking to introduce reviews to check if packs were still appropriate.

Medicines were kept in their original containers and were stored appropriately. Stock on the shelves was a little untidy which increased the risk of a picking error. Date checking was recorded electronically with stock to be checked listed on the computer. Records were up to date. Short-dated medicines were

highlighted with 'use first' stickers. Out-of-date medicines were put in yellow waste bins. Bottles were marked with the dates they had been opened and staff explained that if there was no specific expiry date they would be discarded after six months. The pharmacy delivered medicines to people. The person who received the medicine signed for it. This meant that an audit trail was available if required.

Dispensed medicines on the shelves had their prescriptions attached. Staff found the prescriptions using an electronic system which mainly worked well. Staff said that dispensed medicines should be checked every four weeks. This was mainly well managed but there were some prescriptions that were dated as far back as July 2019.

CDs were stored safely and securely. The pharmacy had two fridges for medicines that required cold storage. Fridge items waiting collection were stored in clear plastic bags to make checking the medicine on supply and discussion with people about their medicine easier. Fridges were mainly well managed, but some medicines were pushed to the back which increased the risk of freezing.

Only recognised wholesalers were used for the supply of medicines. The pharmacist was aware of the procedure for drug alerts. A record showed what action had been undertaken and by who. The pharmacist said that they had received training about the Falsified Medicines Directive, but the pharmacy hadn't yet received scanners to implement the process.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. Separate measures were used for CDs. There was a separate tablet triangle for methotrexate. There were up-to-date reference sources available. Stickers showed that portable electrical appliances had been last tested in August 2019. Fridge temperatures were within range. Records showed that the fridges stored medicines correctly between 2 and 8 degrees Celsius.

### 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.