

# Registered pharmacy inspection report

**Pharmacy Name:** Jayplex Dis.Chts, 724 Mansfield Road, Woodthorpe, NOTTINGHAM, Nottinghamshire, NG5 3FW

**Pharmacy reference:** 1035681

**Type of pharmacy:** Community

**Date of inspection:** 23/08/2023

## Pharmacy context

This is a community pharmacy that is situated on a road leading out of the city centre. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to some people who live in their own homes. Other services that the pharmacy provides include delivering medicines to people's homes and the Community Pharmacist Consultation Service (CPCS).

## 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

Overall, the pharmacy identifies the risks associated with its services and manages them appropriately. The pharmacy team members follow written procedures and can safeguard the wellbeing of vulnerable people. The pharmacy largely keeps its records in line with their legal requirements. When a dispensing mistake happens, team members respond well and discuss any learnings. People using the pharmacy can provide feedback or raise concerns. The pharmacy team appropriately protects people's personal information.

### Inspector's evidence

The pharmacy had recently updated the Standard Operating Procedures (SOPs) which covered all the services that the team was providing. Training records were available to show all team members had completed the learning that was relevant to their role. Staff were seen dispensing medication in line with the procedures in place.

The pharmacy team members were aware of the tasks that could and could not be carried out if the responsible pharmacist (RP) took a short leave of absence from the pharmacy. They were also aware of what to do if the RP did not turn up at the beginning of the day. A process was in place to call upon a replacement pharmacist in this situation.

The pharmacy had a process to support the team with learning from mistakes that were identified during the final check by the pharmacist, also known as near misses. This involved a monthly review of the near misses to identify any common mistakes and trends. The review was shared with the team members frequently to support their learning and development. And actions taken to reduce the risk of mistakes were evident. For example, medicines that looked and sound alike were separated such as Amlodipine and Amitriptyline. Any dispensing mistakes where the medicines had been handed out (errors) were recorded and filed securely; these were discussed with the team members to help reduce the risk of similar mistakes happening again.

The pharmacy had current indemnity insurance. Its RP record and private prescription register were largely maintained in line with requirements. But in some cases, the details of the prescriber within the private prescription register did not match the private prescription itself. CD registers had been filled in correctly and running balances were completed regularly. There were a couple of registers which were not fully bound, the pharmacist rectified this when it was highlighted to them. Running balances for two CDs were checked and found to match the physical quantities that were being held in the cabinet. CDs that were returned to the pharmacy were recorded in a patient returns register and then entries were signed when the medicines were destroyed.

The pharmacy had a process for managing complaints and the team were aware of the steps to follow if a complaint needed to be escalated. This was also available for people to see in the practice leaflet which was readily available. An information governance policy was in place and the team was aware of the importance of maintaining patient confidentiality. Access to the electronic patient medication record (PMR) was password protected and the screens were not visible to people using the pharmacy. Any confidential paperwork, such as consent forms, were stored away from any public areas such as the consultation room. Confidential information was destroyed securely using a third-party company and

records of collections were kept. Members of the pharmacy team were aware of the safeguarding procedure and what to do if they have any concerns to support the wellbeing of anyone vulnerable. Details of the local safeguarding contacts were easily accessible.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members are adequately trained for the roles that they do. They can effectively manage the workload on a daily basis. And they feel comfortable about raising any concerns or making suggestions. The pharmacy supports its team members who are undertaking training.

### Inspector's evidence

The pharmacy team comprised of a regular responsible pharmacist (RP) and three part-time trainee dispensing assistants, of which two were present during the inspection. Both trainees present said that adequate time was given to them to complete their training and the pharmacist provided them with support when needed. There were no appraisals or formal team meetings, but team members felt comfortable about feeding back any ideas or concerns to the pharmacist and superintendent pharmacist (SI). The pharmacy team had a process in place to cover for holidays and periods of absence to make sure the level of service it provided remained consistent.

The pharmacy team members were aware of the process to follow if they had multiple requests from the same person for medicines that were liable to abuse. And they knew the correct questions to ask when selling medicines over the counter. There was also an acknowledgement that some medicines, or cohorts of people, may require additional advice when buying medicines. Team members had adequate signposting information available in the form of leaflets to help them with their roles.

## Principle 3 - Premises ✓ Standards met

### Summary findings

People who need to have a private conversation can do so and the premises are maintained to an appropriate level. The premises are large enough to support the level of workload that the pharmacy processes. The pharmacy generally keeps its premises clean and tidy. But some areas are cluttered, and the pharmacy could do more to keep them tidy.

### Inspector's evidence

The pharmacy was generally clean and tidy. There were some areas in the main dispensary that were cluttered however the pharmacist had recently redesigned the storeroom to extend the dispensary and create more space. The team were still in the middle of moving across the multi-compartment compliance packs into this new area. The fixtures and fittings were adequate and well maintained and cleaning was done by the pharmacy team members. An appropriate temperature was maintained across the premises and the lighting had been recently upgraded to improve the brightness within the dispensary. A sink with running hot and cold water was available for hand washing and making medicines that were required to be mixed before handing out. A consultation room was available with good access for people to have a private conversation if needed. The room was tidy and clutter free which allowed the provision of the pharmacy services on offer. The premises were secured overnight.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy obtains its medicines from reputable sources, and it takes the right action if medicines or devices are not safe to use. Accessibility to the services it provides is adequate and it makes people aware of the services on offer. It generally stores its medicines appropriately. It highlights higher-risk medicines to help people receive additional information about these medicines. It delivers medicines to some people in their own homes. But it does not keep an audit trail for this service, which could make it harder for the pharmacy to respond to a query.

### Inspector's evidence

The pharmacy had a manual door with a small step at the entrance which might make it difficult with someone with a wheelchair or a pram to access the pharmacy. However, a team member was observed helping someone with the door when they required it. The entrance to the consultation room was adequate for access by people with a disability. And the pharmacy advertised the services that it provides.

The pharmacy offered a prescription delivery service to those who preferred to have the medicines sent to their home. The delivery service was completed by the regular pharmacist, but no audit trail was kept. The pharmacist was advised to start to keep a record of the deliveries that were completed in case of any queries.

Dispensing baskets were being used to separate different patient's prescriptions but there was no system to differentiate between different types of prescriptions to identify what may be urgent or a delivery. This could mean that an urgent prescription was not prioritised. A dispensing audit trail was in place which included the use of 'dispensed by' and 'checked by' boxes to clearly identify who had done the dispensing and checking processes. Prescriptions for Schedule 2, 3, and 4 CDs were highlighted to help the pharmacy team members make sure it was not handed out beyond its legal validity. The pharmacy team explained that they would use a variety of stickers to highlight any medicines that may require the pharmacist to counsel the patient or ask additional questions. The pharmacist was aware of the additional counselling about pregnancy prevention required with sodium valproate products and the steps to take for people in the at risk-group.

The pharmacy did not routinely provide people with any paperwork if medicines were still owing to them, also known as owing slips. And this could make it harder for people to remember that some medicines were still due. The pharmacy team members did not generate owing records using the patient medical record (PMR) system. This means that they might find it harder establish the status of people's prescriptions in the event of a query.

The pharmacy supplied medicines in multi-compartment compliance packs to people that needed additional support with managing their medicines. Adequate records were made to make sure these packs were dispensed accurately each month and provided in a timely manner. A few packs were checked and found to contain an accurate description of the medication making it easier to identify the medicines that were being supplied. Once again, an audit trail of the team members involved in the

dispensing and checking process were available. Patient information leaflets were being supplied with the packs, making it easier for people to access additional information if needed. Communication sheets were available for each patient that received the packs which the pharmacy team members used to record any changes initiated by the doctor or hospital.

The pharmacy used a range of licensed wholesalers and medicines were stored appropriately in the original packs. Access to prescription medicines was restricted. The dates of medicines were checked on a rolling basis each week by all members of the team. This was recorded on a date-checking matrix to identify which section had been checked, when it was checked, and by who. Any medicines that were deemed short dated were recorded on a separate form under the month that they were due to expire, they were then taken off the shelf before they expired. A selection of medicines stored on the shelves were checked, and none were found to be out of date. And liquid medicines had a date of opening written on them. The pharmacy had two fridges available, both of which were within the appropriate temperature range that was required for medicines that required cold storage. A daily record of the fridge temperatures was stored electronically.

The pharmacy had two CD cabinets available to use, and it kept its CDs secure. CDs that had either expired or had been returned to the pharmacy were clearly marked and separated from stock CDs.

Medicines that required disposal were stored safely away from medicines that were being used in the dispensing process. This reduced the risk of any medicine waste being supplied. Waste certificates were kept in both paper and electronic forms to show that the medicines for disposal had been safely collected. Any medicines that were not fit for use were highlighted to the pharmacy by way of an email. The emails were printed, and the pharmacist checked their stock to see if they had any and a clear record of when these checks were carried out and if any affected stock was found.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has all the necessary equipment that it needs to provide the services that it offers. And it uses its equipment in a way which helps protect people's personal information.

### Inspector's evidence

The pharmacy used suitably calibrated and clean conical measures during the dispensing process. Separate conical measures were available for different types of medication which may be deemed as high risk. This was the same for counting triangles that the pharmacy team members used when counting out medication. A tablet counting machine was available but there were no steps taken to calibrate the machine to check that it was dispensing the correct amount of medication. The team were advised to do this regularly with a test sample. Resources such as the BNF were available in paper form, but the team also explained that they could access them online if needed.

The pharmacy team members were aware of when the consultation room should be used to help protect the privacy of people that accessed the pharmacy services or require advice. They were also aware of what to do is someone asked for a safe space. Cordless phones were in use to help them have a private conversation if needed. Electrical equipment had not been tested for a few years but appeared to be in good working order. The pharmacist was aware of this and was going to arrange for electrical testing to be completed.

### 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.