

Registered pharmacy inspection report

Pharmacy Name: Jardines Pharmacy, 9 Stoney Street, NOTTINGHAM, Nottinghamshire, NG9 2LA

Pharmacy reference: 1035727

Type of pharmacy: Community

Date of inspection: 29/07/2019

Pharmacy context

The pharmacy is close to the centre of town and next to a GP surgery. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy provides travel health services. And it is a registered Yellow fever Vaccination Centre (YFVC). It offers advice on the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartmental compliance packs, designed to help people remember to take their medicines. And it delivers medicines to people's homes.

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 has systems in place to help identify and manage the risks associated with its services. It responds appropriately to the feedback it receives. And it keeps people's private information secure. Pharmacy team members have the skills required to respond to safeguarding concerns. And they discuss their own mistakes openly to help inform risk reduction actions across the pharmacy. The pharmacy generally keeps all records it must by law. But some gaps in these records have resulted in incomplete audit trails. This could make it difficult for the pharmacy to show exactly what has happened or who was in charge of the pharmacy should a problem arise.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs). These had been updated in June 2019 to incorporate details of the Falsified Medicines Directive (FMD). SOPs included responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. The SOPs set out the roles and responsibilities of staff. And training records confirmed all but one member of the team had read and signed these. The one outstanding team member had been on leave and was due to start reading the SOPs. The medicine counter assistant explained what tasks could and couldn't be completed if the RP took absence from the premises.

The pharmacy had processes in place to manage mistakes made during the dispensing process. Pharmacy team members discussed details of these mistakes and entered them on a near-miss error reporting template. Near-miss error rates were generally low but were consistent. And pharmacy team members felt the vast majority of mistakes were recorded. They explained there was an emphasis on applying thorough self-checks of their work during the dispensing process. And they demonstrated example of how they worked to identify and reduce risks when patterns in mistakes were noticed. For example, the team had separated the different strengths of lansoprazole capsules following a trend in near-misses thought to be caused by similar packaging.

The pharmacy manager completed a monthly patient safety report which helped to identify trends and actions taken to reduce risk. The pharmacy sent the report to its head office. But it did not retain a copy of the report or make it readily available for staff to refer to. A discussion took place about the benefits of retaining a local copy and encouraging shared learning amongst the team by making it available to read and discuss. Evidence of a recently completed patient safety report was sent to the pharmacy from its head office during the inspection. The pharmacy also sent copies of incident reports directly to its head office. Evidence of reporting was made available during the inspection. And pharmacy team members identified recent learning which was shared following the team dispensing the wrong formulation of a medicine.

The pharmacy had a complaints procedure in place. And it clearly advertised how people could provide feedback on a notice in its public area. It also engaged people in feedback through an annual 'community pharmacy patient questionnaire'. A member of the team explained how he would manage and escalate a concern if required. The pharmacy acted on feedback about waiting times by ensuring workload associated with acute prescriptions was prioritised and managed efficiently.

The pharmacy had up to date indemnity insurance arrangements in place. The RP notice contained the correct details of the RP on duty. The pharmacy maintained an electronic responsible pharmacist record. A sample of the record found sign-out times of the pharmacist frequently missing from entries and the pharmacist did not record regular lunchtime absences. A discussion took place to highlight the legal requirement to ensure the record reflected who the RP was at any given date and time (including absences). The pharmacy maintained a Prescription Only Medicine (POM) register. Entries in the record generally met legal requirements. But the date of prescribing was omitted from some private prescription records. The pharmacy kept certificates of conformity relating to unlicensed medicines. And it completed these in accordance with the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA).

The sample of the CD register examined was generally compliant with legal requirements. But the pharmacy did not always enter the address of the wholesaler when entering receipt of a CD. The register was maintained with running balances and the pharmacy checked these against physical stock when dispensing a CD. But it did not undertake regular full balance checks. A discussion took place about the benefits of undertaking regular full balance checks of the register against physical stock. A discrepancy of methadone sugar free oral solution 1mg/1ml was found in the register. This was brought to the attention of the responsible pharmacist who proceeded to investigate the discrepancy. The RP provided confirmation that the discrepancy had been caused by a multiple entry into the register in error. Physical balance checks of several morphine preparations were carried out and complied with the balance in the register. The pharmacy maintained a CD destruction register for patient returned medicines. And the team entered returns in the register on the date of receipt.

The pharmacy displayed a privacy notice. It had information governance procedures and pharmacy team members understood the requirements for protecting people's confidentiality. The pharmacy stored person identifiable information in staff only areas of the premises. It had submitted its annual NHS information governance toolkit. Pharmacy team members disposed of confidential waste by using a cross shredder.

The pharmacy had procedures and information relating to safeguarding vulnerable people in place. Pharmacy team members had read procedures and explained how they had completed some e-learning relating to protecting vulnerable people. The RP had completed level two safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy had access to contact details of local safeguarding teams. And a member of the team explained how the pharmacy had identified and acted to report a concern appropriately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough skilled and knowledgeable people working to provide its services. And pharmacy team members receive appropriate training for the tasks they carry out. The pharmacy has some processes in place to support the learning and development of its team members. And pharmacy team members are confident in providing feedback which the pharmacy listens to and acts upon appropriately. Pharmacy team members engage in regular discussions to identify and reduce risks associated with delivering the pharmacy's services. But the pharmacy doesn't record the details of these discussions to share. This means there may be some missed opportunities to share learning.

Inspector's evidence

On duty at the time of the inspection was the RP (the pharmacy manager), a qualified dispenser, a medicine counter assistant and a pre-registration pharmacist. The pharmacy also employed two dispensers and a delivery driver. The pharmacy manager had transferred to the pharmacy in late 2018. He explained how he had reviewed task management and staffing levels when commencing his role. And felt supported in managing staffing and covering absence amongst the team.

The dispenser on duty was enrolled on a level three course and planned to register as a pharmacy technician following completion of this training. The medicine counter assistant was enrolled on a dispensing assistant course. Pharmacy team members felt supported by the pharmacy in their training roles. They received some learning time at work, normally on quieter afternoons. The pre-registration pharmacist confirmed he felt well supported and received training time to support his learning. He was aware of how to provide feedback or raise concerns about his placement if needed. There was some evidence of continual training to support staff in delivering the pharmacy's services. For example, healthy living training. The pharmacy did not engage its team members in formal appraisals. But pharmacy team members confirmed their learning and development was discussed with the manager regularly.

The pharmacy did have some targets in place to support the delivery of its services. Pharmacy team members supported pharmacists in the delivery of these services by identifying people who were eligible for a service during the dispensing process. The RP discussed how he applied his professional judgement when delivering services. And provided some examples of how people had benefited from these services.

The superintendent pharmacist's office communicated with the pharmacy through email and fax. Information in these briefings was shared with pharmacy team members. And regular discussions took place about task management and patient safety. But the pharmacy did not record details of these discussions to encourage reflection and review of the actions discussed. The pharmacy had a whistleblowing policy in place. Pharmacy team members explained they were confident in sharing feedback or raising concerns if required. And they understood how to escalate a concern. The manager explained that the team was given flexibility to apply changes it felt would be beneficial without the need to inform its head office. For example, the team had applied changes to the way it ordered prescriptions for the multi-compartmental compliance pack service to better manage its workload.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and well maintained. The pharmacy team has access to facilities which allow people using the pharmacy to speak to a member of the team in private.

Inspector's evidence

The premises were clean, secure and well maintained. The pharmacy team members reported maintenance concerns to their head office. And generally used local tradespeople to fix any issues. The pharmacy had air conditioning and lighting throughout the premises was bright. Sinks for hand washing were equipped with antibacterial soap and towels.

The public area had wide spaced aisles. It was modern and welcoming. A signposted consultation room was accessible to the side of the medicine counter. The room was a good size and was accessible to people using wheelchairs or pushchairs. It was clutter free and provided a suitable space for holding private conversations with people.

The dispensary was an adequate size for the level of activity taking place. Work benches were clear between use and floor spaces were free of obstruction. Pharmacy team members dispensed acute and managed workload in the front section of the dispensary. Separate bench space was allocated to labelling, assembly and checking tasks. They used a small centre work station to complete tasks associated with the multi-compartmental compliance pack service. To the side of the dispensary was a small office and staff facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services easily accessible to people. And it demonstrates how its services benefit the health and wellbeing of people accessing them. The pharmacy obtains its medicines from reputable sources. And it stores and manages its medicines appropriately to help make sure they are safe to use. The pharmacy has established procedures to help manage its services. But sometimes its team members do not follow all of these procedures in a consistent way. This means sometimes there is an incomplete audit trail. And it may be more difficult to manage a query should one arise.

Inspector's evidence

The pharmacy was accessed from street level through a push/pull door. Pharmacy team members were observed assisting some people with access into and out of the pharmacy by holding the door for them. The pharmacy advertised details of its opening times and services. The pharmacy advertised details of the pharmacist's lunch break on the door. And pharmacy team members were heard informing people leaving prescriptions, that they would not be able to collect their prescription during this time. Pharmacy team members understood how to signpost people to other pharmacies or healthcare providers in the event they could not provide a service. The pharmacy provided seating for people waiting for prescriptions or services.

The minor ailments service was popular, the service was typically requested several times each day. An up to date protocol was available to support the service and the team recorded medicine supplies made through the service on PharmOutcomes. Up to date and legally valid patient group directions were in place to support the pharmacy's travel health service. The RP reflected on beneficial outcomes from other services. For example, the pharmacy had received positive comments relating to the accessibility of the flu vaccination service. And interventions from services such as Medicine Use Reviews (MURs) and New Medicines Service (NMS) picked up adverse side effects of medicines. For example, the RP had referred people suffering from adverse side effects to their GP and their medication was changed as a result.

The pharmacy team were aware of the risks associated with the supply of high-risk medicines. And pharmacists provided verbal counselling to people taking these medicines. But pharmacists did not record the details of these discussions within people's medication records. This meant it could be difficult for the pharmacy to demonstrate how it was supporting people on these medicines. The RP discussed the requirements of the valproate pregnancy prevention programme (PPP). The pharmacy had PPP high-risk warning cards ready to issue to people in the high-risk group. The pharmacy highlighted prescriptions for CDs and the pre-registration pharmacist discussed the validity period of a CD prescription and checks made at the point a CD was handed out. Pharmacists managed counselling of other high-risk medicines.

The pharmacy had a system for ordering and monitoring the receipt of prescriptions for the multi-compartmental compliance pack service. One pharmacy team member led the service with others able to complete tasks to support the service if required. The pharmacy planned this workload well. The pharmacy team checked new prescriptions against the most recent backing sheet for the pack. This helped inform them of any changes. And the team checked these changes with prescribers. But it did

not always record full details of these checks on the backing sheets to help inform the pharmacists clinical check of the prescription. A sample of assembled packs contained dispensing audit trails. And the pharmacy provided descriptions of the medicines inside the packs to help people identify their medicines. But the pharmacy did not routinely supply patient information leaflets (PILs) with packs. A discussion took place about the legal requirement to supply a PIL each time the pharmacy dispensed a medicine.

The pharmacy supplied medicines to one person in a Pivotell device. Although it provided backing sheets with the device, it did not physically label the device to meet medicine labelling requirements. A discussion took place about these requirements and common practice about how these devices were labelled was shared with the team.

The pharmacy used baskets throughout the dispensing process. This kept medicines with the correct prescription form. Acute prescriptions were brought to the direct attention of the pharmacist. Pharmacy team members did not always sign the 'dispensed by' and 'checked by' boxes on medicine labels. This meant that it may be difficult for the pharmacy to identify who was involved in dispensing a medicine should a query arise. This practice was also in contrast to SOPs which provided details of the need to complete a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. The team used the prescription throughout the dispensing process when later supplying the medicine. It maintained delivery audit trails for the prescription delivery service and people generally signed to confirm they had received their medicine.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members demonstrated some awareness of the aims of the Falsified Medicines Directive (FMD). They believed the company was working towards compliance with FMD. For example, SOPs included details of FMD. And the pharmacy had very recently updated its clinical software programme to an FMD compliant system. But pharmacy team members did not know when the pharmacy would start scanning and decommissioning medicines. The pharmacy received drug alerts through email and acted on these by checking stock. The team discussed how they would segregate any affected medicines and follow the details of the alert to ensure safe return of the medicines to the wholesaler.

The pharmacy stored Pharmacy (P) medicines behind the medicine counter. This meant the RP had supervision of sales taking place and was able to intervene if necessary. The pharmacy stored medicines in the dispensary in an organised manner. The pharmacy team followed a date checking rota to help manage stock and confirmation of date checking was sent to the pharmacy's head office each week. The team generally annotated details of opening dates on bottles of liquid medicines. But two expired liquid medicines were found during random checks of dispensary stock. These were brought to the direct attention of the RP. No other out-of-date medicines were found during random checks of dispensary stock. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

The pharmacy held CDs in secure cabinets. It stored out-of-date CDs and patient returned CDs separate to stock. The pharmacy held stock CDs and assembled CDs in an orderly manner within cabinets. The pharmacy had two medicine fridges and a third fridge for storing vaccinations associated with its travel health services. Fridges were clean and stock inside was stored in an organised manner. The pharmacy team explained how they entered fridge temperature records for two of the fridges on the computer each morning. The vaccination fridge was new and although the RP confirmed checks of the thermometer had been carried out, these had not been recorded yet. Temperature records could not be accessed at the time of inspection for any of the fridges. But checks of all three fridges found them to be operating within the required temperature range of two-eight degrees Celsius. Minimum and

maximum temperatures were also between two and eight degrees Celsius. A discussion took place about the need to set up a record for the third fridge and the need to seek information of how to make these records available when required. This would help the pharmacy provide continual assurance that fridges were working effectively.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has all the equipment it needs for providing its services safely. Its team members use equipment with care which ensures they keep people's private information secure.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. The internet provided the team with further information. Computers were password protected and computer monitors faced into the dispensary. Pharmacy team members used NHS smart cards to access people's medication records. The pharmacy stored assembled bags of medicines to the side of the dispensary. This protected people's private information against unauthorised view. The pharmacy team members used cordless telephone handsets when speaking to people over the telephone. This meant they could move out of ear-shot of the public area when having confidential conversations with people over the telephone.

Clean, crown stamped measuring cylinders were in place for measuring liquid medicines. And these included a separate measure for use with methadone. The pharmacy had clean counting equipment for tablets and capsules. It had the necessary equipment readily available to support the travel vaccination service. Pharmacy team members assembled medicines into single-use multi-compartmental compliance packs and gloves were accessible to staff assembling these packs. Stickers on electrical equipment showed portable appliance checks had last been carried out in 2014. Electrical leads and plugs were clean and visibly free from wear and tear.

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.