

Registered pharmacy inspection report

Pharmacy Name: Well, 176 Southchurch Drive, Clifton Estate,
NOTTINGHAM, Nottinghamshire, NG11 8AA

Pharmacy reference: 1035734

Type of pharmacy: Community

Date of inspection: 18/06/2019

Pharmacy context

This community pharmacy is in a shopping parade in Nottingham. It mostly dispenses NHS prescriptions from two local GP surgeries to people in the local area. It supplies some medicines in multi-compartment compliance aids to help people take their medicines safely. And it 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	1.2	Good practice	The pharmacy records any mistakes that happen in the dispensing process and regularly reviews and learns from them. This helps it make its services safer for people to use.
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 manages its risks well. It records any mistakes that happen in the dispensing process and regularly reviews and learns from them. This helps it make its safer for people to use. The pharmacy keeps the records that it needs to and makes sure that they are accurate. Its team members manage confidential information appropriately. And they know how to help vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available electronically. Its team members had individual accounts to access the pharmacy's e-Learning platform. The pharmacy's head office monitored whether SOPs had been read by team members within specified time limits. The manager said that she would receive reminders if team members had not read the SOPs in time.

The team recorded near misses on paper and then transferred records onto the pharmacy's electronic reporting system. Records generally included the medicines involved but did not always include contributing factors. The pharmacy team completed reviews each month to identify trends and to suggest improvements. The latest review identified improvements to the way that dispensed medicines from the offsite dispensary were managed, so that people received all their medicines at once. 'Look alike' and 'sound alike' (LASA) medicines were highlighted to help the team select the right medicine. Labels were used on storage shelves to help dispensers.

Certificates were displayed which indicated that there were current arrangements for public liability and professional indemnity insurance. Controlled drug (CD) records were kept and running balances maintained. The pharmacy checked CD running balances every week to make sure its records were accurate. Two CDs were chosen at random and the quantity in stock matched the recorded running balances. Other records about the responsible pharmacist, returned CDs and private prescriptions were kept and maintained adequately.

People visiting the pharmacy were encouraged to complete annual surveys, so they could provide feedback. The latest survey results were positive. Team members said that they received additional verbal feedback from people. They said they would escalate concerns to the manager and provide their head office's contact details to people if needed.

Team members said that they had read SOPs about protecting vulnerable people. Some team members had also completed training from the Centre for Pharmacy Postgraduate Education (CPPE). Team members said that they had previously referred concerns to people's GPs and to local safeguarding organisations. They provided examples about people who were not able to take their medicines properly. The pharmacy's team members said that their concerns about safeguarding would be escalated to the pharmacist.

Team members said that they had read SOPs about information governance and confidentiality. Confidential waste was collected into separate bins and then destroyed by a third-party company. The pharmacy's team members had their own NHS Smartcards which they used to access electronic prescriptions.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely offer its services. It makes sure that its team members are suitably qualified, and it provides them with some ongoing training to help keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (regular pharmacist), one accuracy checking technician (ACT), one pharmacy technician, two dispensers and the manager present. The manager said she was a qualified dispenser. The staffing level appeared adequate to comfortably manage the workload.

The manager said that annual leave was planned to maintain the staffing level. She said that overtime and relief staff could be used to provide additional cover.

The pharmacy used the company's off-site dispensary to help manage its workload. Team members said that they chose appropriate medicines to be dispensed. They said that checked medicines were returned within one to two days.

Team members said that the pharmacy's head office kept records about their completed pharmacy qualifications. A team member described a pharmacy qualification which she had completed. The pharmacy did not generally set time aside for ongoing training. The manager said that new modules and SOPs were released on the pharmacy's e-Learning platform for team members to complete. She said that she also provided information and updates to team members when it was received from pharmaceutical companies or trade magazines.

The team generally used informal discussions to share messages. A noticeboard was used to make sure all team members had seen key messages. The pharmacy had targets and its performance was monitored. The manager said conference calls and regular emails were used to update her about the pharmacy's performance. She said that she did not feel undue pressure to achieve the targets. The manager said that she provided feedback to the team when needed. She said that this included recent positive feedback about the pharmacy being chosen as the company's 'store of the week'.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy safely provides its services from suitable premises.

Inspector's evidence

The pharmacy was clean and tidy. The team kept workbenches clear so that there was enough space to safely dispense medicines. A separate area was used to prepare multi-compartment compliance aids.

There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a suitable consultation room to provide its services. The pharmacy had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services well. It stores its medicines appropriately, so people get medicines that are safe to use. The pharmacy's team members identify higher-risk medicines and generally provide people with appropriate advice to help take them safely.

Inspector's evidence

The layout of the pharmacy and step-free access meant it was wheelchair accessible. There were no practice leaflets displayed which may have reduced people's accessibility to information about the pharmacy and its services.

The pharmacy supplied medicines in multi-compartment compliance aids to around 200 people. The workload was split across four weeks which meant it was more manageable. The pharmacy kept records about people's medicines, the administration times and changes to medicines. The compliance aids included an audit trail which recorded the dispenser and accuracy checker. The pharmacy had a record to record the pharmacist's clinical checks but this was not always completed. The pharmacist recorded her clinical checks on prescriptions, but the prescriptions were not kept once the medicines had left the pharmacy. So, this may make it difficult for the pharmacy to work out who had completed a clinical check at a later time. Descriptions were not always labelled on the compliance aids, so people could have found it harder to recognise individual medicines. Patient information leaflets (PILs) were provided with the compliance aids, so people had up-to-date information about their medicines.

Team members said that most people ordered their prescriptions directly with their GP surgery. The pharmacy kept records about the prescriptions that it ordered. The pharmacy had invoices which indicated that medicines were obtained from licenced wholesalers.

The pharmacy had four fridges to store medicines. It kept temperature records to make sure that they were kept at the right temperatures. The pharmacy securely stored CDs that needed safe custody.

The pharmacy had a monthly rota for checking expiry dates. It used stickers to highlight medicines that were approaching their expiry dates. Several medicines were chosen at random and were in date. Dispensers marked the opening date on bottles when liquid medicines were used. This was so team members could check the medicines remained safe to use. Expired and returned medicines were segregated and placed in pharmaceutical waste bins. These bins were kept safely away from other medications. Team members were not sure if cytotoxic medicines needed to be separated so they could be safely destroyed.

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 produce an audit trail.

The ACT described types of dispensed medicines that he would accuracy check after the pharmacist had completed a clinical check. The pharmacy's 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 kept records about relevant blood tests when they

supplied warfarin to people.

The team was aware about pregnancy prevention advice to be provided to people in the at-risk group who were taking sodium valproate, but it had outdated guidance materials which may not have reflected current advice. The inspector provided information about up-to-date guidance, so it could be provided to people.

The pharmacy delivered some people's medicines. It kept delivery records which included the recipient signatures. Team members said that the driver used a clipboard to protect confidential information.

The pharmacy team said that they had read a SOP about the Falsified Medicines Directive. But, the pharmacy was not currently scanning medicines to help verify their authenticity. The team said that the pharmacy had the required equipment to complete the process. The pharmacy received messages about medicines recalls. It kept records about recalls it received and the actions that had been taken. This included a recent recall about paracetamol tablets.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities for its services and maintains them appropriately.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained well. Team members knew how to report maintenance issues. Confidential information could not be seen by people using the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records.

Sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy to accurately measure liquids. Separate measures were used for CDs. The pharmacy had access to up-to-date reference sources. The team confirmed that they could access the internet in the pharmacy.

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.