

Registered pharmacy inspection report

Pharmacy Name: Gilbert and Armstrong, The Square, Whitwell,
WORKSOP, Nottinghamshire, S80 4QR

Pharmacy reference: 1035804

Type of pharmacy: Community

Date of inspection: 25/06/2019

Pharmacy context

This is a community pharmacy located in a rural village close to a medical centre. Most people who use the pharmacy are from the local area. The pharmacy dispenses mainly NHS prescriptions and sells a range of over-the-counter medicines. It supplies some medicines in multi-compartment devices to help people take their medicines at the right time. The pharmacy changed ownership around two and a half years ago.

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 adequately manages risks and completes all the records that it needs to by law. Members of the pharmacy team record some of their mistakes, so that they can learn from them and they act to help stop the same sort of mistakes from happening again. The team members keep people's private information safe. And they complete training so they know how to protect children and vulnerable adults.

Inspector's evidence

There were standard operating procedures (SOPs) for the services provided which had been prepared when the pharmacy changed ownership. Roles and responsibilities were set out in SOPs, but some SOPs had not been signed by members of the pharmacy team to show they had read and accepted them. Some SOPs did not accurately represent the current practice in the pharmacy, for example the 'Taking in prescriptions' SOP stated red baskets were used for waiting prescriptions, but there were no red baskets in the pharmacy, and a different colour of basket was used for waiting prescriptions. So, members of the pharmacy team may be unclear of some of the procedures and their roles and responsibilities.

There was no procedure stating the identification of members of the pharmacy team who were, in the view of the responsible pharmacist competent to perform certain tasks relating to the pharmacy business. However, pharmacy team members were performing duties which were in line with their role. They were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

A business continuity plan was in place which gave guidance and emergency contact numbers to use in the case of systems failures and disruption to services. Dispensing incidents were reported electronically on the National Reporting and Learning System (NRLS) and a copy printed off and retained in the pharmacy. Incidents were discussed with the pharmacy team and actions taken to prevent re-occurrence, for example adding a 'marker' to the patient's medication record (PMR) so extra care would be taken.

Some near misses were recorded and reviewed as part of monthly patient safety reports, but these were not consistently completed, so the team may be missing out on some learning opportunities. Following a near miss involving rosuvastatin and solifenacin, the key learning was that brands for generics must be double checked during dispensing and checking. 'Check drug selection' stickers were in front of look-alike and sound-alike drugs (LASAs) so extra care would be taken when selecting these.

Three audits had been carried out in the previous year including a review of patients taking non-steroidal and anti-inflammatory (NSAID) without gastro-protection. This had led to at least one patient being referred to their GP and medication for gastro-protection being introduced.

There was a complaints SOP. The RP said she would attempt to resolve any complaints at the time but would involve the superintendent pharmacist (SI) if she couldn't resolve it. There was nothing on display highlighting the complaint procedure or who to give feedback to, but these details were

included in the practice leaflet, which the RP printed off and put on display. A customer satisfaction survey was carried out annually. The results were available on www.NHS.uk website. Areas of strength (99%) were service received from pharmacist, service received from staff and cleanliness of the pharmacy. An area identified which required improvement was providing advice on healthy living. The published response was to 'Train staff in areas like advising people on healthy life style and physical exercise'. Other changes which had been made as a result of feedback from people was increasing the number of chairs for people waiting for prescriptions and improving the lighting outside the pharmacy to improve safety and security.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription records, the RP record, and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Three CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

All members of the pharmacy team had read information about confidentiality and signed a data protection declaration. Confidential waste was collected in a designated place and shredded. An accuracy checking technician (ACT) correctly described the difference between confidential and general waste. Prescriptions awaiting collection were not visible from the medicines counter. Paperwork containing patient confidential information was stored appropriately. A statement that the pharmacy complied with the General Data Protection Regulation and the NHS Code of Confidentiality was given in the safeguarding your information leaflets which were on display. A privacy statement was on display, in line with General Data Protection Regulations (GDPR).

The pharmacists and ACTs had completed centre for pharmacy postgraduate education (CPPE) level 2 training on safeguarding. There was a safe guarding vulnerable groups SOP and a child protection SOP which contained guidance and links to other resources. An ACT said the pharmacy had reported a safeguarding concern to the local safeguarding lead. The patient had dementia and the family and social services were aware of the situation. The patient was now living in a care home. Members of the pharmacy team had completed dementia friends training and so had a better understanding of patients living with this condition. The pharmacy had a chaperone policy, but there was nothing on display highlighting this to patients, so they might not realise that it was possible to have somebody accompany them when using the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members are qualified or complete training for the jobs they do. They get some ongoing training to help them keep up to date. But they do not always record this, so they might not identify gaps in their knowledge. The team members work well together and have opportunities to discuss issues informally together.

Inspector's evidence

There was a pharmacist (RP), an ACT, a trainee dispenser and two medicines counter assistants (MCA) on duty at the time of the inspection. The staff level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the patients. Planned absences were organised to ensure cover was available by re-arranging the staff rota or transferring staff from the neighbouring branch. There were two regular pharmacists who managed the day to day running of the pharmacy. The SI was the pharmacy's manager and visited weekly. The team were in regular communication with him and he was based in a pharmacy a few miles away.

Members of the pharmacy team were qualified or were on accredited training courses. The ACT said she received support from the pharmacist to help with her complete continuing professional development (CPD) and had used a valproate audit as a basis for an entry in her CPD records. The pharmacy team did not have regular protected training time and the trainee dispenser said she completed most of the online training course in her own time at home. The MCA said she read leaflets on new products and completed counter skills booklets to ensure her knowledge was up to date, but she did not keep a record of this. Team members had recently completed online training on children's oral health and there were certificates available for this. New staff completed an induction and a checklist was completed. This included training on the pharmacy's procedures and policies including the confidentiality policy.

There were no formal discussions with team members about their performance and development, but they were given feedback informally. Issues were discussed within the team as they arose, and concerns could be raised. The RP said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the SI about any concerns she might have. She said she felt comfortable reporting errors and felt that learning from mistakes was the focus. Staff worked well as a team and could make suggestions or criticisms informally. There was guidance available on raising concerns in the file with the SOPs.

The pharmacist said she felt empowered to exercise her professional judgement and could comply with her own professional and legal obligations, e.g. refusing to sell a pharmacy medicine because she felt it was inappropriate. She said she was encouraged to carry out medicine use reviews (MURs) but was not under pressure to complete a certain number and she didn't feel targets ever compromised patient safety.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy premises including the shop front and fascia were clean, well maintained and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with five chairs. The temperature and lighting were adequately controlled. The pharmacy had been fitted out to a good standard and the fixtures and fittings were in good order. Maintenance problems were reported to the SI who would either contact the owner of the building or take the appropriate action, depending on the nature of the issue.

Staff facilities were limited to a small kitchen area, and a WC with a wash hand basin and antibacterial hand wash. Hand washing notices were displayed above the wash hand basin. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand sanitizer gel was available. Disposable gloves were worn when assembling MDS.

The consultation room was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door and in the practice leaflet. The pharmacy team explained they would use this room when carrying out the services and when customers needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are generally well managed, so people receive their medicines safely. The pharmacy gets its medicines from reputable sources. And it stores and manages them appropriately to help make sure they are safe to use. It has systems in place which provide assurance that medicines are fit for purpose.

Inspector's evidence

There was a step up to the front door, but there was a portable ramp which could be used to assist people with limited mobility and wheelchair users to enter the pharmacy. The front door was glass and there were large windows at the front of the pharmacy, so patients requiring assistance could be seen. Some of the services provided by the pharmacy were listed in the practice leaflet, but they were not clearly advertised in the pharmacy, so people might not know what services were available. There was a range of healthcare leaflets and posters advertising local services, for example Sexual health services and Derbyshire adult care. Signposting and providing healthy living advice were not usually recorded, unless it was carried out as part of an MUR or NMS, or the pharmacist thought it was significant. It was therefore difficult to monitor the effectiveness of the health promotional activities.

The pharmacy offered a repeat prescription ordering service and these patients were contacted before their prescriptions were due, to check their requirements. This was to reduce stockpiling and medicine wastage. There was a delivery service with associated audit trail. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was quite limited in the dispensary, but the work flow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. MUR and NMS sticker were used to highlight patients who would benefit from these services. 'Speak to Pharmacist' stickers were used to highlight counselling was required and high-risk medicines such as warfarin and methotrexate were targeted for extra checks and counselling. MTX and INR stickers were used to highlight these prescriptions. INR levels were requested and recorded when dispensing warfarin prescriptions. The team were aware of the valproate pregnancy prevention programme. A valproate audit had been carried out and one patient in the at-risk group had been identified and given the required information about pregnancy prevention. There was a note on her PMR confirming this. The valproate information pack and care cards were available to ensure female patients were given the appropriate information and counselling. Records of referrals to GPs and interventions were maintained and recorded on the patient's PMR.

Multi-compartment devices were well managed with an audit trail for communications with GPs and changes to medication. A dispensing audit trail was completed, and medicine descriptions were

included on the packaging to enable identification of the individual medicines. Packaging leaflets were not always included, so patients and their carers might not have easy access to the information they require. Disposable equipment was used. Large print was available on dispensing labels and this facility was used by partially sighted patients.

An MCA knew what questions to ask when making a medicine sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as a codeine containing product. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins. Patient returned CDs were destroyed using denaturing kits. Date expired, and patient returned CDs were segregated and stored securely. The pharmacy was compliant with the Falsified Medicines Directive (FMD). They were scanning to verify and decommission medicines. Recognised licensed wholesalers were used for the supply of medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out.

Alerts and recalls were received via e-mail messages from the NHS area team and from wholesalers. These were read and acted on by a member of the pharmacy team and then filed, so it was clear what action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

Inspector's evidence

Current British National Formulary (BNF) and BNF for children, Martindale, Stockleys etc. were available and the pharmacist could access the internet for the most up-to-date information. There was a clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order and had been PAT tested.

There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Disposable gloves were available, and the RP explained that methotrexate was obtained in foil strips to avoid the need for handling and reduce the risk of contamination. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.