

Registered pharmacy inspection report

Pharmacy Name: Barton Pharmacy, 6 Underhill Circus, Barton, Headington, OXFORD, Oxfordshire, OX3 9LU

Pharmacy reference: 1035975

Type of pharmacy: Community

Date of inspection: 12/08/2019

Pharmacy context

This is a community pharmacy located along a small parade of shops in a residential area of Oxford. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use Reviews (MURs) and the New Medicine Service (NMS). And, it provides multi-compartment compliance aids for some people if they find it difficult to take their medicines on time.

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 manages risks associated with its services in a satisfactory manner. Pharmacists deal with their mistakes responsibly. They protect people's private information well. And, they understand how to protect the welfare of vulnerable people. But, when mistakes happen, they may not always be formally reviewing them. And, although the pharmacy adequately maintains most of the records that it must, it is not always recording all the details in accordance with the law.

Inspector's evidence

Most of the pharmacy's business was collection or repeat prescriptions although some walk-in trade was seen. The pharmacy's paperwork was in order, but some areas of the pharmacy were somewhat cluttered (see Principle 3 and 4). A range of documented standard operating procedures (SOPs) were present to support the provision of services. The SOPs were reviewed in 2019, staff had read and signed them, and their roles and responsibilities were defined within the SOPs. The correct responsible pharmacist (RP) notice was on display and this provided details of the pharmacist in charge on the day.

To maintain safety, the pharmacist described processing one prescription at a time, the RP ensured he took a break between processes when he self-assembled and self-checked and details were re-checked by him before medicines were bagged. There were processes in place to record and learn from near misses. Ensuring more information was recorded to help demonstrate this and the review process was discussed during the inspection. The pharmacy had identified look-alike and sound-alike (LASA) medicines, prednisolone was moved away from propranolol and medicines involved in previous incidents (such as different strengths of Tegretol) were separated. There were also caution notes placed in front of some stock as an additional visual alert. This included highlighting azithromycin and azathioprine.

The RP handled incidents, a documented complaints procedure and details about previous incidents were seen. The RP's process involved checking relevant details, apologising, rectifying the situation, recording information and reporting the situation to the National Reporting and Learning System (NRLS). At the point of inspection, there was no information on display about the pharmacy's complaints procedure. This could mean that people may not have been able to raise a concern about the pharmacy's services easily.

The RP was trained to level 2 to safeguard vulnerable people through the Centre for Pharmacy Postgraduate Education (CPPE). There were local contact details and policy information present as guidance for the team. A notice was on display to inform people about how their privacy was maintained. Sensitive details from assembled prescriptions awaiting collection could not be seen from the retail space and confidential waste was shredded. The pharmacy held an information governance policy and was registered with the Information Commissioner's Office (ICO). Summary Care Records were accessed for emergency supplies or for queries about people's medicines. The RP obtained consent to access this record verbally from the person.

Records to show that the minimum and maximum temperatures for the fridges were checked every day were maintained. This demonstrated that medicines requiring cold storage were being appropriately stored. The pharmacy maintained a complete record for the receipt and destruction of controlled drugs (CDs) that were brought back by people for disposal. The pharmacy's professional indemnity insurance

arrangements were through the National Pharmacy Association (NPA) and due for renewal after November 2019.

In general, most of the pharmacy's records were maintained in line with statutory requirements. This included the RP record, records of private prescriptions and a sample of registers for CDs that were checked. Some balance checks were seen recorded and the RP explained that balances were checked with every transaction. On checking a random selection of CDs, quantities held matched balance entries in corresponding registers. There were records of emergency supplies documented as "script to follow" with no further details present about the nature of the emergency. This was discussed at the time. A few details about private prescriptions had not been entered into the register in the time frame required and details about the addresses of wholesalers for CDs were incomplete. Some records of unlicensed medicines were maintained with the full details, some were missing relevant information.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate staffing levels to manage its workload safely. Pharmacists keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

The pharmacy dispensed approximately 3,500 prescription items every month with 20 people receiving their medicines inside multi-compartment compliance aids and six people receiving medicines via instalment prescriptions. In addition to the Essential Services, MURs and the NMS, the pharmacy also provided a needle exchange service and locally commissioned services that included Emergency Hormonal Contraception (EHC) and the supply of trimethoprim under a Patient Group Direction (PGD). There were no formal or commercial targets set to complete services.

The pharmacist was observed asking relevant questions before selling over-the-counter (OTC) medicines and provided appropriate advice with each transaction. Certificates to verify the pharmacist's ongoing training were seen and the RP was wearing a name badge. Ongoing training for them included attending local events held by the CPPE or the Local Pharmaceutical Committee (LPC), using resources from the NPA and online pharmacy websites.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean and provide an adequate environment to deliver its services.

Inspector's evidence

The pharmacy premises consisted of a medium sized retail area and a much smaller dispensary. There was limited workspace here for assembling medicines and this space was slightly cluttered with prescriptions, Patient Information Leaflets (PILs) and generated labels. There was also a stock room to one side which was also quite cluttered with medicines brought back by people for disposal that required sorting and placing into the appropriate bins.

The pharmacy was clean, this included the staff WC and facilities as well as equipment. There was a portable air conditioning unit present in the pharmacy to assist with keeping the pharmacy and medicines at the appropriate temperature. The retail space was appropriately presented, and the pharmacy was suitably lit. Pharmacy (P) medicines were stored behind the front counter and the pharmacist was always within the vicinity to restrict their access by self-selection.

There was also a signposted consultation room available to provide services and private conversations. The room was of a suitable size for this. The entrance was kept closed but unlocked and there were several folders with the pharmacy's paperwork (such as SOPs and IG policy) kept here. Part of the desk was also taken up with some paperwork which slightly detracted from the overall professional use of the space. Keeping the pharmacy clear of clutter and tidier was discussed during the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely and effectively. It sources, generally stores and manages most of its medicines appropriately. But, pharmacists may not always record information when people receive higher-risk medicines. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

Entry into the pharmacy was via a slope. The pharmacy's opening hours were on display on the front door, there were various leaflets on display inside the pharmacy to provide information about other services as well as a small section which promoted health. There was one seat available for people waiting for prescriptions and the premises consisted of clear, open space and a wide aisle. This enabled people using wheelchairs to easily access the pharmacy's services. The pharmacy could print labels with a larger font size for people who were visually impaired, the RP spoke Gujarati, Hindi, Swahili and Spanish to assist in communicating with some people whose first language was not English. He faced people to enable people who were partially deaf to lip read as well as checking their understanding. In addition, there were notices in the retail space informing people that they could ask for help if assistance to communicate was required.

Compliance aids were provided to people after their GP initiated this. Prescriptions were ordered by the pharmacy and when they were received, details were cross-referenced against records on the pharmacy system to help identify changes or missing items. Queries were checked with the prescriber and audit trails were maintained to verify this. Compliance aids were not left unsealed overnight and all the medicines were de-blistered into them with none left within their outer packaging. PILs and descriptions of the medicines that were supplied within the compliance aids were routinely provided. Mid-cycle changes involved them being retrieved, amended, re-checked and re-supplied.

The RP was aware of risks associated with valproates, there had been no prescriptions for females at risk, according to the RP and there was relevant literature available that could be provided upon supply of this medicine. People prescribed higher-risk medicines were asked about relevant parameters and about the frequency of their blood tests. According to the RP, this included occasionally asking people prescribed warfarin about the International Normalised Ratio (INR). The RP stated that details were recorded about this although on checking one person's record, this did not contain any information to support this.

Once dispensed, prescriptions awaiting collection were attached to bags. Fridge items and CDs were identified using stickers. A dispensing audit trail through a facility on generated labels was being used and this identified staff involvement in processes.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, Phoenix, AAH and Colorama. Unlicensed medicines were obtained through the latter. The pharmacy was complying with the European Falsified Medicines Directive (FMD), it was registered with SecurMed and equipment was present for the decommissioning process.

The pharmacy's stock holding could have been more organised in the dispensary as some medicines were stacked in a haphazard way. There was also a large amount of stock present. Medicines were

date-checked for expiry every month and a book was used to capture information about medicines approaching expiry. The latter were highlighted with the date circled. There were no date-expired medicines seen although odd mixed batches of medicines were seen. CDs were stored under safe custody. The key to the cabinet was maintained in a manner that prevented unauthorised access during the day and overnight. Medicines were stored evenly and appropriately within the pharmacy fridge. Drug alerts were received by email. The RP checked for stock and acted as necessary. There was an audit trail available to verify the process.

Medicines requiring disposal could be stored within appropriate receptacles. People bringing back sharps for disposal were referred to the local GP surgery and CDs returned for destruction were brought to the attention of the RP. Relevant details were entered into a CD returns register.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide services safely.

Inspector's evidence

The pharmacy held current versions of reference sources and necessary equipment. This included counting triangles, operating medical fridges, legally compliant CD cabinets and a range of crown-stamped conical measures for liquid medicines. The sole computer terminal in the dispensary was positioned in a way that prevented unauthorised access and there were cordless phones present. This meant that conversations could take place away from the retail space if required. The dispensary sink used to reconstitute medicines was clean. There was hot and cold running water available as well as hand wash present. A shredder was available to dispose of confidential waste. The RP used his own NHS smart card to access electronic prescriptions and this was stored securely overnight.

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.