

Registered pharmacy inspection report

Pharmacy Name: The Pharmacy, 76 Upper Bar, NEWPORT,
Shropshire, TF10 7AW

Pharmacy reference: 1036025

Type of pharmacy: Community

Date of inspection: 02/09/2019

Pharmacy context

This is a busy community pharmacy located in the heart of the market town of Newport, Telford. It dispenses prescriptions and sells a limited range of over-the-counter (OTC) medications and other health and beauty items. The pharmacy provides medicines in multi-compartment compliance aid packs, to help make sure people take them at the correct time and it delivers medicines to people who are housebound. Several other NHS services are available including Medicines Use Reviews (MURs), the New Medicines Service (NMS) and emergency hormonal contraception (EHC). The pharmacy also provides a substance misuse service and offers flu vaccinations during the relevant season. It has a Wholesale Dealer's License (WDL) and is regulated by the Medicines and Healthcare products Regulatory Agency (MHRA).

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	1.8	Good practice	The pharmacy team members take appropriate action to help safeguard the wellbeing of vulnerable people.
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's working practices are safe and effective. It keeps people's private information safe and maintains the records it needs to by law. Its team members are clear on their roles and responsibilities. They record their mistakes so that they can learn and make improvements. And they raise concerns when necessary to help safeguard the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a full set of standard operating procedures (SOPs) covering operational tasks and activities. The procedures defined the responsibilities of pharmacy team members, but several had not been updated in recent years. So, they may not always reflect current practice. Examples seen included procedures covering the collection and delivery of prescriptions and the management of complaints, which had been reviewed in March 2014 and March 2013 respectively. Team members reported that they had read the procedures, but audit trails to confirm their acknowledgement and understanding were sometimes incomplete. Team members worked within their competence and were clear on their roles and responsibilities, including demonstrating an awareness of the activities which were permissible in the absence of a responsible pharmacist (RP). Professional indemnity insurance covering pharmacy services was provided by the National Pharmacy Association (NPA).

The pharmacy team members recorded their near misses in both electronic and paper format. The records were regularly reviewed by the pharmacist, but a record of this was not kept so the team may not always be able to show what they had learnt. The inspector was shown an example of a shelf edge label being used to encourage care when selecting hydralazine and hydroxyzine. Dispensing incidents were recorded electronically and captured a more detailed analysis of what had gone wrong. Supporting evidence was also retained in branch and was discussed by the team to identify further learning opportunities. All records of near misses and dispensing incidents were also reviewed by the company's head office who then advised pharmacy teams of any trends or issues that they should be aware of.

The pharmacy had a complaint procedure. People raising concerns were referred to the pharmacist. If a concern could not be resolved, it was escalated to head office. The team were unaware of any recent issues being highlighted. And the pharmacy also sought feedback through annual Community Pharmacy Patient Questionnaires (CPPQ).

The correct RP notice was conspicuously displayed near to the medicine counter. The RP log was compliant with requirements as were records of emergency supplies and specials procurement records, which provided an audit trail from source to supply. The pharmacy's controlled drugs (CD) registers were in order and included a running balance, which was audited to identify discrepancies. Patient returned CDs were recorded and previous destructions were signed and witnessed. The pharmacy's electronic private prescription register did not always record the details of the prescriber in keeping with requirements. This information was kept in a separate paper record which was held but having two co-running registers could create some ambiguity.

The pharmacy was registered with the Information Commissioner's Office, but a copy of its privacy notice was not seen on the day. Several information governance procedures had been read by staff, but audit trails to confirm the completion of this training were not always complete. Pharmacy team members demonstrated an understanding of confidentiality and explained how they would help to protect people's privacy. Completed prescriptions were stored out of view of the medicine counter and confidential waste was appropriately segregated and sent for suitable disposal. The appropriate use of NHS smartcards was seen on the day.

Pharmacy team members had completed safeguarding training and a policy was in place. The contact details of local safeguarding agencies were available to support escalation. The pharmacist discussed a previous incident where concerns had been escalated regarding an elderly patient. He had kept a record which briefly outlined the concerns and had updated this to include the details of who he had spoken to and what had happened as a result. Assistance for the patient had been obtained with support from the GP and local social services.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members hold the appropriate qualifications for their roles. They complete regular ongoing learning to help keep their knowledge up to date. And they can raise concerns and provide feedback to improve pharmacy services.

Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside a registered accuracy checking pharmacy technician (ACT) and two NVQ2 dispensers. The pharmacy also employed an additional ACT and relief dispenser who were based at the branch on a part-time basis and were not present. A regular relief pharmacist covered one day each week when the pharmacist had a day off. It was confirmed that this was the usual staffing level for the day. Although busy, the team effectively managed the workload throughout the inspection and reported that this was usual when staffing levels were at full complement. Prescription supplies were being made on time and there were no delays to other services. There was some relief cover available for leave and sickness, but it was not always provided, if other branches were in more urgent need of assistance. In these instances, the team would work with a member of staff down and the overall workload could get more challenging.

Pharmacy team members held the appropriate qualifications for their roles. They completed some ongoing training through an e-Learning system and recent topics covered included child dental health and Summer health. One team member had also recently completed a health living qualification. Personal preference meant that staff often completed modules at home, but training time was provided during work hours, if required. Training certificates were filed in a designated folder as an audit trail. The pharmacist had an annual appraisal, other team members did not. The pharmacist said that he would identify and discuss any learning needs on an ongoing basis and an area co-ordinator also regularly attended at the branch to review performance. Records of this were not kept so the team may not always be able to show how development needs are identified and addressed.

Several appropriate sales were observed, and team members referred to the pharmacist if they were unsure or required further advice. A team member discussed some of the questions that she would ask to help make sure that sales were appropriate and discussed some concerning symptoms which she would immediately refer, as well as some high-risk medications which may be susceptible to abuse.

Pharmacy team members worked openly as a team and were comfortable in approaching the pharmacist with any concerns, as well as the area co-ordinator and the company's head office. The company had a whistleblowing policy to facilitate anonymous concerns being raised. The company set targets for some professional services including MURs. The pharmacist reported that he did not feel the targets were unrealistic and said that patient safety was his priority and would not sacrifice this to meet a target.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is appropriately maintained and clean. It has a consultation room to enable it to provide members of the public with an area for private and confidential discussion, but a general lack of space in both the consultation room and dispensary impacts on overall organisation.

Inspector's evidence

The pharmacy's premises, including the external fascia were well maintained and in an appropriate state of repair. Maintenance concerns were escalated to the company's head office who arranged for any necessary repair work and the team completed daily house-keeping duties. On the day of the inspection, the patient facing areas were generally clean and tidy. There was adequate lighting throughout the premises. Air conditioning on the ground floor maintained a temperature appropriate for the storage of medicines. Portable fans were available to help regulate the temperature in other areas of the premises.

The pharmacy had a small retail area to the front, which stocked a small range of suitable health and beauty goods for sale. Pharmacy restricted medicines were secured from self-selection behind the medicine counter. Several chairs were available near to the front entrance for use by people who were less able to stand. Near to this area was a health promotion zone and additional healthy living literature was available on a display rack behind the main entrance door.

An enclosed consultation room was accessed from behind the medicine counter. No confidential information was visible on the walk through to the room, and the room itself was very compact. A desk and a chair were available to facilitate private and confidential discussions, but the limited size meant that the room may not always be accessible to wheelchairs and would not provide the sufficient space required for some services, such as the provision of CPR for treatment of anaphylaxis following a vaccination. The pharmacist had previously queried this with the company's head office.

The dispensary was small and had limited dispensing space. One narrow bench had a dispensing terminal at each end. The bench could become cluttered when several walk-in prescriptions were being dispensed. A second narrow bench was used by the pharmacist for accuracy checking and a sink was available for the preparation of medicines. Due to the limited space the pharmacy used a separate room on the first floor of the premises for the assembly of multi-compartment compliance aid packs. The room had several shelving units for medicine storage and a work bench which was fitted with a dispensing terminal. The remaining areas of the premises were used for general storage and were less well presented than the patient facing areas.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible and well managed so that people receive appropriate care. It obtains medicines from reputable sources and carries out some checks to provide assurance that they are suitable for supply. But it could do more to identify people on high-risk medications to make sure that they get all the information they need to take their medicines properly.

Inspector's evidence

The pharmacy access was step-free, and its manual door remained propped open throughout the inspection. The pharmacy had a hearing loop and could produce large print labels from the PMR system to aid people with visual impairment.

There was limited advertisement of the pharmacy's services, so people may not always know what is offered. A practice leaflet was available, but this along with other health promotion literature, was located on a shelving rack situated behind the entrance door and was not clearly visible when the door was propped open. A healthy living display was located near to the waiting area promoting the appropriate use of antibiotics. The pharmacy had some resources to help signpost people to other local services such as a nearby sexual health clinic. Internet access was also available to locate other healthcare providers and records of referrals and interventions were made using the patient medication record (PMR) system.

Prescriptions were dispensed using coloured baskets to prioritise the workload and reduce the risk of medicines being mixed up. Pharmacy team member signed 'dispensed' and 'checked' boxes on dispensing labels as an audit trail and they were observed to highlight dose changes and new prescription items to the pharmacist during the dispensing process, to allow him to make additional checks as necessary. The ACT carried out a limited amount of checking in the pharmacy, usually restricted to multi-compartment compliance aid packs. When accuracy checking, a record sheet was used to confirm the details of the pharmacist who had undertaken a clinical check of the prescription. The pharmacy did not routinely highlight prescriptions for high-risk medicines or keep records of monitoring parameters. The pharmacist reported that if he were involved in the handout of a high-risk medicine he would ask questions about monitoring. The pharmacy had access to safety literature required for the supply of valproate-based medicines in people who may become pregnant. The requirements for supply were reinforced. The pharmacist demonstrated an awareness of the risks and had completed an audit which did not identify any patients within the age criteria.

The pharmacy ordered repeat prescriptions, they kept a record of medications which had been requested on the PMR system but did not keep an audit trail of requests sent to the GP surgery, so unreturned prescriptions may not always be proactively identified. The pharmacy obtained signatures for the delivery of CDs, with patients signing the back of a copy of the prescription form. Signatures were not routinely obtained for other deliveries, with the driver endorsing the words 'handed' on the delivery sheet to indicate the patient had received their medicines. Medications from failed deliveries were returned to the pharmacy.

The pharmacy automatically ordered medicines for people using multi-compartment compliance aid packs. They kept a master record of medicines which was updated with the details of any changes and no high-risk medicines were placed into compliance aid packs. Completed packs were labelled with patient identifying labels and descriptions of individual medicines were present. Patient leaflets were supplied each month. The pharmacy also supplied compliance aid packs to residents at a local care home. Packs were supplied in the same format as for community-based patients, but care home staff ordered medicines directly from the GP surgery. The pharmacy reviewed any changes identified during dispensing and highlighted these to care home staff for confirmation.

The pharmacist had completed training for the supply of EHC, including safeguarding training. In-date patient group directives (PGDs) were available for reference and the pharmacist discussed some of the types of requests which he might find concerning.

Stock medications were obtained from reputable wholesalers and specials from a licensed manufacturer. Stock was organised and kept in the original packaging provided by the manufacturer. Team members explained the date checking system and the stock exchange system the company had in place. No expired medicines were identified from random checks. Obsolete and returned medicines were placed into medicines waste bins, there were several bags of returned medicines which required sorting, which the pharmacist agreed to action. A cytotoxic waste bin was available for hazardous materials and hazardous waste guidance was displayed. The pharmacy received alerts for the recall of faulty medicines and medical devices electronically. They printed and actioned alerts and kept an audit trail to demonstrate the action that had been taken. The pharmacy was not yet compliant with requirements of the European Falsified Medicines Directive (FMD). The pharmacist believed that a trial of the system was ongoing in another branch and the team were awaiting further instruction from the company's head office.

CDs were stored appropriately, and random balance checks were found to be correct. Out of date and returned CDs were segregated from stock and CD denaturing kits were available. The pharmacy had two refrigerators, which were both equipped with a maximum and minimum thermometer, the temperature was checked and recorded daily. There had been occasional instances in recent months where the maximum temperature of one refrigerator had exceeded the recommended range. The pharmacist had recorded that this had been reported to the health and safety manager on several occasions. He believed that a new fridge was on order but had not received an update recently. Both refrigerators were within the recommended temperature range on the day.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely and the team uses equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to several pharmaceutical reference textbooks and internet access supported additional research. The pharmacy used British Standard approved measures, several of which were kept in a separate location for use with CDs. It had counting triangles for loose tablets. The triangles were clean and a separate one was marked for use with cytotoxic medicines.

Electrical equipment was in working order and screens were positioned out of view. The computer systems were password protected and a cordless phone enabled conversations to take place in private, if required.

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.