

Registered pharmacy inspection report

Pharmacy Name: Ironbridge Pharmacy, The Square, Ironbridge,
TELFORD, Shropshire, TF8 7AQ

Pharmacy reference: 1036078

Type of pharmacy: Community

Date of inspection: 11/09/2020

Pharmacy context

This is a community pharmacy located in the centre of the historic town of Ironbridge. It provides pharmacy services to the local population and is also used by tourists visiting the World Heritage Sites in the surrounding area. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. It also serves as a post office for the local community. The pharmacy supplies medicines to local care homes and it also provides medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. It offers several other NHS services including Medicine Use Reviews (MURs) and a substance misuse service. The inspection was completed during the COVID-19 pandemic.

Overall inspection outcome

✓ Standards met

Required Action: Improvement Action Plan

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 identifies and manages the risks associated with its services adequately and it keeps the records it needs to by law. Pharmacy team members work within their roles. They understand how to keep people's private information safe and raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had recently updated its standard operating procedures (SOPs) which covered the operational tasks in the pharmacy. But the procedures did not always routinely outline staff responsibilities and team members had not signed to confirm that they had read and understood them. Team members were observed to work within their roles during the inspection and a dispenser clearly explained her responsibilities within the pharmacy, including demonstrating an understanding of the activities which were permissible in the absence of a responsible pharmacist (RP). Professional indemnity insurance covering pharmacy services was provided through the National Pharmacy Association (NPA). A certificate displayed indicated that it was valid until November 2020.

Pharmacy team members recorded their near misses using the pharmacy computer system. They said that incidents were discussed at the time they were identified and that the pharmacy manager would identify if similar incidents were happening repeatedly. But a record of near miss reviews was not kept, so team members may not always be able to show what they have learnt. The locum pharmacist discussed the information that would be captured in response to a dispensing incident and how this information was captured using an incident report tool on the pharmacy computer system.

In response to the COVID-19 pandemic the pharmacy team members said that they had completed individual risk assessments, which the pharmacy manager had sent to the owner. The team had access to personal protective equipment (PPE) including masks, visors and gloves but these were not always worn. The potential implications of this and arrangements for business contingency plans in terms of NHS 'test and trace' protocols were discussed with the team.

The pharmacy had a complaint procedure and complaint forms were available for people to use. People using pharmacy services were able to provide feedback verbally to pharmacy team members and pharmacy also participated in an annual Community Pharmacy Patient Questionnaire (CPPQ).

The correct RP notice was displayed near to the medicine counter. This was not clearly visible from the counter on the day, but the RP adjusted the notice when this was pointed out. The RP log was maintained electronically but it was not fully compliant as the time RP duties ceased was not always recorded. Records for private prescriptions and emergency supplies had recently moved to an electronic system on the pharmacy computer system and these were generally in order. Previous paper records could not be located during the inspection, but the pharmacy manager later confirmed that the old records had been located and would be archived in an accessible place for the required two-year period. Specials procurement records provided an audit trail from source to supply. Controlled drugs (CD) registers were available and kept a running balance. The pharmacy completed some balance checks and a patient returns CD register was also available.

The pharmacy had some information governance procedures, but they had surpassed their review date so they may not always reflect current practice. Team members held their own NHS smartcards and suitable use was seen on the day. They segregated confidential waste and shredded it on the premises. The pharmacy layout was such that confidential information was not visible to the public, including on completed prescriptions which were stored out of view.

The dispenser had attended a previous safeguarding training event and the locum pharmacist had completed training through the Centre for Pharmacy Postgraduate Education (CPPE). The team discussed a previous concern regarding a vulnerable patient which had been escalated to a GP surgery and resulted in the patient receiving additional social care support. A notice about pharmacies being 'safe spaces' for vulnerable members of the public was also displayed at the dispensary entrance.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members hold the appropriate qualifications for their roles, and they effectively manage the dispensing workload. Team members can raise concerns and provide feedback about the pharmacy and its services. But they do not get regular ongoing training, so they may not always be able to show how they keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection, a locum pharmacist was working alongside a dispenser. The locum pharmacist worked two regular shifts each week, with the remaining days covered by the pharmacy manager. The pharmacy manager held a list of regular locum pharmacists who were available to provide further cover, if necessary. The dispenser worked part-time two mornings each week in the pharmacy and was the manager of the post office for the remainder of the week. A second dispenser, who was completing a dispensary assistant training programme, worked alongside the pharmacist at all other times. The two dispensers arranged leave between themselves so that one of them was always available to provide cover. In the event of unplanned sickness, there were other branches of the pharmacy nearby and the team believed that cover would be sourced from there. The team were able to manage the workload adequately during the inspection.

During the inspection another employee was present, providing cover on the post office counter. The employee did not undertake any dispensing activities and was aware that she could not sell pharmacy restricted medicines. She was observed to direct patient requests for pharmacy restricted medicines to the pharmacy team.

Ongoing learning and development opportunities were limited, with no structured training in place. A dispenser explained that the pharmacy manager was in the process of arranging some training on rheumatoid arthritis, which she had signed up to do, but activities such as this were not completed regularly. The team discussed how they would approach the pharmacy manager if there was any further training that they wanted to complete. And they could ask questions on an ongoing basis to further their knowledge. A formal appraisal system was not in place.

The pharmacy team were in regular communication including via a WhatsApp group and team members were happy to approach the pharmacy manager, owner and superintendent pharmacist with any feedback or concerns. The locum pharmacist was aware that concerns related to registrants and registered premises could be escalated to the General Pharmaceutical Council (GPhC). There were no formal targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is reasonably well maintained. It has a consultation room to enable it to provide members of the public with an area for private and confidential discussions. But space in the dispensary is lacking, which impacts on general organisation and limits the amount of workspace available.

Inspector's evidence

The pharmacy was located inside a listed building. It was generally suitably maintained but there were some internal fixtures and fitting which were old and showing signs of wear and tear, which may detract from the overall appearance. The owner was responsible for resolving any maintenance issues and daily cleaning duties were completed by the pharmacy team. The premises were generally clean on the day. There was adequate lighting throughout, and the temperature was suitable for the storage of medicines.

To the front of the premises was a retail space. There was one main service desk, which mainly serviced the post office. To the far side of the bench was a notice which prompted people to press a bell for attention from the pharmacy team. Due to the COVID-19 pandemic, access to the retail space was restricted to two people at a time to support social distancing measures and an alcohol-based hand sanitiser was available at the counter. The pharmacy sold a range of health and beauty related items but also items relating to the postal business such as greeting cards and envelopes. Pharmacy restricted medicines were kept behind the counter to help prevent self-selection.

The pharmacy also had a consultation room, which was clearly signposted from the retail area. The room had a desk and seating and was in an appropriate state of repair.

The dispensary was compact and there was limited work bench space available. The pharmacy team utilised some shelves in an upstairs storage area to create more space, but there were some items stored on the floor, which could create a trip hazard for staff. A separate sink area was available for the preparation of medicines and was equipped with appropriate hand sanitiser. On the day there was an issue with the tap not turning off correctly, which the dispenser had escalated to the pharmacy owner.

The pharmacy had additional storage areas to the first floor. The staircase to the first floor was partially blocked by rubbish bags. The team said that a collection was due after the weekend. The floor was also sunk in some areas; these factors may cause a health and safety risk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy suitably manages its services so that people receive appropriate care. It gets its medicines from reputable sources and team members carry out some checks to make sure that they are fit for supply. But the pharmacy team should ensure it acts promptly to make sure it stores fridge medicines appropriately.

Inspector's evidence

The pharmacy was accessed by three steps from the main street. The buildings listed status meant that a ramp facility could not be installed, and a portable ramp could not be used due to the angle of the street to the steps. A grab rail had been approved and installed to assist people with mobility issues and team members provided additional assistance as appropriate. The pharmacy had access to a hearing loop device and large print labels could be produced from the pharmacy computer system to help people with visual impairment.

There was limited advertising of the pharmacy's services, but its opening hours were stated at the front entrance. A range of health promotion literature, including posters displaying information regarding the coronavirus was also available.

Prescriptions were dispensed using baskets to help reduce the risk of medicines being mixed up and audit trails were maintained to enable those involved in dispensing and checking processes to be identified. Prescriptions for high-risk medicines were not always routinely identified. The pharmacist said that stickers were available to mark prescriptions where additional counselling was required. And she showed the inspector an anticoagulant monitoring report available through PharmOutcomes. This recorded patient details and information regarding dosage and where relevant, monitoring parameters such as INR reading. Several of the reports had been completed but they were not always done for every patient. The pharmacy had the necessary safety literature to accompany supplies of valproate-based medicines to people who may become pregnant and the pharmacist was aware of when the resources should be supplied. Stickers were used to identify prescriptions for CDs which required safe custody. Other prescriptions for CDs were marked with the date of expiry, to help ensure that the supply was made within the valid 28-day expiry date.

A dispenser managed the compliance aid packs. This included several patients who lived in three local care home facilities. Records were maintained to track the dispensing process and each patient had a master record of medications. This was updated with the details of any changes. Sheets where multiple changes had been made were in the process of being re-written to ensure that they were clear and legible and reduce the risk of mistakes. Completed multi-compartment compliance aid packs were labelled with patient details and the descriptions of individual medicines. Patient leaflets were also supplied. The pharmacy's delivery process had been reviewed in response to the COVID-19 pandemic. The driver wore PPE and observed the collection of medication from the doorstep to ensure social distancing was maintained. The driver then signed a delivery record to confirm secure delivery.

The pharmacy obtained stock medicines from several licensed wholesalers and specials from a licensed manufacturer. Medications were stored within the original packaging provide by the manufacturer and

were reasonably organised in most areas on the dispensary shelves. A recent date check of dispensary stock had been completed and no expired medicines were identified from random checks of the shelves. Expired and returned medicines were placed in medicine waste bins. Hazardous waste guidelines were displayed, and a cytotoxic waste bin was also available. The pharmacy had recently accepted a bag of returned medicines from a patient which contained an unopened box of injections. A sharps bin was not available for this. The pharmacist agreed to follow-up on this and arrange for suitable disposal. The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD). A new computer system had been installed to help with the implementation of this, but the pharmacy was not yet scanning and decommissioning medicines. Alerts for the recall of faulty medicines and medical devices were received via email and suitably actioned.

CDs were stored appropriately, and random balance checks were found to be correct. CD denaturing kits were available for use. The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded daily, although there had been a gap in recording during one-week in August. This was discussed with the team members present who agreed to make sure that the task was completed everyday moving forwards. In recent weeks the maximum fridge temperature had exceeded the recommended temperature range on several occasions and a temperature of 10 degrees Celsius was displayed on the day. There was no documented action recorded on the fridge temperature log to indicate what action team members had taken in response to this, but the team informed the inspector that the pharmacy manager was aware of the issue. The inspector spoke with the pharmacy manager who advised that although the fridge had recently been replaced within the last year, they had recently experienced problems. He advised the inspector that the pharmacy owner had sourced a new fridge and delivery of the replacement was expected imminently. Confirmation of this was received following the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. The equipment is generally suitably maintained, and team members use it in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to some paper-based reference materials including a British National Formulary and the pharmacist confirmed that general internet access was also available. Glass crown-stamped measures were available and separate measures were marked for use with CDs. The pharmacy had counting triangles for use with loose tablets. One triangle needed cleaning as it was covered in left over tablet residue.

The pharmacy had a cordless phone to enable conversations to take place in private, and the layout of the pharmacy meant that computer screens were shielded from public view. Computer systems were password protected to help prevent unauthorised access. The entrance door to the pharmacy already had a Perspex screen in place, but the screens in the pharmacy and post office area had been extended in response to the COVID-19 pandemic, to provide further protection. Team members also had access to PPE including masks, gloves and visors.

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.