

Registered pharmacy inspection report

Pharmacy Name: Green End Pharmacy Ltd., 11-13 Green End,
WHITCHURCH, Shropshire, SY13 1AD

Pharmacy reference: 1036085

Type of pharmacy: Community

Date of inspection: 03/03/2020

Pharmacy context

The pharmacy is situated amongst other retail shops in Whitchurch, Shropshire. The pharmacy premises are accessible for people, with adequate space in the retail area. It has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses private and NHS prescriptions. And it supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right 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 has written procedures to help make sure the team provide services effectively. Members of the pharmacy team are clear about their roles and responsibilities. And they record some things that go wrong. But they do not record or review all their mistakes, so they may miss some opportunities to improve. The pharmacy keeps the records required by law, but some information is missing, which could make it harder to understand what has happened if queries arise.

Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, with sign off sheets showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of the pharmacy team were set out in the SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing errors were recorded on the incident reporting section of the pharmacy computer. These errors were reviewed by the superintendent (SI) and shared with the team. Near miss incidents were discussed at the time they occurred and some were recorded on the pharmacy computer, but the records were not reviewed for trends or patterns. Different pack sizes of letrozole stock had been highlighted on a dispensary shelf following several near miss incidents.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints' procedure was in place. And copies of a practice leaflet which included details about the complaint's procedure were present in the retail area. The pharmacy owner explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would involve the pharmacist if necessary. A customer satisfaction survey was carried out annually. The pharmacist explained that a patient had provided negative feedback about the availability of a prescription medicine. He said in order to ensure that all prescribed medicines were available to be supplied in a timely manner, any medicines not in stock at the time a prescription was received electronically were ordered immediately.

A current certificate of professional indemnity insurance was displayed. The private prescription record, emergency supply record and the CD register were in order. Patient returned CDs were recorded appropriately. The unlicensed medicines (specials) record had patient details missing from some records. The responsible pharmacist (RP) record had the time the RP ceased their duty missing from some records.

Confidential waste was shredded. Confidential information was kept out of sight of patients and the public. Team members had read and signed confidentiality agreements as part of their employment contracts. But the pharmacy did not have a written information governance policy. This meant the team may not have fully understood what processes to follow to ensure information was handled appropriately. The computers were password protected, with their screens positioned so that they were facing away from customers. Assembled prescriptions awaiting collection were stored so that patient information was not visible. There was no privacy notice displayed. So, people may be unaware how the pharmacy handles their personal data.

The pharmacist had completed level 2 safe guarding training. A member of the pharmacy team said she would speak to the pharmacist in the first instance, if she had any concerns about vulnerable people. There were no details of local safeguarding contacts present and there was no safeguarding SOP in

place. So, it may be more difficult for the pharmacy team to understand the correct procedure to follow in the event of a concern arising.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Team members feel able to act on their own initiative and use their professional judgement. They have the qualifications they need for the job they do. But they get little ongoing training so their skills and knowledge may not always be up to date.

Inspector's evidence

There was a regular locum pharmacist, the pharmacy owner who was a dispenser, a trainee dispenser, two medicines counter assistants and a delivery driver on duty. The usual staffing level also included a pharmacy technician, together with the team who were present. The pharmacy technician, dispenser and medicines counter assistants had completed accredited training courses for their roles, with their certificates displayed. The trainee dispenser provided details of the accredited course she was undertaking. Members of the pharmacy team appeared to work well together and manage the workload adequately.

A member of the pharmacy team said the pharmacist was supportive and was more than happy to answer any questions they had. She explained that she kept up-to-date by reading any new SOPs and from general discussions with the pharmacist and the pharmacy owner. But no formal ongoing training material was provided. The pharmacy team was aware of the process for whistle blowing and knew how to report concerns if needed.

A member of the pharmacy team covering the medicines counter was clear about her role. She knew what questions to ask when making a 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 what action to take if she suspected a customer might be abusing medicines such as co-codamol, which she would refer to the pharmacist for advice. The pharmacist explained that there were no targets or incentives set for himself or other team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. And it has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. A member of the pharmacy team said that dispensary benches, sink and floors were cleaned regularly, but no record was kept. The temperature in the pharmacy was controlled by heating units. Lighting was adequate.

Pharmacy team facilities included a kettle, fridge, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it generally manages and provides them safely. But members of the pharmacy team do not always know when high-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. The pharmacy team carries out some checks to make sure medicines are in good condition. But it does not always keep records, so it can't show that the checks have been done properly.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets. The pharmacy team were clear about what services were offered and where to signpost to services they did not provide. The opening hours were displayed near the entrance. The work flow in the pharmacy was organised into separate areas, with dispensing bench space and a checking area for the pharmacist. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

Prescriptions containing schedule 2 CDs had the wording "CD" written on the assembled bag of medication. A member of the pharmacy team explained that this was to act as a prompt for team members to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. Prescriptions containing schedule 3 CDs were highlighted, but those containing schedule 4 CDs were not, which may increase the possibility of supplying a CD on a prescription that had expired. Prescriptions with high-risk medicines such as warfarin, methotrexate or lithium were not routinely highlighted prior to collection. The team was aware of the risks associated with the use of valproate during pregnancy. The pharmacy had carried out an audit of patients prescribed valproate and had not identified any patients who met the risk criteria. The pharmacy had patient information resources available to supply with valproate.

The pharmacy provided medicines in multi-compartment compliance aids to some people. A member of the pharmacy team provided a detailed explanation of how the multi-compartment compliance aid service was managed. Details of any mid-cycle changes to medication were documented in a medication changes record book. Disposable equipment was used. Individual medicine descriptions were included on the compliance aid packs. Patient information leaflets were only provided when people were commenced on compliance aid packs or when medication changes had occurred. This meant that people may not always have the most up-to-date information about their treatment.

The pharmacy offered a prescription delivery service. It kept a delivery record for all prescriptions delivered and people were routinely asked to sign for receipt of their prescription delivery. The delivery record included the name and address details of several people when signatures for receipt of medication were being obtained. So, there was a possibility that a breach to confidentiality may occur. If a person was not at home when the prescription delivery attempt was made, a note advising them of the failed delivery was left and the prescription medicines were returned to the pharmacy.

Stock medicines were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. Date checking was carried out periodically and the team said a record was kept,

but was not able to find it. This meant there was no available audit trail to provide assurance that this task was regularly undertaken. No out-of-date stock medicines were found present from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean fridge used to store medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily.

The pharmacy team was aware of the Falsified Medicines Directive (FMD) but there was no FMD software or hardware installed. Therefore, the pharmacy was not complying with legal requirements. Alerts and recalls were received via NHS and MHRA email notifications. These were actioned on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities Standards met

Summary findings




The pharmacy has the equipment it needs to provide services safely. And it is used in a way that protects privacy.

Inspector's evidence

The pharmacy had copies of the up-to-date BNF and BNFc. The pharmacy team used the internet to access websites for up to date information. For example, Medicines Complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order and had been PAT tested for safety in November 2019.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. The computers were password protected with the screens positioned so that they were not visible from the public area of the pharmacy. A cordless telephone was available for private conversations with people.

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.