

Registered pharmacy inspection report

Pharmacy Name: Manor Pharmacy, High Street, Horam,
HEATHFIELD, East Sussex, TN21 0EH

Pharmacy reference: 1036202

Type of pharmacy: Community

Date of inspection: 02/09/2019

Pharmacy context

This Healthy Living Pharmacy (HLP) is located in the village of Horam, near Heathfield in East Sussex. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. It dispenses some medicines in multi-compartment compliance aids for those who may have difficulty managing their medicines, and it offers a home delivery service.

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	N/A	N/A	N/A
2. Staff	Standards met	2.2	Good practice	Records show that staff complete regular ongoing training relevant to their roles to help keep their knowledge and skills up to date
		2.4	Good practice	Members of the pharmacy team demonstrate enthusiasm for their roles and there is evidence of effective team working to achieve common goals.
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

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards, identifying and managing risks effectively. The pharmacy logs the mistakes it makes during the dispensing process. The pharmacist regularly reviews them with the team so that they can all learn from them and avoid problems being repeated. The pharmacy responds well to people's feedback. It manages and protects confidential information well, and team members also understand how they can help to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards, all reviewed once a year in March. But there was nothing written on the SOPs themselves to verify this. They had all been signed by all staff in March 2019 to indicate that they had read and understood them. Some of the SOPs had separate signature sheets dated March 2019. The pharmacy also had a detailed business continuity plan in place to maintain its services in the event of a power failure or other major problem.

Errors and near misses were recorded using a paper form, showing what the error was, the members of staff involved and the action taken. The possible causes were recorded and there was evidence of reflection and learning, although the numbers recorded were very low. The pharmacist explained how he held regular weekly meetings with the shop manager and the technician to discuss topical matters including near misses and errors. These were not recorded, the outcome of one recent meeting was the use of stickers on shelves to highlight 'look alike sound alike' medicines (LASAs) such as amlodipine and amitriptyline, or propranolol and prednisolone.

Roles and responsibilities of staff were not specifically documented in the SOPs. But those questioned were able to clearly explain what they do, what they were responsible for and when they might seek help. They outlined their roles within the pharmacy and where responsibility lay for different activities.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. The responsible pharmacist (RP) notice was clearly displayed for patients to see and the pharmacy record book containing the RP log was complete and correct.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were displayed online at www.nhs.uk. The results showed that 97.58% of people rated the pharmacy as excellent or very good overall. One area for improvement highlighted by the CPPQ was a need for more advice on stopping smoking. As a result of this feedback the pharmacy provided extra training for its staff in providing opportunistic healthy lifestyle advice including the benefits of stopping smoking. The pharmacy complaints procedure was set out in the SOP file but there was nothing on display for patients to see. There was no pharmacy practice leaflet available either. A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until Feb 2020 was on display in the dispensary.

Private prescription records were maintained in a book and were complete with most details correctly

recorded. There were a small number of entries where the prescriber name had been omitted although the address was complete. Dates of prescribing and of dispensing were all correctly recorded. The emergency supply records were completed on the PMR system, after having recorded consent to access the summary care record (SCR). Reasons for these supplies were recorded but some entries did not contain very much detail. This was discussed and upon reflection the pharmacist agreed to record more detail in future.

The CD registers were seen to be correctly maintained, with running balances checked at irregular intervals and some with just occasional months missed. Balances were also checked again when entries were made in the register. The SOP referred to a monthly balance check. All pages had the headers completed in full, but some of the wholesaler's addresses had not been included. Running balances of two randomly selected CDs were checked and both found to be correct. Alterations made in the CD register were asterisked with a note made at the bottom of the page, and they were initialled with the pharmacist's registration number and date. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed "specials" were all complete with the prescriber details.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. The driver's delivery books were laid out to avoid potential breaches of confidentiality. People signing for their delivery were unable to see other people's personal details. Completed prescriptions in the prescription retrieval system were out of sight of people waiting at the counter. Confidential waste was kept separate from general waste and shredded onsite. A privacy notice was on display.

There were safeguarding procedures in place and contact details of local referring agencies were seen in a folder kept in the pharmacy. The pharmacist had completed level 2 safeguarding training, and the rest of the team understood the signs to look out for. All staff were dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are well-trained and have a good understanding of their roles and responsibilities. They work well as a team and feel able to make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There were three medicines counter assistants (MCAs), one of whom was the shop manager, and the RP on duty during the inspection. This appeared to be appropriate for the workload and everyone was working well together. In the event of staff shortages, other team members would increase their hours or the pharmacist could call upon the Saturday staff to help where possible. One member of staff was accredited as a Health Champion.

Training records were seen confirming that all staff had completed the required training, and there were certificates on display. Each member of staff was able to access various training modules from Alphega (a pharmacy support organisation) and there were also records kept showing the results of the monthly mystery shopper visits. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. They described how they would refer to the pharmacist if necessary.

All were seen asking appropriate questions when responding to requests or selling medicines. The pharmacist confirmed that he was comfortable with making decisions and did not feel pressurised to compromise his professional judgement. Team members were involved in open discussions about their mistakes and learning from them. Team members said that they could raise concerns and although they weren't sure about a whistleblowing policy, they knew who to contact if they needed to. There were no targets in place so did not impact upon the professional judgement of the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and professional environment for people to receive its services. And its premises are secure when the pharmacy is closed

Inspector's evidence

The pharmacy premises were clean, tidy and in a good state of repair with step-free access and a wide entrance door. There was a small but well organised dispensary, providing enough space to work safely and effectively, and the layout was suitable for the activities undertaken. There was a clear workflow in the dispensary. The dispensary sink had hot and cold running water, and handwash was available. The pharmacist pointed out that he always kept a stock of spare ceiling tiles so that if any became stained, they could be immediately replaced in order to maintain the professional appearance of the pharmacy. The sales floor was very well organised, clean and tidy, and one of the MCAs explained how they tidy up and fill the shelves every morning before they get too busy. This created a positive first impression for people entering the pharmacy.

There was a consultation room available for confidential conversations, consultations and the provision of services. The door to the consultation room was not kept locked when the room was not in use, but access was restricted by a flexible barrier beside the medicines counter. There was a sink with hot and cold running water and a password-protected PMR terminal in the room.

There was a basement stockroom with a separate staffroom and toilet areas which were clean and well maintained. Room temperatures were appropriately maintained by a combined heating and air-conditioning unit, keeping staff comfortable and suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all of the medicines it supplies are fit for purpose. Although the pharmacy generally makes appropriate checks when it dispenses prescriptions for high-risk medicines, it doesn't always record those checks. This may make it harder for it to show what it has done if a query arises in the future. The pharmacy responds well to drug alerts or product recalls to ensure that people only get medicines or devices which are safe.

Inspector's evidence

A list of pharmacy services was displayed in the shop window and there was also a range of health information leaflets in a display stand near the front door. This display stand also served to highlight health promotion events in accordance with the pharmacy's accreditation as a healthy living pharmacy (HLP). This was kept up to date by the health champion.

Controls were seen to be in place to reduce the risk of picking errors, such as highlighting those medicines considered to be vulnerable to errors. They used colour-coded baskets to keep individual prescriptions separate, and to highlight those waiting for collection and those for delivery. Prescription labels were initialled to show who had dispensed and checked them. Owings tickets were in use when medicines could not be supplied in their entirety. Patients were referred back to their GP or another pharmacy if the pharmacy was unable to obtain their medicine.

Completed prescriptions for CDs were highlighted with a CD sticker so that staff would know that they needed to look for a bag in the CD cupboard. Schedule 3 CDs were also stickered. Schedule 4 CDs were not highlighted so the pharmacist agreed to find ways of reducing the risk that they may be handed out after the prescriptions had expired. The manager explained that they cleared the retrieval shelves once a month and that any expired Schedule 4 CDs still awaiting collection were removed. Fridge lines in retrieval awaiting collection were highlighted so that staff would know that there were items to be collected from the fridge.

Compliance aids were dispensed at the rear of the dispensary, facing away from distractions. There was a folder with separate individual files containing records of each person's medication, when they were taken, any known allergies, any discharge information from the hospitals and contact details. Changes were recorded in the file and also on the patient's PMR. Medication times were checked, and any discrepancies were followed up before dispensing. The compliance aids were always sealed as soon as they were assembled ready for the pharmacist to complete the final check. Compliance aids were seen to include product descriptions on the backing sheet, and patient information leaflets (PILs) were always supplied with the first week's supply of a four-week cycle. There were also a number of compliance aids ready for delivery to individual patients. Warfarin and alendronic acid were supplied separately.

The RP was aware of the risks involved in dispensing valproates to women in the at risk group, and all such patients were counselled and provided with leaflets and cards highlighting the importance of having effective contraception. Patients on warfarin were asked if they knew their current dosage, and whether their INR levels had been recently checked. These interventions were not recorded and the

figures themselves were not routinely asked for. Upon reflection the RP agreed that he would start asking for this information and recording the intervention on their PMR system. Patients taking methotrexate and lithium were also asked about blood tests. There were yellow warfarin books, lithium record cards and methotrexate record cards available to offer patients who needed them.

Medicines were obtained from licensed wholesalers including AAH, Alliance, Phoenix Colorama. Unlicensed "specials" were obtained from Alliance or Thame laboratories (Colorama). The pharmacy had the scanners and software necessary to comply with the Falsified Medicines Directive (FMD) but they were not yet working properly.

Routine date checks were seen to be in place, and record sheets were seen to have been completed. Stock with a shelf life of less than three months was recorded and stickered then disposed of upon expiry. Opened bottles of liquid medicine were annotated with the date of opening, and there were no plain cartons of stock seen on the shelves. No boxes were found to contain mixed batches of tablets or capsules.

Fridge temperatures were recorded daily and all seen to be within the 2 to 8 Celsius range. The RP explained how he would note any variation from this and check the temperature again until it was back within the required range. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines. There was a fridge manual present for instructions on resetting fridge thermometer.

Patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. There was no list of hazardous medicines and no separate purple-lidded hazardous waste container present. Patients with sharps were signposted to the local council for disposal. Denaturing kits for the safe disposal of CDs were available for use. The pharmacy received drug alerts and recalls from the MHRA, copies of which were seen to be kept in a file. Each alert was annotated with any actions taken, the date and initials of those involved. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is properly maintained. The pharmacy keeps people's private information safe.

Inspector's evidence

The pharmacy has the necessary resources required for the services provided, including the consulting room itself, a range of crown stamped measuring equipment, counting triangles (including a separate one for cytotoxics), reference sources including the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source.

The blood pressure meter was replaced every two years, and the current one was less than a year old. Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens are positioned so they are not visible to the public.

Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They were not left on the premises overnight. Confidential information was kept secure and items awaiting collection were not visible from retail area

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.