

Registered pharmacy inspection report

Pharmacy Name: Exley Pharmacy, Unit 4 Exley Centre, Belgrave,
TAMWORTH, Staffordshire, B77 2LA

Pharmacy reference: 1037106

Type of pharmacy: Community

Date of inspection: 27/08/2019

Pharmacy context

This is a quiet community pharmacy located in a parade of local shops in the residential of Belgrave; an area around three miles from Tamworth town centre. People using the pharmacy are generally from the local community. The pharmacy primarily dispenses NHS prescriptions and provides some other NHS funded services. The pharmacy team dispenses some medicines into weekly packs for people that can sometimes forget to take their medicines.

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 effectively manages the risks associated with the services to make sure people receive appropriate care, and it protects people's private information. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them. And they make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs had been prepared and reviewed by the owner on various dates, although it was not always clear whether this date indicated when the SOP had been reviewed or when it was due for review. Signature sheets were used to record staff training. Pharmacy staff were seen to have read and signed SOPs some of the SOPs specific to their job role although there were some gaps. For example, two members of staff that were working in the dispensary had not signed the labelling and assembling SOP, which was a core part of their role. Roles and responsibilities of pharmacy staff were highlighted within the SOPs.

A near miss log book was used and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. The responsible pharmacist (RP) explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. The near miss log was reviewed for patterns and trends and these were recorded on the annual patient safety submission as part of the NHS Quality Payment Scheme (QPS). The RP also reviewed the near misses on an ongoing basis and used 'select with care' style stickers on the pharmacy shelves to highlight medicines prone to picking errors when dispensing. The RP had been the pharmacy manager for approximately 12 months and was unaware of any dispensing error that had occurred since he had started. There was an SOP for errors and the RP said he would telephone the owner if an error was reported to him.

The members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to medicine sales and responsible pharmacist absence correctly.

The complaints, comments and feedback processes were explained to people in the practice leaflet. People could give feedback to the pharmacy team in several different ways; verbal, written and the annual NHS CPPQ survey. The pharmacy team tried to resolve issues that were within their control. They had noticed a large increase in the number of prescriptions dispensed which they explained was due to a focus on patient care over the past 12 months and positive word-of-mouth feedback.

The pharmacy had up to date insurance arrangements in place. The Responsible Pharmacist (RP) notice was clearly displayed and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A CD balance check was completed monthly and a random balance check matched the balance recorded in the register. A balance check for methadone was done every week and the manufacturer's overage added into the running balance. A patient returned CD register was used. Private prescriptions were recorded in a record book and were complete. Specials records were maintained with an audit trail from source to supply. Medicine Use Review (MUR) consent forms were signed by the person receiving the service. An audit trail for home deliveries was kept and people were

required to sign on receipt of a home delivery.

Pharmacy staff had signed an information governance (IG) policy. Confidential waste was stored separately to normal waste and shredded. No confidential information could be seen from the customer area. The pharmacy staff had NHS Smartcards and confirmed that their passcodes were not shared. Verbal or written consent was obtained before the RP accessed NHS Summary Care Records (SCR) and this was used when supplying medicines using the NHS urgent supply service (NUMSAS). Pharmacy staff answered hypothetical safeguarding questions correctly. The RP had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding and the company safeguarding policy and the details for the local safeguarding team were in the SOP folder.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members plan absences in advance, so they always have enough cover to provide the services. Team members have access to training courses, but the pharmacy does not have a structured approach to learning and development, so it may not always identify gaps in their skills and knowledge. Team members work well together and can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacy manager (RP at the time of the inspection), a medicine counter assistant (MCA) and two trainees. The trainees were not enrolled on training courses that met the GPhC minimum training requirements for the tasks they were undertaking. This was rectified by enrolling both members of staff on an accredited medicine counter assistant course and reviewing their roles so that they would not undertake activity that required them to be enrolled on a dispensing assistant course. The pharmacy manager had been concerned that he did not have a dispensing assistant, so the trainees had been working in the dispensary to support him. The pharmacy manager explained that he had discussed the possibility of recruiting a dispensing assistant or pharmacy apprentice to work in the dispensary and this would need to be discussed again because of the inspection. The pharmacy staff managed the workload well throughout the inspection and prioritised various tasks dependent on staffing levels.

Requests for holiday were made in advance and authorised by the pharmacy manager to ensure there was enough cover available. The pharmacy manager checked the holiday planner in advance and asked staff to change their shifts or work overtime to manage any gaps in the schedule.

The MCA kept her knowledge up-to-date by reading monthly Counterskills training guides and pharmacy trade magazines. The MCA explained that the owner was planning to launch an e-Learning programme for the team, so they had access to additional training materials. The pharmacy manager had held informal appraisals with the team members when he had started working at the pharmacy but had not documented this.

The team worked well together during the inspection and were observed helping each other. Pharmacy staff had regular discussions to communicate messages and updates. The pharmacy staff said that they could discuss any ideas, concerns or suggestions and would speak to the pharmacy manager, head office or owner if they had any concerns. The pharmacy was associated with other local pharmacies through the owner being a director and superintendent of other pharmacies. This meant the team had a list of other pharmacies to contact if they needed support and that they had a head office for queries.

The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. Targets were in place for services and the RP explained that he would use his professional judgement to offer services, such as, MURs when he felt that they were appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. It has a consultation area to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy was smart in appearance and suitably maintained. Any maintenance issues were reported to the owner or head office. The dispensary was compact, but an efficient workflow was seen to be in place and workbench space in the stock room was used to store prescriptions waiting to be accuracy checked. A stock room was used for pharmacy consumables, dispensing and prescription storage.

There was a private consultation space available to patients. The consultation space was accessed through the dispensary and was also used as a staff rest area and for stock storage. The pharmacy manager and owner were in the very early stages of researching the possibility of running a travel clinic from the pharmacy and they were planning to convert the stock room into a consultation room for the service.

The pharmacy was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. The sink in the dispensary and staff area had hot and cold running water, hand towels and hand soap available. The temperature in the dispensary felt slightly warm during the inspection, but it was a particularly hot day. Lighting was adequate for the services provided. Prepared medicines were held securely within the dispensary and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions. And the pharmacy team supports members of the public that may forget to take their medicines by placing them into weekly multi-compartment compliance packs.

Inspector's evidence

The pharmacy had a small step at the entrance from the shopping precinct, but a member of staff was available to assist customers with the front door. A very limited home delivery service was available for people that could not access the pharmacy. There was a small seating area available for people that were waiting for their prescription. A range of pharmacy leaflets explaining each of the services was available for customers. The pharmacy staff used local knowledge and the internet to refer people to other providers of services the pharmacy did not offer.

Dispensing baskets were used to keep medication separate. A dispensing audit trail was seen to be in place for prescriptions through the practice of staff signing their initials on the dispensed and checked by boxes provided on medicine labels. The RP was occasionally required to self-check prescriptions and took a mental break by dispensing and checking as separate processes and leaving as long as possible between the two stages.

Multi-compartment compliance packs were dispensed and prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. Each person had a record sheet to log how they wanted each medicine packed. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication, an audit trail for who had been involved in the dispensing and checking process and patient information leaflets (PILs) were included with each monthly supply.

The pharmacy offered a prescription collection service and various options were available dependent on what the person preferred. The pharmacy kept a list containing the items that the person had requested and chased any outstanding items ahead of the person returning to pick up their prescription. People that used the 'managed' system were contacted before their order was placed to reduce the possibility of over-ordering.

Prescriptions containing NPSA high risk medicines had 'refer to pharmacist' style stickers attached so the patient could be counselled when the prescription was handed out. Records of counselling, such as INR levels for warfarin, were recorded on the PMR system. The RP had audited the PMR for sodium valproate supplies and counselled the patients that required a pregnancy prevention plan. Various materials to support sodium valproate counselling were available. Stickers and annotations were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding.

Date checking was carried out every three months and short dated stock was marked. Medicines were

obtained from a range of licensed wholesalers and a specials manufacturer. Medicines were stored in an organised manner on the dispensary shelves. All medicines were stored in their original packaging. Most split liquid medicines were marked with the date of opening. The pharmacy was not compliant with the Falsified Medicines Directive (FMD). Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy was alerted to drug recalls via emails from head office and the RPS. A record of recalls was seen but recalls were only printed if they had the medicine in stock.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day were in place. Substance misuse prescriptions were dispensed in advance of the patient coming to collect them. This reduced work load pressure and the risk of dispensing incorrect doses when the patient came to collect the prescription. Assembled substance misuse prescriptions were stored in the CD cabinet. There was a medical fridge used to hold stock and assembled medicines. The medicines in the fridges were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were usually working within the required temperature range of 2°C and 8°Celsius. The actual temperature during the inspection was above 8°Celsius and the RP explained that he thought the thermometer was faulty rather than there being an issue with the fridge. The thermometer was reset, the probe repositioned, and the fridge temperature dropped to within the required range. The RP agreed to monitor the fridge temperature and speak to the owner if was concerned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely, and the team uses in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were used for the preparation of methadone. Counting triangles were available. The pharmacy did not have a separate marked triangle to use when dispensing cytotoxic medicines and did have loose methotrexate tablets. The RP agreed to order a triangle to rectify this. Screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.