

Registered pharmacy inspection report

Pharmacy Name: Harbury Pharmacy, High Street, Harbury,
LEAMINGTON SPA, Warwickshire, CV33 9HW

Pharmacy reference: 1037775

Type of pharmacy: Community

Date of inspection: 14/08/2019

Pharmacy context

This community pharmacy is on a high street in Harbury Village. It has been under the same ownership for the past fifteen years. Most of the NHS prescriptions it dispenses are generated by the local surgery nearby. The pharmacy offers Medicines Use Reviews, the New Medicine Service (NMS) and dispenses medications in multi-compartment compliance packs to people who have difficulty in managing their medicines. It also offers a prescription delivery service upon request and influenza vaccinations seasonally.

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	1.2	Good practice	Members of the pharmacy team monitor the safety and quality of the pharmacy services they provide so that they can improve and further protect people's safety.
		1.8	Good practice	The pharmacy team members know their responsibilities to protect vulnerable people. And they are able to take appropriate actions in the event of a concern.
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 safe and effective working practices. It manages risks appropriately by recording and reviewing any mistakes its staff makes. And it keeps people's private information safe. It asks people for their views and uses their feedback to improve its services where possible. It keeps the records required by law to ensure that medicines are supplied safely and legally. The pharmacy has safeguarding procedures and its team members understand how they can help to protect vulnerable people.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) for the services provided. Members of the pharmacy team had read and signed the SOPs. A responsible pharmacist (RP) notice was prominently displayed and members of the pharmacy team were clear on the tasks they could or could not undertake in the absence of an RP. And their roles and responsibilities had been defined within the SOPs.

The pharmacy had systems to review the safety and quality of its pharmacy services. Near misses were consistently recorded and reviewed to help identify emerging trends. The superintendent pharmacist (SI) explained the procedure to record and report dispensing errors, and this included submitting reports to the National Pharmacy Association (NPA) and the National Reporting and Learning System. The SI said that the pharmacy's most recent dispensing error was in September 2018. The incident had been fully documented and learning points had been identified and implemented. And the person's GP had been informed. Members of the pharmacy team had identified look alike and sound alike medicines and these were separated to minimise the risks of selection errors during the dispensing process. The pharmacy made use of NPAs Medication Safety Officer's reports to get patient safety updates and tips to help minimise patient safety incidents. The quarterly reports were printed and these were discussed during staff meetings to share learnings. Some of the recommendations made by the MSO's report such as separating various formulations of inhalers, eye drops and ear drops had been implemented.

The pharmacy's complaints procedure was prominently advertised and information about this was also included in the pharmacy's practice leaflet. Members of the pharmacy team conducted an annual patient satisfaction survey and the results of the most recent survey were posted on the NHS website and displayed in the pharmacy. The results were very positive overall and majority of respondents had rated the pharmacy as excellent. There was some feedback about not being provided advice on smoking cessation and the pharmacy was yet to identify how to address this feedback.

The pharmacy had appropriate indemnity insurance arrangements and the certificate was on display in the pharmacy. The RP records were up to date and complete. Records about controlled drugs (CDs) were kept in line with requirements and running balances were checked at the time of supply. A random balance check of an item during the inspection showed that the recorded balance matched the physical stock in the cabinet. CDs returned by people for disposal were recorded when received and denaturing kits were used for safe disposal. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

The pharmacy had an information governance policy and it was registered with the Information

Commissioner's Office (ICO). Members of the pharmacy team had completed training about the General Data Protection Regulation and had all signed confidentiality agreements. A privacy notice, chaperone policy and confidentiality policy were all prominently displayed in the pharmacy. The pharmacy's computers were password protected and members of the pharmacy team used their own NHS smartcards to download electronic prescriptions. Confidential waste shredded in the pharmacy. Prescriptions awaiting collection were stored securely and private information on them was not visible to people visiting the pharmacy.

A safeguarding policy and a list of key contacts for escalating safeguarding concerns were available. Members of the pharmacy team had all completed safeguarding training relevant to their job roles. And the dispenser could explain what to do or who they would make aware if she had concerns about the safety of a child or a vulnerable person. The SI shared an incident about a person with learning difficulties who had taken more than the recommended dose of a medicine. The SI had contacted the person's GP and other relevant agencies to see how best the person could be supported going forwards.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They work well together and they have the right skills to provide services safely and effectively. They are well supported by their superintendent pharmacist to undertake ongoing training to keep their skills and knowledge up to date.

Inspector's evidence

The SI normally worked at the pharmacy as the RP. His brother was employed to cover his days off and annual leave. A dispenser was also working at the time of the inspection. The pharmacy employed five part-time dispensers. They all covered various shifts and various days in the week. Members of the pharmacy team were working well together and they were managing their workload comfortably. All staff had appropriate qualifications for their roles and their training certificates were suitably displayed in the consultation room. This was the only pharmacy in the village and members of the pharmacy team had an excellent rapport with their customers. This was evident from the interactions observed during the inspection.

A member of the pharmacy team said that they were given regular feedback about their performance and felt comfortable about raising any concerns they may have, with the SI. There were no specific targets or incentives set.

Members of the pharmacy team were supported with ongoing training via the Virtual Outcomes online training, to help keep their skills and knowledge up to date. They had recently completed several training packages including oral health, allergy and safeguarding. They had also completed all the mandatory training required for the pharmacy to become a Healthy Living Pharmacy. Records of completed training were available in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are safe, secure, and adequate for the pharmacy's services.

Inspector's evidence

The retail area of the pharmacy was clean and tidy. And it had enough clear space to accommodate wheelchairs and prams. There was some seating available for people waiting for services. The dispensary was small. But space was generally well utilised and there was just about adequate storage and bench space to allow safe working. The pharmacy's non-public facing areas had not been refitted for some time. And this reflected in the appearance of some of its fixtures and fittings in the dispensary.

The sink in the dispensary for preparation of medicines was clean and had a supply of hot and cold running water. There were separate hand washing facilities for members of the pharmacy team. And they had adequate hygiene facilities. Antibacterial hand-wash and alcoholic hand gel were available. There was good lighting throughout the premises.

A consultation room was available for counselling and it was suitable for private conversations. The room was clean, advertised and protected against unauthorised access. The premises were lockable and secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people receive the advice and support they need to help them to use their medicines appropriately. The pharmacy gets its medicines from reliable sources and stores them properly. And it takes the right action if any medicines or devices are not safe to use, to protect people's health and wellbeing.

Inspector's evidence

The entrance to the pharmacy was at street level and step free. A range of leaflets and leaflets were on display providing information about various healthcare matters. Members of the pharmacy team used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. The pharmacy only offered a delivery service upon request and this was generally to housebound or vulnerable people. The SI said he preferred people to visit the pharmacy as this enabled members of the pharmacy to build a rapport with members of the local community and an opportunity to influence positive health outcomes for them.

Members of the pharmacy team used different coloured baskets during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing slips were issued to keep an audit trail when a prescription could not be fully supplied. Dispensing labels were initialled by members of the pharmacy team to keep an audit trail of which staff member had been involved in these stages.

The SI was aware of the valproate pregnancy prevention programme and had briefed members of the pharmacy team about the current valproate guidelines. He knew which people needed to be provided with additional advice about its contraindications and precautions. Patient information leaflets and guides were available in the pharmacy. Prescriptions for higher-risk medicines were highlighted to the dispensing team for them to give appropriate advice to people when these were handed out. The SI said members of the pharmacy team routinely asked people about therapeutic monitoring (INR) levels when dispensing warfarin prescriptions and they were recorded on people's medication records and evidence about this was provided.

The pharmacy supplied medicines in disposable multi-compartment compliance packs to a handful of people who had difficulties in managing their medicines. These were labelled with descriptions to enable identification of the individual medicines. The dispenser said patient information leaflets were normally supplied every month. A master sheet was kept for each person receiving the packs showing their current medication and dosage times, and these were checked against the prescriptions before dispensing. Any anomalies were queried with the person's prescriber.

Medicines were obtained from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Medicines were generally stored in an orderly fashion and pharmacy only (P) medicines were stored out of reach of the public. The pharmacy was compliant with the Falsified Medicines Directive (FMD) and members of the pharmacy had all signed the FMD SOPs. But the SI said that they were coming across a lot of medicines that did not the unique identifier 2D barcodes and hence unable to scan all the medicines.

Expiry date checks on stock medicines were carried out every three months, and a record was maintained. Short-dated stock was highlighted for removal at an appropriate time. Liquid medicines with limited stability were marked with opening dates. Medicines requiring refrigeration were stored between 2 and 8 degrees Celsius. Temperatures were checked and recorded each day. All CDs were stored appropriately. Designated bins were available to store waste medicines. And denaturing kits were available to denature waste CDs safely. Prescriptions for CDs were marked with their validity dates to ensure these were not handed out after the prescriptions were no longer valid. The pharmacy had processes in place to deal with safety alerts and drug recalls. Records of these and the actions taken by members of the pharmacy team were recorded and kept in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the facilities and equipment to deliver its services safely and effectively.

Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. The pharmacy's computers were password protected and computer terminals were not visible to customers visiting the pharmacy. Confidential waste was appropriately managed, and consultation rooms were available for private conversations and services. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

A range of clean crown-stamped glass measures and equipment for counting loose tablets and capsules was available at the pharmacy. And all electrical equipment appeared to be in good working order.

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.