

Registered pharmacy inspection report

Pharmacy Name: Ivens Dispensing Chemist, 6-7 Market Corner,
LEAMINGTON SPA, Warwickshire, CV31 3BH

Pharmacy reference: 1037776

Type of pharmacy: Community

Date of inspection: 03/07/2019

Pharmacy context

This is an independent community pharmacy and is one of several pharmacies owned by the same local company. It is located in a residential area of Leamington Spa. It dispenses prescriptions, sells a range of over-the-counter medicines and dispenses medicines in multi-compartment compliance packs to some people who need help in managing their medicines at home. The pharmacy has a small number of people who receive instalment supplies for substance misuse treatment. And it also provides a prescription delivery service mainly to people who are unable to come into pharmacy to collect 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 has written instructions to help make sure that its services are delivered safely. And members of the pharmacy team generally follow safe practices. They records their mistakes so that they can learn from them. They keep the records required by law and they keep people's private information securely. But the pharmacy's written instructions have not been reviewed recently. So, this could mean that they do not reflect current best practice.

Inspector's evidence

The pharmacy had a range of written standard operating procedures (SOPs) and these were last reviewed in May 2017, at which time all members of the pharmacy team had signed the training records. The pharmacy's SOPs had not been updated recently and did not include information such as recent changes in the legal classification of gabapention and pregabalin, the General Data Protection Regulation (GDPR), and the Falsified Medicines Directive (FMD).

A Responsible Pharmacist (RP) notice was prominently displayed and a member of the pharmacy team was clear about the tasks she could or could not undertake in the absence of a RP. The pharmacy had systems to review the safety and quality of its pharmacy services. The pharmacy manager described some of the actions taken to prevent risks in the dispensing process, such as separating look-alike and sound-alike medicines. Dispensing errors and near misses were recorded and reviewed to help identify emerging trends. The pharmacy manager said very few near misses or dispensing errors occurred in the pharmacy as the volume of dispensing was low and he normally incorporated a mental break between labelling, dispensing and checking prescriptions. And he was able to prioritise his workload effectively. He also ensured that medicines were always stored in an organised fashion to minimise picking errors when dispensing prescriptions.

The pharmacy had a complaints procedure and information about this was advertised in the pharmacy. Feedback from the patient survey conducted in 2018 was posted on the NHS website and 95% of respondents were satisfied with the service provided by the pharmacy. There was some feedback about inadequate seating and the pharmacy had increased the number of chairs available for people waiting for services.

The pharmacy's records about RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were kept in line with requirements. CD running balances were kept and audited at regular intervals. The balance of a CD checked at random matched the recorded balance in the register. CDs that people returned were recorded in a separate book when they were received.

Members of the pharmacy team had all signed confidentiality agreements and confidential waste was segregated and taken to the tip where there was facility for secure disposal. The pharmacy was registered with the Information Commissioner's Office. Access to the pharmacy's computer was password protected and they were positioned away from public view. Completed prescriptions were stored appropriately and people's personal details were not visible to members of the public visiting the pharmacy. The pharmacy had also completed this year's NHS information governance tool kit. But the pharmacy's privacy notice was not advertised in the pharmacy. So, people may not be fully aware of how the pharmacy manages their private information.

The pharmacy had procedures about safeguarding vulnerable people and the pharmacy manager had completed Level 2 safeguarding training. Contact details for local safeguarding agencies were available for members of the pharmacy team to escalate any concerns. The pharmacy had appropriate indemnity insurance arrangements and an in-date certificate was on display in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team have the appropriate skills and qualifications for their roles. They are supportive of each other and work well together. And they have resources to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy manager who worked at the pharmacy on a regular basis was the RP at the time of the inspection. Also present was a part-time medicine counter assistant (MCA). The owner of the pharmacy covered the RP's annual leave. The pharmacy was not open over weekends.

Members of the pharmacy team were working well together and were managing their workload comfortably. The workflow in the dispensary was organised and people visiting the pharmacy were acknowledged promptly. And their prescriptions were processed in a timely manner.

The pharmacy manager said he gave regular feedback to the MCA about her performance and she had access to counter skills booklets and trade magazines to help keep her skills and knowledge up to date.

The MCA was observed using the WWHAM protocol when selling pharmacy-only medicines to ensure these were sold safely and were suitable for people requesting them. She said she would refer to the pharmacist if in any doubt. She was aware that codeine products could be abused and said she would refer people making repeat requests to the pharmacist.

The MCA said she would feel comfortable raising any concerns with the pharmacy manager or the owner of the pharmacy for whom she had worked for a number of years. No performance targets were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are safe, secure, and adequate for the pharmacy services it provides.

Inspector's evidence

The pharmacy appeared dated and some of its non-public facing areas had not been refitted for some time. And this was reflected in the appearance of some of its fixtures and fittings. But it was kept clean and tidy. There was adequate storage and bench space available to allow safe working. Stock medicines were stored in an organised fashion.

A consultation room was available for counselling and private conversations. The room was clean, advertised and protected against unauthorised access. The sink in the dispensary was clean and had a supply of hot and cold water. Antibacterial hand-wash and alcoholic hand gel were available. There were separate handwashing facilities available and members of the pharmacy team had access to adequate hygiene facilities. The levels of ventilation, room temperature and lighting were appropriate during the visit. The premises were lockable and secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services effectively. People receive the advice and support they need to help them take their medicines safely. The pharmacy obtains its medicines from appropriate suppliers. And it generally takes the right actions if any medicines 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 was step free. The retail area of the pharmacy was clear of slip or trip hazards and could accommodate wheelchairs and prams. And there was some seating available for people waiting for services. A range of leaflets and posters were on display providing information about various healthcare matters.

The pharmacy manager used his local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. He could speak to people in several languages including Urdu and Punjabi. The pharmacy offered a prescription delivery service mainly to housebound and vulnerable people. And signatures were obtained from recipients to show that medicines had reached the right people.

The workflow in the pharmacy was well-organised and different coloured baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing slips were issued to provide an audit trail when a prescription could not be fully supplied.

The pharmacy supplied medicines in disposable multi-compartment compliance packs to people who had difficulties in managing their medication. The pharmacy kept records for everyone who received compliance packs, and these listed the medicines and administration timings. Prescriptions were checked against these records and any anomalies were raised with the surgery. Descriptions of individual medicines contained within the compliance packs and a dispensing audit trail were both present on the packs checked. Patient information leaflets were supplied routinely with these packs. The service was well organised and mainly managed by the pharmacy manager.

The pharmacy manager was aware of the valproate pregnancy prevention programme and knew which people needed to be provided with additional advice about its contraindications and precautions. The pharmacy did not have any people in the at-risk group. Educational material was available for supply to people when valproate was dispensed.

The pharmacy did not have a specific system to mark higher-risk medicines or CD prescriptions. The pharmacy manager said that he personally handed out all completed prescriptions to people and ensured appropriate advice was given when necessary. He was aware that all CD prescriptions had the 28-day legal limit including pregabalin and gabapentin. He was also aware of ensuring people who were prescribed warfarin had regular blood tests. And he recorded their INR levels on patients' medication records where possible.

Medicines were obtained from licensed wholesalers and unlicensed specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy-only medicines

were stored out of reach of the public.

At the time of the inspection, the pharmacy was not yet compliant with the FMD. The pharmacy manager said that he had discussed the FMD with the owner of the pharmacy but was not sure exactly when the pharmacy was planning to implement this. After the inspection, the Inspector contacted the superintendent pharmacist (SI) for further clarification. The SI said he was looking into which companies provided the most cost effective system and was considering the financial implications this would have on the pharmacy.

Medicines requiring cold storage were kept in a pharmaceutical refrigerator and stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily. All CDs were stored in line with requirements. The pharmacy had denaturing kits available to dispose of waste CDs safely. Other medicines returned by people were segregated into designated bins and disposed of appropriately.

Medicines were date checked at regular intervals and the checks were recorded. Short-dated medicines were marked so that they could be identified and removed at an appropriate time. The pharmacy had a process to deal with safety alerts and medicines recalls. Records of these and the actions taken by the pharmacy manager were kept in the pharmacy to provide an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs for the services it provides.

Inspector's evidence

The pharmacy manager had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and computer terminals were not visible to customers visiting the pharmacy. A consultation room was available for private conversations and counselling. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

Equipment for counting loose tablets and capsules was clean. And a range of clean crown-stamped glass measures were available at the pharmacy with some reserved only for dispensing methadone mixture, to avoid cross contamination. 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.