

Registered pharmacy inspection report

Pharmacy Name: Magson Pharmacy, 29 Leicester Street, Bulkington, NUNEATON, Warwickshire, CV12 9NQ

Pharmacy reference: 1037800

Type of pharmacy: Community

Date of inspection: 04/03/2020

Pharmacy context

This is a community pharmacy located along a parade of shops in the village of Bulkington, in the district of Nuneaton in Warwickshire. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS) and seasonal flu vaccinations. The pharmacy supplies medicines inside multi-compartment compliance packs to people in their own homes if they find it difficult to manage their medicines. And, it supplies medicines to people in a residential home.

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	1.2	Good practice	The pharmacy routinely monitors the safety and quality of its services. It has appropriate procedures in place to help minimise the chance of errors happening. And staff regularly record and review incidents. This helps them to learn from their mistakes.
2. Staff	Good practice	2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out. The team works well together to ensure all of the pharmacy's routine tasks are regularly completed.
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. The pharmacy's team members are provided with several resources to keep their skills and knowledge up to date. And they are able to make suggestions to streamline the pharmacy's internal processes.
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 operates in a safe manner. Members of the pharmacy team regularly monitor the safety of their services by recording their mistakes and learning from them. The team can protect people's private information and the welfare of vulnerable people. The pharmacy also maintains its records in accordance with the law.

Inspector's evidence

The pharmacy was well-managed and organised. It had enough staff present to safely manage its services and its services were largely delivered in a safe manner. The pharmacy held a range of documented standard operating procedures (SOPs) to support its services. The pharmacy team's roles and responsibilities were defined within the SOPs and staff had signed to confirm that they had read them. The SOPs were dated from 2017 and the responsible pharmacist (RP) explained that a new set of SOPs were due to be provided by the company's head office. Team members understood their roles and responsibilities and knew the activities that were permissible in the absence of the RP. The correct RP notice was on display at the pharmacy's front entrance and this provided people with the details of the pharmacist in charge of operational activities on the day.

The pharmacy's dispensing activities took place in two separate dispensaries. The main dispensary located behind the retail area was used to process the bulk of the pharmacy's processes. There was also a spacious dispensary located upstairs where medicines were supplied inside multi-compartment compliance packs. Staff and the RP worked in separate areas. Different members of the pharmacy team were involved in each of the separate processes; one person processed prescriptions to generate labels, another selected the stock and a third dispensed the prescriptions. Staff explained that this helped reduce the likelihood of mistakes happening.

Members of the pharmacy team routinely recorded their near misses. There was a no blame culture in place. Staff explained that they looked to catch each other's mistakes during the dispensing process so that they could reduce the chance of any mistakes happening. The near misses were reviewed collectively every month by the RP and the company's head office. Look-alike and sound-alike (LASA) medicines were identified when these medicines were seen and highlighted. There were also generated reports seen about LASAs along with risk assessments that had been completed. Staff had read and signed the former to help raise their awareness. Team members also explained that people from their head office came and spoke to them about any trends or patterns being seen.

The pharmacy informed people about its complaints procedure which was on display in the retail area. There was also a documented complaint's process available. The RP handled incidents and his process was in line with the latter. This involved apologising, checking details, rectifying the situation, assessing the level of harm and informing the GP if anything had been taken incorrectly. Details were also recorded, and information passed to the National Reporting and Learning System (NRLS). In response to incidents, the pharmacy reviewed its internal processes and reinforced SOPs or amended them as required. Previous records of incident reports were seen to verify this.

Staff explained that no confidential material was left within areas that faced the public. They ensured computer terminals were locked after use and had faced details on dispensed prescriptions away from

the retail space. This helped minimise the risk of unauthorised access. There was information on display to inform people about how their privacy was maintained. Confidential waste was separated before it was shredded or disposed of through the company. The pharmacy held SOPs and details about information guidance as guidance for the team. Summary Care Records had been accessed for emergency supplies and verbal consent was obtained for this.

The pharmacy's chaperone policy was on display. Staff had been trained to identify signs of concern to safeguard the welfare of vulnerable people. This was through an online learning platform and their certificates for this were seen. They would inform the RP in the event of a concern. The pharmacist was trained to level two through the Centre for Postgraduate Pharmacy Education (CPPE). The pharmacy also held details for the local safeguarding agencies.

The pharmacy's records relating to its services were routinely kept in accordance with statutory requirements. The records checked included records about unlicensed medicines, emergency supplies, private prescriptions, the RP record and registers seen for controlled drugs (CDs). Balances for CDs were checked frequently. On randomly selecting CDs held in the cabinet, their quantities matched the balances that were recorded in the corresponding registers. The maximum and minimum temperatures for the fridge were checked every day and records had been maintained to verify that they remained within the required temperature range. Staff kept a complete record of CDs that had been returned by people and destroyed at the pharmacy. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association and this was due for renewal after 31 May 2020.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are suitably trained for their roles. They understand their responsibilities well. And ensure that the pharmacy is up to date with routine tasks. The pharmacy's team members are provided with a range of online resources to complete as part of their ongoing training. This helps keep the team's knowledge and skills up to date. And they are confident about putting forward suggestions to improve the pharmacy's internal processes.

Inspector's evidence

The pharmacy was sufficiently staffed to manage the workload during the inspection. Staff present included the regular pharmacist, three full-time trained dispensing assistants and a part-time medicines counter assistant (MCA). The pharmacy's team members were very experienced. Their certificates of qualifications were seen. The team wore name badges. Staff were observed working well as a team and taking on each other's roles and tasks when required. The team routinely ensured the pharmacy was up to date with routine tasks. They also described being able to improve internal processes. This included creating bespoke sheets which listed details about people receiving compliance packs (see Principle 4). This helped to easily and visually manage the workload.

Counter staff used an established sales of medicines protocol before medicines were sold over the counter and they referred appropriately to the RP. To assist the team with ongoing training needs, staff had access to resources from Numark, they completed modules from an online training platform (Virtual Outcomes) and from CPPE. They had time set aside at work to complete their ongoing training. They also used trade publications, read relevant literature and regularly took instructions from the RP. This helped to improve and keep their knowledge up to date. Staff progress was monitored formally through annual appraisals. Team members communicated verbally with one another with regular huddles taking place. There were no formal targets in place to complete services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for the delivery of healthcare services. The pharmacy is clean. And it has a private area for conversations and services to take place.

Inspector's evidence

The premises consisted of a medium-sized retail space and main dispensary behind this. There was plenty of additional space in the second dispensary that was located upstairs. This was used to dispense medicines inside compliance packs as described under Principle 1. The pharmacy therefore had plenty of space to safely provide its dispensing services. It was bright, well-ventilated and clean. The pharmacy's retail area was well presented. Pharmacy (P) medicines were stored behind the front counter. Staff were always within the vicinity and this helped restrict access by self-selection or unauthorised entry into the dispensary. A signposted, consultation room was present in the retail space for services and confidential conversations. The door was kept unlocked. There was no confidential information accessible. The room was of an adequate size for its intended purpose. The pharmacy was secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy has suitable processes in place to ensure its services are provided safely. The pharmacy's team members are helpful. They usually take extra care with people prescribed higher-risk medicines by identifying them and recording relevant information. This helps ensure that these people are provided with the appropriate advice. The pharmacy obtains its medicines from reputable sources. It generally stores and manages its medicines well. But the pharmacy cannot always show how it has considered the risks when some medicines are supplied inside compliance packs. This makes it difficult for it to show that these medicines are suitable to be supplied in this way. And that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

The pharmacy's opening hours were listed on the front door. There were several posters on display and a wide selection of leaflets available to provide information about other local services. Staff could signpost people to different providers of health from their own knowledge and from the documented information that was present. A few seats were available for people waiting for their prescriptions and there were some car parking spaces outside the pharmacy. People could enter the pharmacy through the wide, front door. This led into clear, open space inside the retail area. This helped people with wheelchairs or restricted mobility to easily use the pharmacy's services. Staff described facing people whose hearing was impaired, they spoke slowly and clearly for people so that they could lip-read. Physical assistance, medicine packs with braille or details were provided verbally for people who were visually impaired. Some members of the team spoke Punjabi, and this assisted people whose first language was not English.

The RP explained that the New Medicine Service (NMS) was valuable because this service had provided an opportunity to hold discussions with people about their medicines, identify side effects and effectively counsel or refer people appropriately. The pharmacy had completed the audits it was required to undertake. This included checking whether people prescribed non-steroidal anti-inflammatory drugs (NSAIDs) had been co-prescribed gastroprotection. The RP described serving a high proportion of people who were over 65, who had been prescribed NSAIDs and were at a higher risk of bleeding. The audit had helped identify some people who had not been co-prescribed gastroprotection. In response to the pharmacy's intervention, they were subsequently prescribed the appropriate medicine. An audit had also been completed to identify whether people prescribed lithium had been effectively monitored and were aware of the risks associated with this medicine. The RP explained that people who received this medicine from the pharmacy had been unaware and were counselled about the need to avoid dietary changes around sodium intake. They were also reminded of the need to maintain an appropriate amount of fluid intake.

Staff were aware of the risks associated with valproates and the pharmacy had completed an audit to identify if it had supplied this medicine to females at risk. People who could become pregnant were appropriately counselled if prescriptions were seen. There was also educational literature available to provide to people if required. For people prescribed higher-risk medicines, relevant parameters such as blood test results were routinely asked about and this information was recorded. This included asking about the International Normalised Ratio (INR) level for people prescribed warfarin. Residents in the care home or people receiving their medicines inside compliance packs usually received higher-risk

medicines separately (see below).

The pharmacy supplied medicines inside compliance packs if people who found it difficult to take their medicines. This was after the GP had initiated this and the RP had liaised with the parties involved. One member of staff was responsible for assembling them and had maintained comprehensive records about the process. Once prescriptions were received, staff cross-referenced details against individual records to help identify any changes or missing items. Queries were checked with the prescriber and maintained records to verify this. The compliance packs were stored under separate, labelled areas in the dispensary. This highlighted when the compliance packs were due so that other members of the team could easily locate them. All medicines were de-blistered and removed from their outer packaging before being placed into the compliance packs. They were not left unsealed overnight, descriptions of the medicines within them were provided and patient information leaflets (PILs) were routinely supplied. Mid-cycle changes involved either providing the medicine separately or retrieving the compliance pack, amending them, re-checking them and supplying new ones.

As described under Principle 2, the member of staff responsible for preparing compliance packs had created specific visual displays to help identify who received compliance packs and when they were due. This member of staff had also created comprehensive records to monitor when prescriptions required ordering and had been ordered, when they had been received, processed, assembled and checked. This helped the team to keep track of the workload. However, at the point of inspection staff described dispensing Pradaxa (dabigatran) inside the compliance packs for four weeks supply at a time. They stated that this had only very recently been initiated. This was at the request of the prescriber and they were in the process of ensuring it was safe to supply this medicine in this way. However, staff were unable to confirm the reference sources that had been used to verify whether this supply was appropriate. There were no details seen documented to confirm whether any relevant checks had been made with the manufacturers or if the person receiving this medicine had been counselled on the potential issues with its stability. Nor was there any evidence that the pharmacy had carried out any risk assessment. This was discussed at the time.

Medicines were supplied to the residents in the care home inside compliance packs. The pharmacy ordered prescriptions on behalf of the residents and obtained details of the repeat requests from the care home. On receiving the prescriptions at the pharmacy, they were checked against the requests to ensure all items had been received. Information about missing items was sent to the care home or checked with the prescriber if any medicines were still outstanding. Comprehensive audit trails had been maintained about conversations held with staff at the home. This also included retaining details when people had been discharged from hospital. Interim or mid-cycle items were dispensed at the pharmacy. PILs were routinely supplied. Staff had not been approached to provide advice regarding covert administration of medicines to the care home residents.

The pharmacy delivered dispensed prescriptions to people. There were records available to verify when this had taken place and to whom medicines had been supplied. CDs and fridge items were identified, and signatures were obtained from people when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy and notes were left to inform people about the attempt to deliver. The pharmacy did not leave medicines unattended.

During the dispensing process, staff used baskets to keep prescriptions and medicines separate. The baskets were also colour coded which helped highlight priority. A dispensing audit trail through a facility on generated labels helped to identify staff involvement in processes. Dispensed prescriptions awaiting collection were stored with prescriptions attached. Details about fridge items and CDs (Schedules 2 to 4) were identified to help staff to identify them. Uncollected prescriptions were checked every month.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, Lexon, Phoenix and Waymade. Staff were aware of the process involved with the European Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed, there were scanners present and guidance information for the team. The pharmacy team had been complying with the decommissioning process where possible. The pharmacy stored its medicines in an ordered manner. The team date-checked medicines for expiry every month and kept records to verify that the process had taken place. Medicines approaching expiry were highlighted. There were no date-expired medicines seen or mixed batches of medicines present. CDs were being stored in accordance with legislation. Drug alerts were received via email, the process involved checking for stock and taking appropriate action as necessary. There were records present to verify this. Medicines returned by people for disposal were stored within designated containers prior to their collection. However, there were no containers or a list available for staff to identify, separate and store hazardous and cytotoxic medicines. Sharps returned for disposal were accepted provided they were in sealed bins. Relevant details were taken about returned CDs and they were brought to the attention of the RP before being appropriately stored and destroyed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. Its equipment is clean. And the team uses them in a way which helps to protect people's privacy.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and clean equipment. This included standardised conical measures for liquid medicines, counting triangles and the dispensary sink for reconstituting medicines. There was hot and cold running water with hand wash available. The fridge used to store medicines was operating at appropriate temperatures. The CD cabinet was secured in line with legal requirements. Computer terminals were positioned in a manner that prevented unauthorised access. Staff held their own NHS smartcards to access electronic prescriptions and they were stored appropriately overnight. They also had individual passwords to access the pharmacy system. A shredder was available to dispose of confidential waste if required at the pharmacy. There were also cordless phones used which helped ensure conversations could take place in private.

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.