

Registered pharmacy inspection report

Pharmacy Name: Deakin Chemist, 10 & 12 Manor Court Road,
NUNEATON, Warwickshire, CV11 5HY

Pharmacy reference: 1037804

Type of pharmacy: Community

Date of inspection: 17/12/2020

Pharmacy context

The pharmacy is in a small parade of shops in a residential area. It mainly dispenses NHS prescriptions, sells a small range of over-the-counter medicines and supplies medicines in multi-compartment compliance packs to quite a few people who need assistance in managing their medication. The pharmacy offers a seasonal flu vaccination service and has a small number of people who receive instalment supplies for substance misuse treatment. This inspection was undertaken during the Covid-19 pandemic.

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 its services are delivered safely. Members of the pharmacy team keep the records required by law to ensure medicines are supplied safely and legally. The pharmacy keeps people's private information securely. And members of the team understand how they can help protect vulnerable people. They record mistakes made during the dispensing process. But the lack of detail in these records may limit their ability to review some of these incidents fully and may mean they miss opportunities to learn and improve their processes.

Inspector's evidence

A regular locum pharmacist was working at the time of the inspection and the correct responsible pharmacist (RP) sign was displayed in the pharmacy. The pharmacy had a set of current standard operating procedures (SOPs) and these had been read and signed by team members. Members of the pharmacy team were clear on the tasks they could not undertake in the absence of a RP.

Members of the pharmacy team kept records about mistakes that were detected before the medicines left the pharmacy (near misses). The near miss records looked at during the inspection were very limited and did not describe the actions taken to prevent the same error happening again. The records were limited to statements that the error was corrected or amended. This meant there was little evidence of individual reflection by team member involved with the error. Members of the pharmacy team had separated look-alike and sound-alike medicines such as amlodipine, amitriptyline, risperidone and ropinirole to minimise risks of picking errors during the dispensing process.

The pharmacy had a system to report mistakes that reached patients (dispensing errors). The technician said that dispensing errors were reported on an on-line form to the National Reporting and Learning System. An incident involving the incorrect supply of oxybutynin had been recorded and shared with the inspector. The record did not include any learning points or actions taken to prevent similar occurrences. Several recent incidents involving the incorrect supply of medicines in multi-compartment compliance packs had led to the overall review of dispensing procedures. The RP said that he had been involved in setting up a new system which involved keeping a robust audit trail of all staff members involved at each stage of the process and details of any discrepancies that had been followed up. Individual patient files had been created containing records of each person's current medication and how it was going to be supplied, i.e. whether in the compliance pack or as an original pack, administration times and any known allergies. The RP said that the revised procedures were working well, and the process was much more efficient.

The pharmacy had current indemnity insurance for the services provided. The pharmacy's controlled drug (CD) registers were kept in line with requirements, and running balances were checked periodically. A random check of the physical stock of a CD matched the recorded balance in the register. The pharmacy kept records of CDs returned by people for destruction in a separate register.

The pharmacy had considered some risks to the pharmacy team and members of the public using the pharmacy arising from the pandemic. A Perspex screen had been fitted along the medicines counter and a range of posters relating to Covid-19 health messages had been displayed by the entrance of the pharmacy. The retail area of the pharmacy was very limited. A one-way system had been created for people to enter and leave the pharmacy. Floor stickers had been placed in the public area of the

pharmacy to help make sure people maintained social distancing when waiting for services. The pharmacy was limiting the numbers of people entering the premises at any one time. Members of the pharmacy team had access to Personal Protective Equipment (PPE) and wore face masks when the inspector arrived in the pharmacy. Novel Covid-19 NHS guidance was available, but records of individual risk assessments could not be located.

The pharmacy's computer terminals were positioned away from public view and completed prescriptions were stored appropriately. And people's personal details were not visible to the public. Confidential waste was separated and collected by a waste contractor for safe disposal. Members of the pharmacy team used their own NHS smart cards to download electronic prescriptions.

The RP and the technician confirmed that they had completed a Level 2 safeguarding course and local details to escalate any safeguarding concerns were available in the pharmacy. The rest of the team members had read and signed safeguarding SOPs.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to cope with its current workload. Members of the pharmacy team work well together and have access to some resources to help keep their knowledge up to date. A more formal approach to recording ongoing training may help to identify and support any training needs.

Inspector's evidence

At the time of the inspection there was one regular locum pharmacist, one pharmacy technician, a trained dispenser, one medicine counter assistant (MCA) and a locum dispenser. The technician said that the pharmacy's regular MCA was self-isolating due to Covid-19 and the MCA from another branch was currently supporting the team to cover her absence. All members of staff had completed the relevant training for their roles.

The team appeared to work well together and were managing their dispensing workload adequately throughout the inspection. The technician said that she was well supported by the directors and felt comfortable to raise any concerns about the way the pharmacy operated. The RP said that he felt empowered by the owners of the pharmacy and was able to take professional decisions as they arose. The team demonstrated an awareness of medicines liable to misuse and could identify patients making repeat purchases. The MCA described how she would follow WWHAM protocol when selling over-the-counter medicines and refer to the pharmacist where appropriate. The technician said that she often received telephone enquiries from people wishing to buy codeine linctus over the counter. But the pharmacy did not stock any.

Members of the pharmacy team had access to trade magazines and journal articles to help keep their skills and knowledge up to date. But training records were not kept. There were no targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are adequate for the provision of pharmacy services. Members of the pharmacy team have considered some risks posed by the current pandemic and have implemented measures to help keep members of the public safe.

Inspector's evidence

The pharmacy was limited in size, but it was tidy and adequately maintained. There was enough lighting throughout, and the temperature was suitable for the storage of medicines. The dispensary was small but well organised. The dispensing benches were tidy, and the floor spaces were clear of any obstructions. The workflow was well organised and there was enough space to store medicines safely. The hygiene facilities were clean and handwashing facilities were available. The dispensary had a separate sink for the preparation of medicines, which was equipped with suitable cleaning materials. Members of the pharmacy team undertook housekeeping duties and they were observed to regularly wipe down dispensing work benches during the inspection.

The pharmacy's consultation room was private but very small. And it was accessible via the medicines counter. The technician said that the owners were planning to upgrade the consultation room and create a separate entrance via the public area of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its services effectively. It gets its medicines from licensed wholesalers. And it takes the right action in response to safety alerts and recalls, so that people are supplied with medicines and medical devices that are fit for purpose. Members of the pharmacy team identify higher-risk medicines and provide appropriate advice to help people use their medicines safely.

Inspector's evidence

The pharmacy was accessible to most people but there was a small step-up to enter the premises. Members of the pharmacy team said that they were mindful about the step and would assist people with mobility difficulties to access the pharmacy. Some of the services offered by the pharmacy were displayed in the window along with the opening hours and government health messages relating to the Covid-19 pandemic. Members of the pharmacy team used their local knowledge to signpost people to other healthcare providers to a service not provided by the pharmacy. A prescription delivery service was offered to people who found it difficult to visit the pharmacy. The RP described how demand for deliveries had increased during the pandemic. The delivery driver was currently not asking people to sign for their medicines, but the delivery sheet was annotated by pharmacy staff to provide an audit trail.

Members of the pharmacy team used baskets when assembling prescriptions. This helped them prioritise workload and reduce the risk of medicines getting mixed up. A dispensing audit trail was kept by initialling 'dispensed by' and 'checked by boxes' on the dispensing label. This helped identify team members who had undertaken each task. Owing notes were issued to provide an audit trail when prescriptions could not be fully supplied. The pharmacy provided substance misuse services to a handful of people. Early in the pandemic they had all been switched to weekly collections and were no longer being supervised while taking their medicine. Members of the pharmacy team were aware of the risks involved in dispensing valproates to women in the at-risk group. Appropriate information leaflets were on display and available to be handed out to people in the at-risk group when supplying valproate. People receiving warfarin treatment were required to submit their INR blood test results to the Prescription Ordering Direct service before a new prescription was generated. The RP said that appropriate advice was given to people when supplying warfarin and other high-risk medicines, but individual INR levels were not routinely recorded on patient medication records (PMR). Prescriptions for CDs not requiring secure storage were marked with their validity date to help minimise the risk of these being handed out after the prescription had expired.

The pharmacy supplied medicines in disposable multi-compartment compliance packs to a significant number of people who had difficulties in managing their medications. The packs were supplied either weekly or monthly depending on the person's needs. Prescriptions were cross-checked with individual record sheets to ensure all items prescribed were current and any interventions or changes to the person's regime were documented. Members of the pharmacy team were clear about the process to follow when dealing with mid-cycle changes. A pack checked during the inspection had an audit trail to show which staff members were involved at each stage of the process. And included the descriptions of medicines contained within each pack. The dispenser confirmed that patient information leaflets were routinely included with the packs.

The pharmacy ordered its medicines and medical devices from licensed wholesalers. Most medicines

were stored in their original containers, but they could have been better organised on the shelves. Members of the pharmacy team kept records of when stock medicines were date checked. Short-dated medicines were marked and removed at an appropriate time. Some stock medicines were checked during the inspection and no date-expired medicines were found on the shelves. Liquid medicines with limited stability were marked with opening dates to ensure they were fit for purpose when supplied to people. A large medical refrigerator in the dispensary was equipped with a thermometer. The fridge maximum and minimum temperatures were recorded daily, and records showed they were within the required range of 2 and 8 degrees Celsius.

All CDs were stored appropriately, and obsolete CD stock was separated from in-date stock. Denaturing kits for the safe disposal of CDs were available in the pharmacy. A process was in place for dealing with alerts and recalls about medicines and medical devices. Records of these and the action taken by the team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains its equipment and facilities adequately.

Inspector's evidence

Members of the pharmacy team had access to the internet and pharmaceutical reference sources. Glass calibrated measures were available for measuring liquid medicines. Separate measures were marked for use with CDs. Counting triangles were available for counting loose tablets and capsules. The pharmacy's computer screens were not visible from the public area of the pharmacy and its PMR were password protected. Prescriptions awaiting collection were stored securely to prevent people being able to view confidential information from the counter area. Hand sanitisers, cleaning materials and PPE were available for staff to use to help with infection control during the pandemic. The CD cabinets were fitted in line with statutory requirements. The cabinets had enough space to store dispensed items and CD stock. A medical refrigerator was clean and in good working order. All other 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.