

# Registered pharmacy inspection report

**Pharmacy Name:** Bosworth Pharmacy, Stables End Court, 9-11 Main Street, Market Bosworth, NUNEATON, Warwickshire, CV13 0JN

**Pharmacy reference:** 1037806

**Type of pharmacy:** Community

**Date of inspection:** 10/06/2019

## Pharmacy context

This community pharmacy is situated in a small shopping precinct next to a doctor's surgery. Most of its activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance aids to people who live in their own homes. Other services which the pharmacy provides include prescription deliveries to people's homes, MedicinesUse Reviews (MUR), the New Medicine Service (NMS), flu vaccinations under both private and NHS patient group directions (PGDs), and private PGDs for salbutamol and erectile dysfunction.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages the risks associated with the provision of its services. It learns from its mistakes. The pharmacy keeps the records required to make sure that medicines are supplied safely and legally. It asks customers for their views and manages people's personal information adequately. The pharmacy team knows how to protect vulnerable people.

### Inspector's evidence

The responsible pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was clearly displayed. The pharmacy had a set of up-to-date standard operating procedures (SOPs) which reflected how the pharmacy operated. The member of staff present said that she had read them, but she had not signed them. However she understood her role and responsibilities.

The dispensing assistant knew the questions to ask to sell a medicine safely and knew when to refer to the pharmacist. She had a good product knowledge. She knew that prescriptions were valid for six months apart from controlled drugs (CDs) that were valid for 28 days from the date on the prescription. She knew the CDs that were not stored in the cupboard including gabapentin and pregabalin. She said that CDs were highlighted on the prescription and dispensed prescriptions checked had been highlighted.

The pharmacist said that they had a team meeting every Tuesday because this was the most suitable day for staff. At the meeting they went through the near misses and any other current issues. The notes in the diary showed that in March they had discussed near miss alerts and safeguarding. A record was made of who attended.

The pharmacy had procedures for recording near misses, errors and incidents. The pharmacist explained the process for near misses. She asked the member of staff why the error had been made and discussed any learning points. The near miss was then recorded in the near miss log. The near miss log seen had been fully completed but there were limited explanations in the things to consider box which mainly said, 'slow down'. The pharmacist completed a monthly review. April's review highlighted problems with medicines with multiple forms. The pharmacist said that the shelf with esomeprazole stock was highlighted because capsules and tablets had been picked in error. The pharmacist had completed an annual review. The review highlighted the need to slow down and take more care.

An audit trail was created through the use of dispensed by and checked by boxes. The final check was by the RP. The pharmacy mainly had the records needed to support the safe and effective delivery of pharmacy services. These included the RP log, private prescription records and specials records. The last record for an emergency supply recorded in the back of the private prescription book was in 2016. The pharmacist subsequently provided evidence that records were made on the electronic private prescription record (PMR).

CDs were stored safely. A random check of the recorded running balance of a CD reconciled with the actual stock in the CD cabinet. Running balances were audited monthly and on supply. There was a patient return CD register in place.

There was a complaints procedure in place; staff referred to the pharmacist if required. The latest satisfaction survey was on NHS UK. 98% of people responding to the survey were satisfied with the service provided. Public liability and professional indemnity insurance were in place until October 2019.

Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. Confidential paper work was stored securely. Confidential waste was shredded. The pharmacy had an information governance protocol in place. The pharmacist said that this had been up dated to reflect the General Data Protection Regulation.

The pharmacist was aware of safeguarding requirements; there was an SOP and contact details for reporting concerns were on a favourite's page on the computer. The pharmacist had completed the level 2 safeguarding course. Staff had been trained by the pharmacist.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members manage the workload within the pharmacy well. They work together in a supportive environment. Team members have access to training, so they can continue to learn and develop their skills. But the training is not structured so there may be gaps in their knowledge.

### Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The RP record showed who the RP in charge of the pharmacy had been. The pharmacist didn't always sign out of the RP log which created an incomplete record. The pharmacy team was sufficient for the workload of the pharmacy. During the inspection there was one pharmacist and one trainee dispensing assistant.

The dispensing assistant said that she had regular informal discussions about how she was getting on but didn't have a formal review. She said that there were regular meetings every Tuesday with the opportunity to discuss any issues or make any suggestions. She said that the pharmacist was easy to talk to and that she could raise any concerns or issues privately if required.

The dispensing assistant said she had started at the pharmacy around a year ago and had started her joint dispensing assistant and counter assistant course around three to four months ago. This was slightly longer than set out in the GPhC guidance. She said that she studied the modules at home but discussed them with the pharmacist when she was at work. During the inspection the pharmacist used situations that occurred to give her informal training.

The pharmacist said that she gave staff responsibility for their own training. Staff had access to electronic training but preferred paper-based training. There were magazines with training articles that the pharmacist left for staff to read. Staff were supposed to record the training they had completed on a personal training record. Training records seen had reasonably regular records up to February 2019.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. It now has a consultation room to protect people's confidentiality. The premises are secure from unauthorised access when open and closed.

### Inspector's evidence

The pharmacy had been re-fitted since the last inspection. There was now more space in the dispensary with additional dispensing bench available. The dispensary was clean and tidy and had a sink with hot and cold water. A small consultation room had also been added which allowed an opportunity for people to have a confidential conversation with the pharmacist.

The pharmacy had air conditioning with appropriate temperature for the storage of medicines; lighting was sufficient with soft lighting providing a pleasant atmosphere. Unauthorised access to the pharmacy was prevented during working hours and when closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely. Its team members are helpful and supportive to the people who use the pharmacy. Some people who receive higher-risk medicines may not be getting all the information they need to take their medicine safely. The pharmacy gets its medicines and medical devices from reputable sources. It generally stores them safely. And it takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing.

### Inspector's evidence

The pharmacy was in the middle of a town centre. There was flat access and a push pull door which provided reasonable access for a wheelchair or those with physical disability. The hours of opening were displayed on the window. Near the pharmacy counter there was a sign with the previous owner's name which might cause some confusion. The member of staff didn't have a name badge or a uniform to make it clear to people entering the pharmacy that she worked in the pharmacy.

Once inside the shop there was a clear route to the dispensary counter; there was sufficient seating for people waiting for their medicine. There were a range of leaflets and health promotion posters on display. The pharmacy was a Healthy Living Pharmacy.

The pharmacist understood the signposting process and used local knowledge to direct people who needed support from other healthcare providers. The dispenser was seen reminding people that they now needed to order their repeat medicines directly from the surgery rather than through the pharmacy.

The pharmacy used a dispensing audit trail which included use of dispensed by and checked by boxes on the medicine label. The pharmacy also used baskets during the dispensing process to reduce the risk of error. Work was prioritised based on whether the prescription was for a person who was waiting or calling back.

The pharmacist knew most of the patients by name and was easily accessible to give advice. She said that she gave advice to people on new medicines or if there was a dose change. She focused on checking that people with asthma knew how to use their inhaler. She said that she counselled people on higher-risk medicines such as methotrexate or warfarin. She checked they had regular blood tests and people taking warfarin usually brought in their yellow books. The pharmacist said that she checked people's INR but didn't make a record of it. The dispensed prescription waiting collection for warfarin wasn't highlighted so that staff wouldn't know to refer the person to the pharmacist.

The pharmacist said that she had carried out an audit and didn't have any people in the at-risk group taking sodium valproate. She had the information pack in the consultation room and knew the advice that she should give about pregnancy prevention. The pharmacy had private PGDs in place to allow the pharmacist to supply salbutamol inhalers and treatment for erectile dysfunction.

Each person who received their medicines in a multi-compartment compliance aid had an individual record which listed their medicines and when they should be taken. Any changes in or missing medicines were checked with the surgery before being dispensed. The chart seen had a medicine

crossed though with no date or indication when the change had been made. Most but not all labels on the compliance aids recorded the shape and colour of the medicine to allow easy identification. Patient information leaflets (PILs) were sent with the compliance aid.

The pharmacy delivered medicines to people. The pharmacist was delivering the medicines because the pharmacy didn't have a driver at the time of the inspection. This gave the pharmacist the opportunity to speak to people who didn't usually visit the pharmacy, but no signature was obtained on delivery to create an audit trail.

Records showed that fridge lines were stored correctly between 2 and 8 degrees Celsius. During inspection the thermometer showed that the current temperature was within range but the maximum and minimum on the thermometer were outside of the correct range. The pharmacist said she would investigate.

Medicines were mainly stored on shelves tidily in their original containers on the shelf, fridge or CD cabinet as appropriate. On the shelves there were a few loose blisters. There were two brown bottles containing medicines in the tray reserved for preparing compliance aids. The bottles had the name of the medicine and one had the assembly date. No other information was recorded. The pharmacist said she would destroy the medicines.

The pharmacy didn't always record the date of opening on liquid medicines. This made it harder for the pharmacy to ensure that they were still appropriate to be supplied. One bottle was seen that had a short expiry date once opened without a date of opening recorded. The pharmacist said she would destroy it.

CDs were stored safely. Access to the CD cabinet during the day was managed appropriately. The dispenser explained that date checking was carried out monthly; short-dated stock was highlighted. Stock checked was in-date.

Only recognised wholesalers were used for the supply of medicines. The pharmacy had equipment for implementing the Falsified Medicines Directive. It had a pharmacy phone with an app with SecurMed for this process. The pharmacist said that she hadn't yet started implementing the Falsified Medicines Directive because not all products had 2d bar codes. The pharmacy had an audit trail for drug alerts.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services that it offers. It largely maintains its equipment and facilities adequately.

### Inspector's evidence

The pharmacy used crown marked and ISO measures for measuring liquids. The pharmacy had up-to-date reference sources. The current temperature of the pharmacy fridge was within the required range. CDs were stored in accordance with legal requirements.

The pharmacy had two blood pressure machines in the consultation room. The pharmacist said that she had only recently started using them but hadn't got a formal policy for replacement. There were no records to show that electrical equipment had been recently PAT tested. Electrical equipment looked in a reasonable condition, the computers were less than two years old.

### 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.