

Registered pharmacy inspection report

Pharmacy Name: Anderson Chemist, 311 Dudley Road, Fighting Cocks, WOLVERHAMPTON, West Midlands, WV2 3JY

Pharmacy reference: 1038589

Type of pharmacy: Community

Date of inspection: 24/07/2019

Pharmacy context

This is a family-owned community pharmacy, located on a busy main road in Wolverhampton. It dispenses NHS prescriptions and sells a range of over-the-counter medicines. The pharmacy provides medicines in multi-compartment compliance aids, to help make sure that people take their medicines at the correct time. And it offers several other NHS services including Medicines Use Reviews (MUR), the New Medicines Service (NMS) and a local minor ailments scheme. A substance misuse treatment service and blood pressure testing are also available.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.7	Standard not met	The pharmacy does not have adequate systems in place for the appropriate disposal of confidential waste, so people's private information may not always be fully secured.
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 not all met	4.2	Standard not met	The pharmacy's current processes for the assembly of multi-compartment compliance aid packs introduce unnecessary risks as medication changes might be overlooked and packs might be mixed up. And the pharmacy does not routinely supply patient leaflets with packs.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy asks for people's feedback and uses this to improve practice. It keeps the records it needs to by law and has written procedures to help make sure that the team complete tasks safely. But these are not always followed, so team members might not always work effectively. And they do not always properly protect people's private information.

Inspector's evidence

Standard operating procedures (SOPs) covering operational tasks and activities could not be located initially but were made available during the inspection. The team were reminded that SOPs should always remain available on the premises for reference. The procedures had been reviewed in 2018, but there were some members of the team who had not yet signed the procedures to confirm their acknowledgement and understanding. And procedures were not always followed, so the team may not always work effectively. Through discussion, team members demonstrated a general understanding of their roles and responsibilities. And a pharmacy student was also able to discuss the activities which could and could not take place in the absence of a responsible pharmacist (RP). Professional indemnity insurance covering pharmacy services was provided through the National Pharmacy Association (NPA).

The pharmacy had a near miss record which contained several entries, the last of which was dated April 2019. The team were unsure as to the existence of additional records and no further information could be located on the day. No record of a near miss review was maintained, so the team may not always be able to show what they had learnt. But the inspector was shown a shelf edge label, put in place following a previous dispensing incident to encourage additional care with stock selection. The locum pharmacist discussed the information that she would capture in response to a dispensing incident and reported that this would be discussed with the pharmacy manager and a record maintained.

A notice discussing the complaint procedure was displayed at the medicine counter, along with a suggestions box. The pharmacy also participated in a community pharmacy patient questionnaire (CPPQ). A member of the team explained they had introduced a text message service, following patient feedback.

The correct RP notice was conspicuously displayed. Samples entries of the RP log and emergency supplies were found to be compliant. Private prescription records were maintained, but on occasion the details of the prescriber were recorded incorrectly, so the team may not always be able to show what has happened in the event of a query. Controlled drug (CD) registers kept a running balance and some balance checks were carried out. Destructions of patient returned CDs were signed and witnessed. A copy of the prescription form was retained alongside specials procurement records, as an audit trail from source to supply.

The pharmacy had several information governance procedures. Audit trails to confirm that staff had read the procedures were incomplete. Team members demonstrated an understanding of the types of information that required confidential disposal. But the pharmacy's shredder was broken, and team members were shredding confidential waste by hand. This did not provide an adequate method of disposal. Team members present had NHS smartcards available and used them appropriately. One card

for a team member who was not present was not stored securely. Completed prescriptions were out of public view.

The locum pharmacist had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE) and a safeguarding procedure was in place. Team members had not received any safeguarding training and so may not always be able to effectively identify concerns involving vulnerable people. Through discussion they demonstrated an awareness of some of the types of concerning behaviours which might be identified and said these would be escalated through local safeguarding agencies. No records were kept relating to a previous concern which had been raised and team members were unable to recall any specific details of the incident. The pharmacy had a chaperone policy and displayed the relevant details.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the current workload. Team members are appropriately trained for their roles, they work in an open culture and support one another well. They complete some training to keep their knowledge up to date. But they do not always keep records of this or get regular, structured feedback so they may not always be able to show how they identify and address gaps in their knowledge.

Inspector's evidence

On the day of the inspection a locum pharmacist was working alongside a qualified dispenser and a pharmacy student. An additional qualified dispenser arrived midway through the inspection. The pharmacy also employed two additional part-time dispensers, a second pharmacy student who undertook seasonal work and two delivery drivers. The team managed the workload adequately and the pharmacy had procedures to manage leave requests, to help maintain sufficient staffing levels. Cover was provided by part-time members of staff including pharmacy students.

Team members were trained using NPA accredited courses and certificates were displayed. They undertook further training on an ad hoc basis to keep their knowledge and skills up to date. The most recent training included e-learning modules on cervical cancer and another entitled 'help us help you' in February 2019. Some team members had also completed a health champion course and attended a local training event on pregnancy. Limited training records were kept, and no formal development reviews took place. Team members were observed on an ongoing basis and any learning needs were identified and addressed by management. Team members said they were observed to work within their competence. A pharmacy student discussed questions that she would ask to help make sure that sales of medicines were appropriate. Concerns were referred to the pharmacist and appropriate examples of this were seen on the day.

The team worked in an open culture and supported one another to effectively manage the workload. They were happy to raise concerns and provide feedback amongst one another and to the pharmacy owner. A whistleblowing policy explained how they could raise anonymous concerns. The locum pharmacist was aware of a general target in place for MURs but was comfortable with this.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy protects people's privacy and provides a clean and suitable space for the provision of healthcare. It has a private consultation room, so members of the public can have private conversations.

Inspector's evidence

The pharmacy's premises were in a good state of repair and the interior finishing was completed to a professional standard. There was adequate lighting throughout and air conditioning maintained a temperature appropriate for medicine storage. The pharmacy owner was advised of any maintenance issues and arranged for any necessary repair work. Daily cleaning duties were undertaken by an employed cleaner, who worked a few hours each day.

The retail area stocked a suitable range of goods and was clean and tidy. The floor space was free from obstructions and chairs were available for use. The pharmacy had a consultation room which was clearly signposted and appropriately maintained. A blind was fitted to the glass front to afford additional privacy to those using the room. Some confidential information was being temporarily stored in the room on the day, while team members completed tasks using the desk space. It was confirmed that the information would be removed once the task was complete, or earlier, should the room be required for a confidential consultation.

The dispensary was adequately sized for the current workload. There were several tote boxes stored temporarily on the floor which may cause a trip hazard for staff and some work benches had prescriptions stacked on them. But the main dispensing and checking areas were reasonably clear. There was a separate sink for medicines preparation and additional storage areas were also appropriately maintained.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy sources and stores medicines appropriately and it carries out some checks to make sure that they are suitable for supply. Its services are generally accessible and suitably managed. But the current processes for the assembly of multi-compartment compliance aid packs introduces some unnecessary risks and means that people are not always provided with the information they need to take their medicines properly.

Inspector's evidence

The pharmacy entrance had a single step and a manual door. A ramp facility was not available, but a bell was fitted to the front entrance and could be used by people who required assistance with entry. The PMR system could also produce large-print labels to assist people with visual impairment. Several members of the pharmacy team were multi-lingual and were heard to regularly use these skills to converse with patients and help provide effective counselling and resolve queries. The pharmacy opening hours were listed at the front entrance and a window display also promoted some of the pharmacy's services. The practice leaflet was being updated and a current version was not yet available for selection. A small area near to the consultation room was used to display some health promotion literature and the team had access to some information to support signposting.

Prescriptions were dispensed using baskets to keep them separate and reduce the risk of medicines being mixed up. Team members signed 'dispensed' and 'checked' boxes as a record of those involved in the dispensing process. The pharmacy did not have systems in place to highlight people on high-risk medications. Team members reported that where monitoring was required they would make enquiries around this, such as asking for the yellow book of a patient on warfarin. But this was not always routinely done, and records were not kept as an audit trail.

The team were aware of the risks of the use of valproate-based medicines in people who may become pregnant. Printed versions of alert cards were available for supply, but some team members were not always clear on when they should be supplied, and copies of the patient guide and additional warning labels were not available. The team were signposted to the relevant resources and the guidance of when to supply was reinforced. Stickers were available to highlight prescriptions for CDs, but these were not always used and an expired prescription for zopiclone, which was not highlighted, was identified on the day. The team accepted that this may increase the risk that a prescription could be supplied after it has expired.

The pharmacy kept records of repeat prescription requests that were sent off and received back from the GP surgery. The record was also used for people who received their medicines in weekly multi-compartment compliance aids, and medication ordering was managed by a dispenser. A master list of medications was held for each patient, and this was updated with the details of any changes to medicines. Completed compliance packs contained patient identifying details and descriptions of individual medicines, but patient leaflets were not always supplied as they should be, so people might not receive all the information they need. Several tote boxes were identified to contain some compliance packs, which were partially dispensed. The packs were sealed, and contained dispensed medicines but were unlabelled. The trays were banded together alongside the backing sheets, which recorded the patients name and address. The team said that they were working ahead, and so the trays

were assembled in advance of the prescription. The medicines were checked by the pharmacist against the patients master record sheet prior to them being dispensed. Once prescriptions were received, they were then labelled and checked again by another dispenser and the pharmacist. The SOP for the assembly of compliance aids was missing from the SOP folder, a note was filed in the relevant section stating that the procedure was being reviewed. The note was dated more than one year ago. This system introduced unnecessary risks as medication changes might be overlooked and packs might be mixed up. This was discussed with the team. Signatures were obtained to confirm the delivery of medicines and medications from failed deliveries were returned to the pharmacy.

Stock medicines were sourced from reputable wholesalers and specials from a licensed manufacturer. Stock medications were organised, and the team kept date checking records and highlighted short-dated stock. No out-of-date stock was identified from random samples on the day. Expired and returned medicines were placed in pharmaceutical waste bins. The pharmacy was not compliant with requirements as part of the European Falsified Medicine Directive (FMD), the locum pharmacist was unsure as to the progress that had been made regarding implementation as this was being managed by the pharmacy owner, who was not present. Alerts for the recall of faulty medicines and medical devices were received electronically. No audit trail was kept so that action the team could not always demonstrate the action that had been taken. A class two (action within 48 hours) alert from May 2019, did not appear to have been read. There was no affected stock present. The team agreed to review the email system and previous alerts and keep an audit trail moving forward.

The pharmacy fridge had a maximum and minimum thermometer. The temperature was checked and recorded daily and was within the recommended temperature range. CDs were secured and out of date and returned CDs were segregated from stock. Random balance checks were identified to be correct and a CD denaturing kit was available.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services.

Inspector's evidence

The pharmacy had access to paper-based reference materials and internet access supported additional research. Several crown-stamped glass measures were available, with separate measures marked for use with CDs. The counting triangles were clean and a separate one was clearly marked and segregated for use with cytotoxic medicines. The blood pressure machine appeared to be appropriately maintained. The team reported that the machine had been recently changed but it was not marked with a date of first use.

Electrical equipment was well maintained, and all computer systems were password protected. Screens were positioned out of public view and a cordless phone was available to enable conversations to take place in private, if required.

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.