

# Registered pharmacy inspection report

**Pharmacy Name:** Well, Cricketts Lane, Local Centre, Pewsham,  
CHIPPENHAM, Wiltshire, SN15 3SY

**Pharmacy reference:** 1038694

**Type of pharmacy:** Community

**Date of inspection:** 03/09/2019

## Pharmacy context

This is a community pharmacy located on a parade of shops in Chippenham. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. It sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment compliance aids for people to use living in their own homes and in care homes.

## 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	2.4	Good practice	The pharmacy team maintain a clear and embedded culture of openness, honesty and learning.
<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 has written procedures to help make sure the team works safely. Pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information well and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

### Inspector's evidence

Processes were in place for identifying and managing risk in the pharmacy. Near miss logs were kept and these were reviewed monthly by the pharmacy team. Incidents would be discussed with the members of staff involved and coaching and advice would be given as necessary. But only 1 near miss was recorded in July and the pharmacy manager agreed to report these incidents a consistent manner. 'Look alike' and 'sound alike' medicines such as amitriptyline and amlodipine and prochlorperazine and procyclidine had been highlighted and separated on the dispensary shelving. The pharmacy team demonstrated how they had highlighted to staff where medicines come in similar looking packaging such as dispersible aspirin 75mg tablets and dihydrocodeine 30mg tablets.

Dispensing errors were all reported electronically to the company's head office and a root cause analysis was carried out. There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for all the dispensary tasks and were reviewed regularly. The SOPs were all held electronically and staff would carry out SOP training online. The pharmacy team explained that they were all aware of their roles and responsibilities.

A complaints procedure was in place within the SOPs and the staff were all aware of the complaints procedure. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract.

An indemnity insurance and public liability certificate from the NPA was held and was valid and in date until June 2020.

Records of controlled drugs (CDs) and patient returned CDs were all seen to be in order. A sample of a random CD was checked for record accuracy and was seen to be correct. Annotations to the registers examined were not always signed and dated. Page margins were not always filled out on each page of the examined CD register. The controlled drug balances were generally checked weekly. Patient returned and out of date CDs were separated from regular CD stock but not always labelled appropriately. The pharmacy team agreed to address this.

The responsible pharmacist record was held electronically and was in order. The responsible pharmacist

notice was displayed in pharmacy where patients could see it.

The fridge temperatures were recorded daily and was always in the two to eight degrees Celsius range. The private prescription records were retained but entries occasionally omitted the date on the prescription. The emergency supply and specials records were retained and were in order. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and records of this were completed appropriately.

The computers were all password protected and the screens were not visible to the public. Staff were required to complete online training for information governance and had undertaken to complete training on the new General Data Protection Regulation (GDPR). Patient confidential information was stored securely. Confidential waste was collected and removed by an external company regularly.

The pharmacy team had been trained on safeguarding children and vulnerable adults. Staff could locate contact details for local safeguarding advice, referral and support on request. On questioning, staff were aware of what signs to look out for when identifying potential safeguarding concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

At the time of the inspection there were two pharmacists, one accuracy checking technician, one technician and one dispensing assistant present in the pharmacy. The staff were observed to be working well together and supporting each other.

The pharmacy manager reported that the team had recently lost a full-time member of staff and this had added extra workload pressure to the team. Despite this, the team were managing to keep up to date with their dispensing activity and service provisions. There was a vacancy available for a dispensing assistant advertised at 20 hours to replace the full time member of staff. The pharmacy manager explained that with the use of a 'hub and spoke' dispensing model, it was expected that around 50% of the prescription items were to be dispensed off site to relieve pressure on pharmacy staff.

The staff reported they were required to complete online training modules when they became available. The pharmacy team were being trained on the new patient medical record system at the time of the inspection. In addition, staff had been updated on the processes involved in complying with the European Falsified Medicines Directive. Staff received adequate time to complete any required training.

Staff held huddles on an ad-hoc basis. Patient safety issues were generally held monthly and learning about errors was communicated to staff. But this had not been done recently due to staffing issues. The company had an annual staff survey which was an opportunity for the staff to feedback any opinion they had about their roles and the company anonymously.

Staff reported they were than happy to raise any concerns they had immediately with the pharmacist or with one another. There was also a whistleblowing policy in place which staff were aware of and were happy to use should they require it. There were targets in place for services but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect people's private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. The pharmacy was clean, tidy was presented in a professional manner. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing.

Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out.

The pharmacy had a small consultation room that was kept secured. Patient confidential information was stored securely. There was a partially transparent window in the door which meant that there was a risk of being able to oversee what was happening inside the room. The pharmacy team agreed to address this. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose and maintain audit trails to demonstrate this.

### Inspector's evidence

Access to the pharmacy was step free. Leaflets and posters were available to advertise pharmacy services. There was space for the movement of a wheelchair or pushchair in the store. There was seating available for patients and customers waiting for services. Large label printing was available for patients with sight difficulties.

The pharmacy team dispensed multi-compartment compliance aids for 18 patients for use in their own homes. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked the compliance aid was complete. Descriptions were provided for the medicines contained within the compliance aids. Patient information leaflets (PILs) were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to people who may become pregnant. The pharmacy team reported that they would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The pharmacy manager reported that the pharmacy was in the process of complying with the European Falsified Medicines Directive (FMD). The pharmacy team had the appropriate hardware and they had received online training. The software was integrated into the new patient medical record system which was being installed at the time of the inspection.

The pharmacy used recognised wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. Specials were ordered via IPS specials. Invoices from these wholesalers were seen.

CD destruction kits were available for the destruction of controlled drugs. Designated bins for storing waste medicines were available for use. A bin for the disposal of hazardous waste medicines was also available for use. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The majority of medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. The following medicines were stored without the following particulars on the container:

Mebendazole 100mg tablets without a batch number and expiry date (two containers)  
Escitalopram 10mg tablets without a batch number

Date checking was regular and stock was marked if short dated. The fridges were in good working order

and the stock inside was stored in an orderly manner.

MHRA alerts came to the pharmacy electronically through the company's intranet and the pharmacist explained that these were actioned appropriately. Records to demonstrate this were kept and included audit trails.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Separate measures were in use for dispensing CDs. Amber medicines bottles were seen to be capped when stored and there was a counting triangle and a capsule counter. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There were two fridges in the pharmacy and temperatures were recorded daily and were seen to be between two to eight degrees Celsius. Designated bins were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

### 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.