

# Registered pharmacy inspection report

**Pharmacy Name:** D.L. Ogle Ltd., 18-20 St Johns, WORCESTER,  
Worcestershire, WR2 5AH

**Pharmacy reference:** 1038899

**Type of pharmacy:** Community

**Date of inspection:** 16/12/2019

## Pharmacy context

This is a busy community pharmacy in the western suburbs of the city of Worcester. It is in a community shopping area that has a distinct identity. A wide variety of people use the pharmacy. It dispenses NHS and private prescriptions and sells over-the-counter medicines as well as a wide variety of other items. The pharmacy also supplies several medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines.

## 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
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	The pharmacy does not identify and manage risks. It does not assess some key risks to patient safety from its activities.
		1.2	Standard not met	The pharmacy has no procedures to record, reflect and learn from mistakes
		1.6	Standard not met	The pharmacy does not keep all the up-to-date records that it must by law.
		1.7	Standard not met	NHS smartcards, which allow access to people's personal information, are not stored safely. And, team members use other people's cards.
<b>2. Staff</b>	Standards not all met	2.1	Standard not met	There is evidence to support that the pharmacy does not have enough staff to manage its workload safely. And, the team members are working in a way that is unsafe.
		2.4	Standard not met	The team members have no appraisals and so any gaps in their knowledge and skills may not be identified.
<b>3. Premises</b>	Standards not all met	3.1	Standard not met	Not all areas of the pharmacy present a professional image. The work areas are disorganised.
<b>4. Services, including medicines management</b>	Standards not all met	4.2	Standard not met	The pharmacy services are not effectively managed to make sure that they are delivered safely.
		4.3	Standard not met	Medicines are not all stored or disposed of safely.
		4.4	Standard not met	The pharmacy team cannot demonstrate that people only get medicines or devices that are safe.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not identify and manage risks. It does not assess some key risks to patient safety from its activities. There are no written procedures on the premises for the team members to refer to. And, a new team member has not read any procedures. The pharmacy has no procedures to record, reflect and learn from mistakes. The pharmacy does not keep all the up-to-date records that it must by law. NHS smartcards, which allow access to people's personal information, are not stored safely. And, team members use other people's cards. The team members understand about protecting vulnerable people but they are not sure how to escalate any concerns. The pharmacy is appropriately insured to protect people if things go wrong.

### Inspector's evidence

The pharmacy team did not identify and manage risks. There were no standard operating procedures on the premises. A NVQ2 qualified dispenser had been employed for a month and had not read any written procedures. The owner said that there were written procedures but he could not find them.

No near miss log was being used. The superintendent pharmacist said that the last error related to the wrong form of medicine, tablets and not caplets, being supplied. He believed that he had completed an incident report but this could not be located.

The dispensary was cluttered and disorganised. There were loose pre-packed tablets, said to be aspirin but these were unlabelled. Several other unlabelled bottles of tablets were seen on the dispensary shelves. A paper bag on a bench in the back area of the dispensary was seen to contain three strengths of Medikinet, a schedule 2 controlled drug requiring safe custody. The owner said that they were patient returns. Upstairs in the multi-compartment compliance aid area there were assembled blister packs, waiting to be checked. These were unlabelled and the medicine boxes from which they were assembled were not available for checking. This was a potentially serious risk to patient safety. Many other assembled medicines had no dispensing audit trail.

The delivery driver said that she posted medicines through letterboxes. She did not get signatures for all the deliveries that she handed to patients or their carers even though she had an electronic application to do so. She said that she did get signatures for schedule 2 and 3 controlled drugs.

The questions to be asked of customers requesting to buy medicines were displayed by the till. The medicine counter assistant said that she would refer all medicine sale requests for patients who were also taking prescribed medicines, to the pharmacist. She was aware of 'prescription only medicine' (POM) to 'pharmacy only medicine' (P) switches, such as Daktacort and referred requests for these to the pharmacist. She knew that fluconazole capsules should not be sold to women over the age of 60 for the treatment of vaginal thrush. The counter assistant was seen to refer a patient suffering with a cough to the pharmacist.

The staff said that there was a complaints procedure but, as mentioned above, this was not on the premises at the time of the visit. The pharmacy did an annual customer satisfaction survey. The pharmacist, the owner, said that people were happy with the service from the pharmacy but the inspector could not locate the results of the latest questionnaire on NHS Choices to verify this. The

owner did say that the main feedback had been about having medicines in stock. He said that emailed the surgeries to report any difficulty in supplies and tried to get prescriptions changed to items that were available.

Public liability and professional indemnity insurance, provided by the National Pharmacy Association (NPA) and valid until 31 August 2020, was in place. The responsible pharmacist log, specials records and fridge temperature records were in order. The controlled drug (CD) registers were in order but the patient returned CD records did not include all the patient returned CDs found in the safe as well as the Medikinet (see above). In addition, some returns from 2015 were not signed as being destroyed and several more recent entries, signed as being destroyed, had not been signed as being witnessed. Private prescriptions were recorded electronically and several did not include the details of the prescriber. The prescriptions were not filed tidily. They were stored on a large metal spike. There were no formal date checking records.

The staff were aware of the importance of patient confidentiality and the new general data protection regulations. But, three NHS smartcards were seen on the dispensary bench and the one being used in a computer did not belong to the pharmacist on duty. The computers, which were not visible to the customers, were password protected. Confidential waste paper information was shredded daily. No conversations could be overheard in the room used for consultations when the door was closed.

The staff understood safeguarding issues but a dispenser said that she would not know what procedures to follow in the event of a safeguarding concern. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. He gave assurances that he would train his staff on the safeguarding of both children and vulnerable adults. Local telephone numbers to escalate any concerns relating to both children and adults were available online.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy does not have enough staff to manage its workload safely. And, the team members are working in a way that is unsafe. This shows inappropriate training and supervision. The team members do some on-going learning but this is in their own time and they haven't completed any for some time. The team members have not received appraisals or performance reviews and so any gaps in their knowledge and skills may not be identified. But, they do feel able to raise concerns with the pharmacist.

### Inspector's evidence

The pharmacy was in the western suburbs of the city of Worcester. The pharmacy was busy. They mainly dispensed NHS prescriptions with the majority of these being repeats. Several domiciliary patients received their medicines in multi-compartment compliance aids.

The current staffing profile was one pharmacist (usually the superintendent pharmacist), one full-time NVQ2 qualified dispenser, two part-time NVQ2 qualified dispensers, one full-time medicine counter assistant (MCA) and one part-time delivery driver. One member of staff was on maternity leave. The owner said that the pharmacy was currently understaffed. One part-time dispenser had only been employed for one month. The pharmacist said that the issues reported in principle 1, with regard to the compliance aids, were because the staff were trying to get ahead for Christmas. These procedures presented potential serious risks to patient safety and a lack of appropriate training and supervision. The superintendent pharmacist had secured locum pharmacist help for a few days at the end of the week of the visit to help accommodate the anticipated busy Christmas period ahead.

The part-time staff had some flexibility to cover unplanned absences but one staff member had child care commitments. Planned leave was booked well in advance and only one member of staff could be off at one time.

There were no formal staff appraisals or performance reviews but there were some one-to-one meetings with the superintendent pharmacist. The MCA had been employed for 16 years and said that she had not had an appraisal for many years. The staff did have access to electronic learning material but said that they did any learning in their break times. The last module that they had completed was in the summer.

There were no regular staff meetings. The owner said that there was no time for these. Issues, such as near misses were not discussed with the team. They all said that they felt able to raise any issues with him. The owner set no targets or incentives.

## Principle 3 - Premises Standards not all met

### Summary findings

Not all areas of the pharmacy present a professional image. The work areas are disorganised. The pharmacy signposts its consultation room so it is clear to people that there is somewhere private for them to talk. But, this room is being used for the storage of medicines which is not ideal.

### Inspector's evidence

The pharmacy had a large, well laid out retail area. But, the dispensing areas did not present a professional pharmacy image. The dispensing robot had recently broken and this meant that several medicines were stored in the room that was used for consultations. This room was also the owner's office and several other items were stored in here. At the time of the visit, the dispensing benches were cluttered and disorganised. The premises were clean and mainly well maintained. There was some plaster damage on the stairs but no evidence of any damp.

The room used for consultations was signposted. Conversations in here could not be overheard. The computer screens were not visible to customers (but see under principle 1). The telephone was cordless and all sensitive calls were taken in out of earshot.

There was air conditioning and the temperature in the pharmacy was below 25 degrees centigrade. There was good lighting throughout. Several items for sale were not healthcare related.

## Principle 4 - Services Standards not all met

### Summary findings

Most people can access the services the pharmacy offers. But, some people with specific mobility need may have difficulty entering the pharmacy. Some of the services are not effectively managed to make sure that they are delivered safely. The pharmacy team do not make sure that all people have the information that they need to use their medicines safely. The pharmacy gets its medicines from appropriate sources but they are not all stored or disposed of safely. And, the team cannot demonstrate that people only get medicines or devices that are safe.

### Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room but no bell on the front door alerting the staff to anyone who may need assistance entering the pharmacy. There was access to an electronic translation service on the pharmacy computers for use by non-English speakers. The pharmacy could print large labels for sight-impaired patients.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews (MURs), New Medicine Service (NMS), the Community Pharmacy Consultation Service (CPCS) and seasonal flu vaccinations. The latter was also provided under a private scheme. However, the pharmacist reported that he did few MURs and no NMS reviews. He said that he did not have enough time for these. He had completed suitable training for the provision of seasonal flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis.

Several domiciliary patients received their medicines in compliance aids. These were assembled in a separate area upstairs. As reported under principle 1, many of these were seen to have been assembled but not labelled. This not only was against the labelling requirements for medicines but also meant that there was no dispensing audit trail. In addition, the boxes of medicines from which the compliance aids had been assembled had not been left for the checking pharmacist. This posed a serious risk. There was also no audit trail of past changes and so this denied the checking pharmacist a clear clinical picture of the patient. And, some had no tablet descriptions. Patient information leaflets were not routinely included which is contrary to legal requirements. No procedures were in place to ensure that all patients who had their medicines in compliance aids and were prescribed high-risk drugs were having the required blood tests.

There was not a good audit trail for all items ordered on behalf of patients by the pharmacy or for all items dispensed by the pharmacy. Many assembled prescriptions were seen in the downstairs dispensary with no initial in the 'dispensed by' box. A dispenser was seen to initial the 'dispensed by' box but the prescription was still in the endorsing machine and the labels had not been applied to the medicine boxes. This negated the whole issue of the initial indicating that an accuracy check had been done by the dispenser. No 'see the pharmacist' stickers were used and so some people may not be getting the necessary counselling. In addition, the pharmacy had no procedures for highlighting changes in dose or new drugs to the pharmacist. So, these patients may also not be getting the appropriate counselling. Potential drug interactions were printed off. CDs and insulin were not checked with the patient on hand-out. Not all the staff were aware of the new sodium valproate guidance. Signatures were not always obtained indicating the safe delivery of all medicines and several medicines were posted through letterboxes without appropriate safeguards.

Medicines and medical devices were obtained from AAH, Phoenix, Lexon and Alliance Healthcare. Specials were obtained from IPS Specials. Invoices for all these suppliers were available but not stored tidily. CDs were stored in a safe but some patient-returned Medikinet was seen in a paper bag in the dispensary (see under principle 1). There were many patient-returned and out-of-date CDs taking up valuable space. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with signed records. There were no recent formal date checking records. Many loose tablets, with no labels were stored on the shelves. Designated bins were available for medicine waste and used. There was a separate bin for cytotoxic and cytostatic substances but no list of those substances that should be treated as hazardous for waste purposes. The staff were not aware that all the sex hormone preparations were treated as hazardous for waste purposes.

There were no clear procedures for dealing with concerns about medicines and medical devices. The owner said that he received drug alerts and concerns electronically. He was aware of recent issues with ranitidine and Emerade pens but he did not keep the alerts. He had no audit trail to demonstrate that he acted appropriately on alerts and concerns.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the appropriate equipment for the services it provides. But, the lack of repair to the dispensing robot has placed pressure on its storage facilities.

### Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (5 - 500ml). There were tablet-counting triangles. These were cleaned with each use. The robot had recently broken and the owner reported that it was going to be very expensive to repair. This situation had caused issues with the storage of medicines (see under principle 3). There were up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. There was access to the internet.

The fridge was in good working order and maximum/minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public (but see under principle 1). There was a cordless telephone and any sensitive calls were taken or out of earshot. Confidential waste information was shredded. The door was always closed when the consultation room was in use and no conversations could be overheard.

### 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.