

# 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:** 09/09/2020

## Pharmacy context

This is a busy community pharmacy in the western suburbs of the city of Worcester. Most people who use the pharmacy are elderly. The pharmacy team members dispense prescriptions, sell over-the-counter medicines and give advice. They also supply several medicines in multi-compartment compliance packs to help vulnerable people in their own homes to take their medicines. The inspection was carried out 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
<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's working practices are safe and effective. It has made changes to its written procedures as a result of COVID-19. And, physical measures are in place to reduce the risk of transmission of coronavirus. The team members learn from their mistakes to prevent them from happening again. The pharmacy is appropriately insured to protect people if things go wrong. It mainly keeps the required records. The pharmacy team members keep people's private information safe and they know how to protect vulnerable people.

### Inspector's evidence

The pharmacy team members identified and managed the risks associated with providing its services. They had put several changes in place, as a result of the COVID-19 pandemic, to reduce the risk of transmission of coronavirus. The pharmacy had updated its standard operating procedures (SOPs) with changes relating to the pandemic. The pharmacy had yet to formally update its business continuity plan to accommodate any potential issues relating to the current NHS 'test and trace' scheme. But the superintendent had liaised with a close by pharmacy to ensure that there was no disruption in the supply of medicines to their patients if the pharmacy had to close. The superintendent had conducted risk assessments of the premises and occupational risk assessments of all the staff. The team members were asked about any potentially vulnerable people in their households. The superintendent reviewed the risk assessments every month. The pharmacy team members were aware that they needed to report any COVID-19 positive test results.

The pharmacy team members recorded near miss mistakes, that is, mistakes that were detected before they had left the premises. The dispensary team reviewed and discussed the near miss log each month. They signed the review to demonstrate this. In July 2020, there had been several errors with amlodipine and amitriptyline. Because of these, the two medicines had been clearly separated on the dispensary shelves. The staff had also reviewed common errors with 'look alike, sound alike' (LASA) medicines.

The dispensary was spacious, tidy and organised. There were dedicated working areas, including a clear checking bench. The pharmacy had a separate room upstairs where the dispensary team members assembled the multi-compartment compliance packs. The team members placed prescriptions and their associated medicines into baskets which reduced the risk of errors.

All the staff were clear about their roles and responsibilities. A NVQ2 trained dispenser said that she would refer any diabetic person wanting to buy anti-fungal medicines to the pharmacist because of any potential interactions with their prescribed medicines. All the team members would refer people regularly asking to buy co-codamol to the pharmacist and they all knew that codeine-containing medicines should only be used for three days.

The pharmacy team were clear about their complaints procedure. Since the outbreak of the pandemic, almost all the feedback that the pharmacy had received, had been positive. Their customers were very grateful for their dedication particularly during the first few difficult months. The pharmacy was still delivering medicines to most of its elderly customers because they were uneasy about coming into the pharmacy in person.

The pharmacy had current public liability and indemnity insurance provided by the Numark. It mainly kept the required up-to-date records: the responsible pharmacist (RP) log, controlled drug (CD) records, emergency supply records and specials records. The pharmacy recorded its private prescriptions electronically. Some of these did not include the required details of the prescriber. It had fridge temperature records, date checking records, patient-returned CD records and cleaning rotas.

All the staff understood the importance of keeping people's private information safe. They stored all confidential information securely. The computers, which were not visible to the customers, were password protected. The correct NHS smartcards were seen in the appropriate computers. The pharmacy team members shredded all confidential wastepaper. The pharmacy was not currently offering any face-to-face services. It did have a consultation room where people could talk privately and would not be overheard.

The pharmacy team understood safeguarding issues. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. The pharmacy had local telephone numbers to escalate any concerns relating to both children and adults. The pharmacist was aware of the national 'safe space' initiative for victims of domestic violence. He said that he would look into registering the pharmacy to provide this service.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage their workload safely. The team members are flexible and cover holidays and sickness. They work well together and are comfortable about providing feedback to their manager to improve their services and this is acted on. The team members know about any changes in advice regarding COVID-19 but they could do more non-coronavirus related learning.

### Inspector's evidence

The pharmacy's current staffing profile was: one pharmacist (the superintendent), one part-time NVQ3 qualified technician (not seen), one full-time NVQ2 qualified dispenser, one part-time NVQ2 qualified dispenser, two part-time medicine counter assistants (MCAs), two part-time MCA trainees and one full-time delivery driver. The part-time staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of the dispensary staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

The staff worked well together as a team. The pharmacist monitored the performance of the team members but there were no formal appraisals. He planned to introduce these soon. There were no formal staff meetings but they regularly discussed issues when they arose. All the team members felt able to raise any issues or concerns with the superintendent and said that these would be acted on. As a result of the pandemic, the staff had suggested having a dedicated box for people to post their repeat medicine requests. This had made the repeat prescription ordering process more efficient.

Since the outbreak of the pandemic, most of the team members' learning was related to updates regarding COVID-19. The pharmacy did have a dedicated e-learning tablet. But the staff had not completed much non-COVID learning since the outbreak. The superintendent did however plan to re-introduce this soon because the workload at the pharmacy had now stabilised. All the dispensary staff reported that they were supported to learn from errors. The GPhC registrants documented all learning on their continuing professional development (CPD) records. No targets or incentives were currently set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy looks professional and is suitable for the services it offers. It is clean, tidy and organised. The premises are thoroughly cleaned to reduce the likelihood of transmission of coronavirus. The pharmacy signposts its consultation room so it is clear that there is somewhere private for people to talk.

### Inspector's evidence

The premises presented a professional image. The retail area of the pharmacy was spacious and well organised. The main dispensary was also spacious. The dispensing benches were largely uncluttered and the floors were clear. The room upstairs, where the compliance packs were prepared, was tidy and organised. The pharmacy was clean. As a result of COVID, it was thoroughly cleaned every day. The hard surfaces were wiped over more frequently than this. The staff used alcohol gel after each interaction with people.

The consultation room was signposted. People could not be seen or overheard in the consultation room. The pharmacy's computer screens were not visible to customers. The telephone was cordless and the staff took all sensitive calls out of earshot. The temperature in the pharmacy was below 25 degrees Celsius and it was well lit.

## Principle 4 - Services ✓ Standards met

### Summary findings

People can access the services the pharmacy offers. It manages its services effectively to make sure that they are delivered safely. The team members make sure that people have the information they need to use their medicines properly. They intervene if they are worried about anyone. The pharmacy gets its medicines from appropriate sources and stores them safely. The pharmacy team members make sure that people only get medicine or devices that are safe.

### Inspector's evidence

People could access the pharmacy and the consultation room. The pharmacy team members could access an electronic translation application for any non-English speakers. They could print large labels for sight-impaired people.

The pharmacy was located in the western suburbs of the city of Worcester. Most of its prescriptions were electronically transferred from local surgeries and most were for local residents. The dispensary staff initialled the 'dispensed by' and 'checked by' boxes on the labels, so providing a clear audit trail of the dispensing process.

In addition to the essential NHS services, the pharmacy currently only offered the Community Pharmacy Consultation. It received several referrals under the CPCS, mainly at weekends. The pharmacist had decided not to offer a flu vaccination service in 2020.

The pharmacy had no substance misuse clients who had their medicines supervised. It did have several domiciliary people who had their medicines in compliance packs. These people were all vulnerable and would not cope with their medicines being supplied in original packs. The dispensing staff kept dedicated folders for these people where they recorded any changes in dose or other issues. The pharmacist referred to these when doing the final accuracy check. The dispensary team assembled the compliance packs in a separate room upstairs. The assembled packs were stored tidily.

The dispensary team highlighted any prescriptions containing potential drug interactions, changes in dose or new drugs to the pharmacist. The pharmacist targeted anyone he was concerned about for counselling. He routinely counselled people prescribed high-risk drugs such as warfarin and lithium and also those prescribed antibiotics, new medicines and complex doses. All pharmacy team members were aware of the pregnancy protection programme regarding sodium valproate. The pharmacy currently had no 'at risk' patients who were prescribed sodium valproate.

The pharmacy delivered several medicines to people. Because of the pandemic, the delivery driver did not currently ask people to sign for their medicines to indicate that they had received them safely. She knocked or rang the doorbell and left the medicines on the doorstep. The driver retreated and waited until the medicines had been taken safely inside. The driver annotated the delivery sheets accordingly.

The pharmacy got its medicines from Alliance Healthcare, AAH, Phoenix, Lexon and IPS Specials. Invoices for all these suppliers were available. The pharmacy had no scanner to check for falsified medicines as required by the Falsified Medicines Directive (FMD). It stored its CDs tidily in a large safe.

Access to the safe was appropriate. The pharmacy had several out-of-date CDs and one patient-returned CD. These were clearly labelled and separated from usable stock. Appropriate CD destruction kits were on the premises. The pharmacy stored its fridge lines correctly and it had date checking procedures. The pharmacy team members were accepting patient-returned medicines. They had changed their procedures for dealing with patient-returned medicines because of COVID-19. People returning medicines now removed any labels and placed the medicines themselves into a bag. The staff member who accepted the bag, then placed the bag into a second dedicated waste bag. The staff member wore gloves and washed their hands after disposing of the medicines into the second bag. The team members placed any medicines, considered hazardous for waste purposes, into a separate dedicated waste bin.

The pharmacy had procedures for dealing with concerns about medicines and medical devices. The pharmacy received drug alerts electronically. They were printed off and the stock was checked. The pharmacy had received an alert on 7 September 2020 about amlodipine 10mg tablets. It had none of the affected batches in stock and this was recorded.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit-for-purpose. The pharmacy has taken action to reduce the spread of coronavirus with changes to its flow of customers and the use of protective screens and equipment.

### Inspector's evidence

The superintendent had done a risk assessment of the premises regarding COVID-19. As a result of this, the pharmacy had placed clear foot marks on the floor indicating where people should stand. It had erected three protective plastic screens across the medicine counter. A poster was displayed on the outside window requesting people to wear face coverings when entering the premises. People were encouraged to use contactless payments for all items. All the staff were wearing Type 2R fluid-resistant face masks.

The pharmacy used British Standard crown-stamped conical measures. There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. The pharmacy had up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. The staff could access the internet.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and the staff took any sensitive calls out of earshot. The pharmacy team members shredded all confidential waste information.

### 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.