

# Registered pharmacy inspection report

**Pharmacy Name:** Scales Pharmacy, 27 Lichfield Avenue, Ronkswood,  
WORCESTER, Worcestershire, WR5 1NW

**Pharmacy reference:** 1038903

**Type of pharmacy:** Community

**Date of inspection:** 18/07/2019

## Pharmacy context

This is a community pharmacy located in a residential area of Worcester in Worcestershire. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use Reviews (MURs) and the New Medicine service (NMS). And, it supplies multi-compartment compliance aids for people if they find it difficult to take their medicines on time.

## 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 most risks effectively. Members of the pharmacy team monitor the safety of their services by recording mistakes and learning from them. They understand and can protect the welfare of vulnerable people. The pharmacy encourages people to provide it with feedback and uses this to improve its services. And, it maintains most of its records in accordance with the law. But, team members don't always keep people's private information as secure as they could do.

### Inspector's evidence

The pharmacy appeared to be struggling with its staffing levels (see Principle 2), hence most of the workspaces were taken up with baskets of prescriptions awaiting checks. This was partly cleared while staff worked during the inspection and the owner also arrived mid-way to assist the team. The pharmacy was able to manage the workload, the regular responsible pharmacist (RP) was organised, she was up to date with the pharmacy's paperwork and the team was in the process of rearranging some areas (see Principle 4).

There were documented and electronic standard operating procedures (SOPs) to support the provision of pharmacy services. The SOPs were reviewed in 2018, pharmacy team members roles and responsibilities were defined within them, staff knew their limitations, they understood the activities that were permissible in the absence of the RP and they knew when to refer appropriately. The correct RP notice was on display and this provided details of the pharmacist in charge of operational activities, on the day. The staff present were relatively new, they were in the process of reading some SOPs but had not yet signed them to demonstrate that this had occurred.

Staff assembled prescriptions on one section of the dispensary and there was a segregated space for the RP to accuracy-check prescriptions. The RP routinely recorded the team's near misses, they were discussed at the time with them and she reviewed the errors every month by completing patient safety reports. This identified key learning points and trends and patterns. Team members were briefed about this every month.

From the review of near misses, staff identified that mistakes occurred when they were tired, so different tasks were introduced, and regular breaks were incorporated. The RP also ensured the team was appropriately hydrated and encouraged them to drink plenty of water during the day. Look alike and sound alike medicines were highlighted, the RP regularly sourced online material to help reinforce learning and routinely educated the team. There were also several caution stickers in front of the stock and methotrexate was separated and highlighted to help raise staff awareness.

There was information on display to inform people about the pharmacy's complaints procedure and a documented complaints process was present. The RP handled incidents. The process here involved checking relevant details, rectifying the situation, apologising, identifying the root cause, making the team aware, documenting details and reporting this to the superintendent pharmacist and to the National Pharmacy Association (NPA). Documented details of previous incidents were seen.

Staff obtained feedback from people about the pharmacy's services by carrying out an annual survey. The RP described people requesting to be reminded when their prescriptions were due, so in response

to this, the pharmacy had installed a separate phone and texted people to inform them about this. This included when prescriptions for controlled drugs were received and before they were due to expire.

Staff could identify signs of concern to safeguard vulnerable people. They informed the RP in the event of a concern and had read relevant information as part of their training. The pharmacist was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). Local contact details for the safeguarding agencies was on display.

A complete audit trail for the receipt and destruction of controlled drugs (CDs) returned by people was maintained. The minimum and maximum temperatures of the fridge were checked and recorded daily to ensure medicines were appropriately stored here. The pharmacy's professional indemnity insurance was through the NPA and due for renewal after 30 September 2019.

The pharmacy's records were in general, maintained in line with statutory requirements. This included records of supplies made against private prescriptions, for unlicensed medicines, a sample of registers checked for CDs, emergency supplies and most of the RP record. Balances for CDs were checked and recorded every week for methadone and every month for CDs under safe custody. On randomly selecting two CDs held in the cabinet, the quantities held matched the balances recorded in the corresponding registers. Some details for records of emergency supplies were recorded using generated labels but they had not faded or become detached. There were occasional gaps within the electronic RP record where pharmacists had not recorded the time that their responsibility ceased.

There was information on display to inform people about how their privacy was maintained, and staff ensured that there was no confidential material left within areas that faced the public. Sensitive details on dispensed prescriptions awaiting collection could not be easily read due to the distance between the front counter and the area where they were stored. Staff were trained on the EU General Data Protection Regulation (GDPR), they had signed confidentiality clauses and summary care records were accessed for emergency supplies and queries. The RP obtained verbal and written consent for this.

Staff described shredding confidential waste. However, there was only a small shredder available and this was not large enough or fit to manage the volume of waste being produced. There was also a lockable section at the rear where staff stored waste. There were ripped up details in here inside clear waste bags where sensitive information was retrievable. This was discussed with staff at the time, they were instructed to purchase a larger shredder and ensure more robust methods were used to dispose of confidential waste. Evidence was received that this had been implemented.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy is somewhat struggling to manage the workload with its current staffing levels. But, it has recently recruited new members of staff, and it has contingency arrangements in place to cope in the meantime. The pharmacy's team members understand their roles and responsibilities. And, they keep their skills and knowledge up to date by completing regular training.

### Inspector's evidence

The pharmacy dispensed approximately 6,000 prescription items every month with 40 people receiving their medicines inside multi-compartment compliance aids and approximately 10 people received their medicines from instalment prescriptions.

The pharmacy had recently lost a few members of staff, the staffing profile currently included a regular pharmacist and two dispensing assistants, one of whom was undertaking accredited training for the dispensing assistant's course and normally worked in another one of the company's branches. The second dispensing assistant's employment started a few months before the inspection. The pharmacy had recently employed two more full-time staff members who were due to start work in the next few weeks and months. The superintendent pharmacist was also working at the pharmacy a few days a week to help manage the workload.

Certificates of qualifications obtained by the team were seen. The trained dispensing assistant explained that she had been assisted by the RP to help her learn about dispensing processes. They were in the process of signing up for training from RB health, resources from various providers such as the NPA, CPPE, webinars and other online resources were used to assist them with ongoing training needs. In the past few months, the new member of staff had completed and obtained some certificates on various topics.

Staff used a range of questions to obtain relevant information before selling over-the-counter (OTC) medicines and if they were unsure, details were brought to the attention of the RP. The team's progress was checked annually through appraisals and this was an ongoing process. As they were a small team, they communicated verbally and regularly discussed details between them.

In addition to the Essential Services, the pharmacy also provided emergency hormonal contraception (EHC), the NHS Urgent Medicine Supply Advanced Service (NUMSAS), and last season the pharmacy administered influenza vaccinations under Patient Group Directions (PGDs). There were no formal targets in place to complete services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are secure and provide an appropriate environment for the delivery of its services. But, people might see confidential information in the consultation room. This means that the team may not always be keeping other people's private information safe.

### Inspector's evidence

The premises consisted of a medium sized retail area and dispensary on the left-hand side of the retail space. There was a small section behind the front counter where there was a staff kitchenette area and WC facilities to one side. The dispensary contained enough workspace to dispense prescriptions safely although there were some space constraints observed if additional room was required.

The pharmacy was suitably lit and ventilated. It was clean and areas that faced the public were appropriately presented. Pharmacy (P) medicines were stored behind the front counter and staff were always within the vicinity to help prevent the self-selection of these medicines.

A signposted consultation room was available to provide services and private conversations. The door from the retail side was kept locked. The space was of an adequate size for the services provided. There was an entry point from the dispensary with a section in the centre that contained a clear glass panel and as this could affect people's privacy, the RP was advised to find a way of covering this. In general, the room was kept clear of confidential information according to the RP, however, there were two baskets left in the room that contained multi-compartment compliance aids with generated address labels for people on the baskets.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy ensures its services are readily accessible. The pharmacy team is helpful and is proactive in building links with the local community. The pharmacy obtains its medicines from reputable sources. But, it stores them in a disorganised way. This increases the chance of mistakes happening. In general, the pharmacy's services are provided safely and effectively. But, team members do not always identify prescriptions that require extra advice or record information. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. And, team members fill compliance aids, then leave them unsealed while they wait for them to be checked. This means the medicines are not very well protected if left overnight and could be damaged or contaminated. It may also increase the risk of mistakes happening.

### Inspector's evidence

There was clear, open space inside the premises. However, there was a step at the pharmacy's front entrance which could affect people with wheelchairs trying to access to the pharmacy's services. Staff explained that they physically assisted people with restricted mobility into the premises or attended people using wheelchairs at the door. There were two seats available for people to wait for their prescriptions if needed. Staff described using written communication for people who were partially deaf, they explained details verbally and physically assisted people who were visually impaired. The pharmacy's opening hours were listed on the front door and there was a wide range of leaflets available for people to access information about other local services. Staff used their own knowledge as well as online information to help signpost people to other local organisations.

The RP described undertaking and building links with the local community, this included liaising with the practice pharmacist, GP surgery and a local charity that delivered a drug and alcohol service in the area. The RP had been asked to speak to local school children and staff had attended events at the local community centre where they provided advice, gave out leaflets and people's blood pressure measurements were taken. The pharmacy was also healthy living accredited, they regularly promoted campaigns in line with the national public health topics, posters and leaflets were on display to encourage healthier living and referrals occurred.

Compliance aids were supplied to people who found managing their medicines difficult, the RP previously completed an assessment to determine people's suitability for this but described this now being initiated through the person's GP. The team ordered prescriptions on behalf of people requiring compliance aids, when they were received, details on prescriptions were cross-referenced against records on the system to help identify changes or missing items. Queries were checked with the prescriber and audit trails were maintained to demonstrate this. Descriptions of medicines within the compliance aids were provided and patient information leaflets (PILs) were routinely supplied. All medicines included in the compliance aids were de-blistered and removed from their outer packaging. Mid-cycle changes involved compliance aids being retrieved, amended, re-checked and re-supplied. Compliance aids were left unsealed overnight.

The pharmacy delivered medicines to people's homes and kept records to verify this. This included identifying CDs and fridge items. The driver and the trainee dispensing assistant were currently delivering medicines, the latter described reading the SOP to familiarise herself with the process and

had shadowed the driver to gain experience. They obtained people's signatures when CDs were delivered and brought back failed deliveries. They left notes to inform people about the attempt made and described only posting medicines through a letterbox if prior consent was obtained, details were recorded and relevant risks (such as pets or children) were checked.

During the dispensing process, baskets were used to hold each prescription and associated medicines. This prevented any inadvertent transfer. Staff used a dispensing audit trail to verify their involvement in processes and this was through a facility on generated labels.

Dispensed prescriptions requiring collection were held within an alphabetical retrieval system. Fridge items and CDs (schedules 2 and 3) were identified. Schedule 4 CDs were not highlighted although staff in training could recognise some of the common CDs within this schedule and knew that these prescriptions were only valid for 28 days. Uncollected medicines were checked and removed every month. Routinely identifying all CDs as best practice was discussed during the inspection

Staff were aware of risks associated with valproate. There was literature present to provide to people if needed. An audit had been completed to identify patients at risk. Prescriptions for higher risk medicines were not marked in any way to enable pharmacist intervention, counselling or checking of relevant parameters to routinely occur. The RP explained that people receiving these medicines from the pharmacy were monitored elsewhere and details were checked during MURs. People prescribed warfarin were not routinely asked about their International Normalised Ratio (INR) level. This included people with compliance aids although they were supplied this separately and there were no details seen documented about relevant parameters.

The pharmacy obtained medicines and medical devices from licensed wholesalers such as Lexon, AAH, Alliance Healthcare, OTC Direct, DE South and Trident. Unlicensed medicines were obtained through Lexon Specials. The pharmacy was in the process of complying with the European Falsified Medicines Directive (FMD). It was registered with SecurMed, the pharmacy system had been updated and relevant equipment was present. Staff were currently unaware of the processes involved and the team was not yet fully complying. This was due to be implemented.

Most medicines were stored in a haphazard manner, staff explained that they were in the process of rearranging the shelves to ensure a more ordered and alphabetical arrangement was in place. This was taking longer due to the staffing situation. Maintaining pharmacy stock in this way and the risk of selecting incorrect stock was discussed at the time. A book and a date-checking schedule were used by staff to check and demonstrate that medicines were being checked for expiry, this process occurred monthly (to remove medicines approaching expiry) and every six months. Short-dated medicines were identified using stickers and stock rotation occurred to ensure medicines with shorter expiry dates were used first. There were no date-expired medicines or mixed batches seen. Liquid medicines were marked with the date that they were opened.

The fridge was small and packed with stock, but appropriate temperatures were observed, the medicines were evenly spread and appropriately stored. CDs were stored under safe custody. The key to the cabinet was maintained in a manner that prevented unauthorised access during the day and overnight. Drug alerts were received by email, the process involved checking for stock and acting as necessary. An audit trail was available to verify this.

Once accepted, the team stored returned medicines requiring disposal within appropriate receptacles and there was a list available for staff to use to identify hazardous and cytotoxic medicines. Sharps for disposal were accepted provided they were in sealed bins. Returned CDs were brought to the attention



of the RP with relevant details entered into a CD returns register.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely.

### Inspector's evidence

The pharmacy was equipped with current versions of reference sources and the team could use online sources of information. Computer terminals were positioned in a way that prevented unauthorised access. Staff used their own NHS Smartcards to access electronic prescriptions and stored them at the pharmacy overnight. There were cordless phones available to enable private conversations to occur if required.

Clean, crown stamped conical measures were present for liquid medicines, this included a designated one for measuring CDs. Counting triangles, a separate one for cytotoxic medicines and tweezers were available. Some of the triangles could have been cleaner. The dispensary sink used to reconstitute medicines was relatively clean, there was hot and cold running water available as well as hand wash present. The fridge was maintained and operating at appropriate temperatures for the storage of medicines and the CD cabinet was secured in line with legal requirements.

### 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.