

# Registered pharmacy inspection report

**Pharmacy Name:** M.J. Roberts Chemists, 8 Boroughbridge Road,  
Acomb, YORK, North Yorkshire, YO26 5RU

**Pharmacy reference:** 1039022

**Type of pharmacy:** Community

**Date of inspection:** 16/01/2020

## Pharmacy context

This is a community pharmacy in Acomb, York. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy team offers advice to people about minor illnesses and over the counter medicines. It provides NHS services; such medicines use reviews. It supplies some medicines in multi-compartment compliance packs to people living in their own homes. And it provides a home delivery service.

## 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 the risks associated with the services it provides to people. And it has a set of up-to-date written procedures for the team members to follow to help them deliver the services safely. It keeps the records it must have by law. And it keeps people's private information secure. It acts on the feedback it receives from people who use the pharmacy to improve services. The team members discuss and record mistakes they make when dispensing. And they implement some changes to minimise the risk of similar mistakes happening again. But the reviews are limited so the team does not have all the information to identify patterns and learn from them. The team has the resources to help protect the welfare of vulnerable adults and children.

### Inspector's evidence

The pharmacy had a good-sized retail area. And there was an adequately sized dispensary. With a centre working island with benches around. There was an established work flow with separate areas for dispensing and checking. The pharmacist used a bench close to the pharmacy counter to complete final checks on prescriptions. And this allowed her to easily oversee any sales of medicines and listen to any advice the team members were giving to people.

The pharmacy had a set of Numark standard operating procedures (SOPs). And these were last reviewed in February 2018. The superintendent (SI) usually reviewed the SOPs every two years or sooner for individual SOPs that had been changed. They included ones for responsible pharmacist regulations and controlled drugs. Members of the pharmacy team had read the SOPs. And they had signed the training sheet to confirm they understood the SOPs and agreed to work to them. The manager said that head office was in the process of updating the SOPs.

The pharmacist highlighted near miss errors made by the team when dispensing. The RP recorded the details of each near miss error onto a paper near miss log. This was then transferred to an electronic record. The action taken sections were mostly blank or "changed". They previously completed a safety report. But this had not been completed since January 2019. So, it may be that lessons were not always being learned. Dispensing errors that had been handed out to people were recorded on the pharmacy incident report form. The manager advised that a recent error had happened when a customer was given the wrong prescription. The member of the pharmacy team handing it out had not followed the SOP. The manager had spoken to the team about it and they had all re-read the SOP.

The pharmacy had a complaints procedure in place. And details were available for people to see via the pharmacy leaflet. The pharmacy collected feedback through an annual patient satisfaction questionnaire. But the team were unsure of the areas highlighted for change. Some people had expressed their concern that the pharmacy could no longer order their repeats. The pharmacy team members took time to explain the new system so that people were aware of it. This had helped to manage people's expectations.

The pharmacy had up-to-date professional indemnity insurance. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept complete records of private prescription and emergency supplies. The pharmacy kept CD registers. And they were completed correctly. The

pharmacy team checked the running balances against physical stock every few months. A physical balance check of a randomly selected CD matched the balance in the register. The pharmacy kept complete records of CDs returned by people to the pharmacy. The pharmacy held certificates of conformity for unlicensed medicines and they were completed in line with the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA).

The team was aware of the need to keep people's personal information confidential. They had all undertaken information governance training. They had worked through the training booklet and answered questions at the end. Members of the pharmacy team had completed training in April 2019. The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was segregated to avoid a mix up with general waste. The confidential waste was periodically shredded on site.

When asked about safeguarding, the RP confirmed that she had completed level 2 training. The pre-registration student had also completed it in December. The manager had displayed the local contact details for the safeguarding teams on the wall. No safeguarding concerns had been raised.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members have the right qualifications and skills for their roles. And for the services they provide. And they work well together as a team and support each other. The pharmacy team members have the appropriate qualifications and skills to provide the pharmacy's services safely and effectively. Regular appraisal would be helpful for the team to discuss any training needs or issues that they are concerned about.

### Inspector's evidence

At the time of the inspection the responsible pharmacist was the manager. And had been in post since October 2018. During the inspection she was supported by two dispensing assistants. There were in total two full time dispensing assistants, one pre-registration student and one part time dispensing assistant. The pharmacy team members thought that they managed with the current level of staff. During busy times and holidays staff from other local branches helped to provide cover.

People were acknowledged as soon as they arrived at the pharmacy counter. The member of the pharmacy team on the counter was informing people of the waiting time for prescriptions to be dispensed and taking time to speak with them if they had any queries. The team members were heard asking the WWAM questions in a natural non-intrusive way. The team had received some healthy living pharmacy training. And the manager said that there was no set training as such. Head office sometimes directed the pharmacy team members to procedural training. There were no individual training records. The pharmacy team members had not received an appraisal since the business was taken over in 2018. The pharmacy team members discussed tasks that needed to be completed. And to plan the day ahead. They discussed any dispensing incidents as they occurred. No notes were taken of meetings or discussions. The pharmacy team were not aware that there was a whistle blowing policy. But advised that if they had any concerns then they would speak to the manager, the SI or the group operations manager. Targets were set for services such as MURs. The team worked hard to try to achieve these. But targets did not impact on the ability of the team to make professional judgements.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is kept secure and is well maintained. The premises are suitable for the services the pharmacy provides. It has a sound-proofed room where people can have private conversations with the pharmacy's team members.

### Inspector's evidence

The retail area was clean and professional in its appearance. With a seating area for people waiting for their prescriptions. The building was easily identifiable as a pharmacy from the outside. The dispensary was adequately sized, but it was a little cluttered. There was a clean, well-maintained sink in the dispensary for medicines preparation and staff use. There was a toilet with a sink with hot and cold running water. The pharmacy had a sound-proofed consultation room with seats where people could sit down with the team member. The room was smart and professional in appearance and was signposted by a sign on the door. There was also a computer. The room was unlocked at the time of the inspection. And there were unlocked cabinets in the consultation room which contained old CD registers. There were multi-compartmental packs stored in baskets over the sink. So, it was difficult to access. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easily accessible to people. The pharmacy manages its services appropriately and delivers them safely. It provides medicines to some people in multi-compartment packs to help them take them correctly. And it suitably manages the risks associated with this service. The pharmacy sources its medicines from licenced suppliers. The pharmacy may not always give advice to people taking high risk medication. And when they do this is not routinely recorded. So, it may not be able to refer to this information in the future if it needs to.

### Inspector's evidence

The pharmacy had a small concrete incline into the pharmacy. And so, people with mobility issues and wheelchair users could enter the pharmacy. The pharmacy advertised its services and opening hours on the door. It stocked a range of healthcare related leaflets in the retail area, which people could select and take away with them.

The team members signed the dispensing labels when the dispensing and checking processes were complete. And so, a robust audit trail of the process was in place. They used baskets to hold prescriptions and medicines. This helped the team members stop people's prescriptions from getting mixed up. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy delivered medicines to people on a Tuesday and Friday. This was a free service. The pharmacy got electronic signatures from people who they delivered medicines to. And so, an audit trail was in place that could be used to solve any queries.

The pharmacy supplied medicines in multi-compartment compliance packs for around forty people living in their own homes. And the pharmacy supplied the packs to people, mostly on a weekly basis. The team members recorded details of conversations they had with people's GPs. For example, if they were notified of a change in directions, or if a treatment was to be stopped. They supplied the packs with information which listed the medicines in the packs and the directions. And information to help people visually identify the medicines. For example, the colour or shape of the tablet or capsule. It also provided patient information leaflets with the packs it supplies.

The pharmacy dispensed high-risk medicines for people such as warfarin. The manager said that there was no process for counselling these people. The pharmacist sometimes asked the person collecting various questions to make sure they were taking their medicines safely. For example, they were asked about their INR, their daily dosage and the date of their next blood test. The manager confirmed that any conversations were not usually recorded onto the patient record. The team members were aware of the pregnancy prevention programme (PPP) for people who were prescribed valproate, and of the risks. The team members were aware that there was a valproate pack with literature about the programme. The manager confirmed that they had completed an audit. And they had identified one eligible patient. And she had received all the information and advice.

Pharmacy medicines (P) were stored behind the pharmacy counter to prevent people self-selecting

them. The pharmacy shelves tidy. The team members checked the expiry dates of its medicines to make sure none had expired. And the team members used alert stickers to help identify medicines that were expiring within the next six months. They recorded the date liquid medicines were opened on some packs. So, they could check they were in date and safe to supply. But there were a dozen or more amber bottles which had been removed from their blisters. And these were not marked with all the relevant details such as batch numbers. And the expiry date. The manager removed these for destruction. The pharmacy had procedures in place to appropriately store and then destroy medicines that had been returned by people. And the team had access to CD destruction kits.

The team was not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). The team had not received any training on how to follow the directive. The team members were unsure of when they were to start following the directive. Drug alerts were received via email to the pharmacy and actioned. There was an audit trail for this. The pharmacy checked and recorded the fridge temperature ranges daily. And a sample checked were within the correct ranges. The CD cabinet was secured and of an appropriate size. The medicines inside the fridge and CD cabinet was well organised.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy's equipment is well maintained and appropriate for the services it provides. The pharmacy uses its equipment to protect people's confidentiality.

### Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children for the team to use. And the team had access to the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. The team members used tweezers and gloves to help dispense multi-compartment compliance packs. The fridge used to store medicines was of an appropriate size. The electrical equipment looked to be in good working order. Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't seen by unauthorised people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the team members could have conversations with people in private.

### 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.