

Registered pharmacy inspection report

Pharmacy Name: Living Care Pharmacy, 101-103 Green Lane, Acomb, YORK, North Yorkshire, YO24 4PS

Pharmacy reference: 1039036

Type of pharmacy: Community

Date of inspection: 14/08/2019

Pharmacy context

The pharmacy is in Acomb, an area on the outskirts of York. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides a substance misuse service and needle exchange.

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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures that the team follows. And they generally work in a safe way to provide services to people using the pharmacy. The pharmacy keeps the records it needs to by law. It looks after people's private information. And the pharmacy team members know how to protect the safety of vulnerable people. The pharmacy team members respond when mistakes happen. And they discuss what happened and act to prevent future mistakes. But the reviews are limited so the team does not have all the information to identify patterns and learn from these.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which the pharmacy team members have read. These could be accessed electronically. And there were also paper copies in the pharmacy. These had been read and signed by most members of the pharmacy team. But the locum pharmacist had not signed these. And were due for review in February 2021. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as the dispensing prescriptions, assembly and labelling.

The pharmacist highlighted and recorded near miss errors made by pharmacy team members when dispensing. They discussed the errors made at the time. But, they did not record much detail about why a mistake had happened. They usually recorded what was required and what was given. The regular pharmacist analysed the data collected about mistakes every month. And these were discussed with the pharmacy team members. No notes were made of these discussions. The pharmacy had a procedure for dealing with dispensing errors. And these were recorded on the dispensing error report form. The sample of reports seen contained basic details of what happened and the possible contributory factors. The action taken section was completed. And the team had made changes such as separating items on the shelf.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a practice leaflet which the team were unable to locate on the day. It collected feedback from people by using questionnaires. And an area highlighted for improvement was the comfort of the seating area. To address this the pharmacy had replaced the old chairs with four comfortable chairs. Complaints were initially dealt with by the manager. And then if the person making the complaint was not satisfied then the office deals with the complaint. And provides an initial response within 24 hours.

The pharmacy had up to date professional indemnity insurance in place. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And they were audited against the physical stock quantity monthly. It kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy maintained a responsible pharmacist record on paper and there was also an electronic record. The SOP said the RP record should be maintained electronically. The dual system was confusing and there were the odd occasions when there was no record of the responsible pharmacist on duty. The pharmacist displayed their responsible pharmacist notice to people. The pharmacy team monitored and recorded fridge temperatures daily. They kept private prescription records in paper format, which were mostly complete. But, in the samples seen, they sometimes did not record the reference numbers on the private prescriptions. They

recorded any unlicensed medicines supplied, which included most of the necessary information in the samples seen. But some patient details were missing.

The pharmacy kept sensitive information and materials in restricted areas. And confidential waste segregated and collected for shredding off site. Pharmacy team had completed online training to protect privacy and confidentiality. They had completed CPPE level 1 and the pharmacist and technical had completed CPPE level 2. They were clear about how important it was to protect confidentiality. The pharmacy had contact details available for the local safeguarding service. And these were laminated and displayed in the dispensary. The team provided examples of what they look out for in the case of vulnerable adults and children.

Principle 2 - Staffing ✓ Standards met

Summary findings

Team members who are training to gain a qualification have access to training material. And they are given time to do training. This ensures they have the skills and qualifications they need. The pharmacy has some feedback mechanisms in place for its team members. The team members discuss information and undertake some ongoing training. The pharmacy team members are suitably qualified and have the right skills for their roles and the services they provide. Pharmacy team members feel able to raise concerns and use their professional judgement.

Inspector's evidence

At the time of the inspection there was a locum pharmacist, two technicians one of whom was the manager, and one dispenser. The compliance manager from head office was assisting on the day because the pharmacy was short staffed. The company had recently employed two new members of staff who were due to start next month. In the meantime, a locum dispenser has been booked to provide cover.

The technicians were up-to-date with their CPD. There was an apprentice enrolled on the buttercups course. And the manager supports them with their studies. Members of the pharmacy team had not received an appraisal yet. The manager advised that she provides on the spot feedback. And any issues were discussed as they occurred. The pharmacy team had daily morning discussions about the day ahead. And the tasks that need completing. The pharmacy team thought the manager was approachable, and they felt able to offer suggestions for changes to improve the service offered. The pharmacy team had read the employee handbook and were aware of how to raise a concern. No examples were provided. There was a communication book which was used by locums and other members of the pharmacy team to pass on messages.

The pharmacy team members said the company asked the pharmacy to achieve targets. Sometimes double pharmacist was provided so that these could be achieved.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is adequately clean and properly maintained. The pharmacy uses a room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was basically clean, but the shelves and flooring needed cleaning in some areas. And there was some clutter on the benches and floor. It was fitted out to an acceptable standard. The sink in the dispensary for preparation of medicines was clean. And there was hot and cold running water. The room temperature was comfortable, and the pharmacy was well lit. All the team took part in general cleaning. But there was no rota. And this was done when time allowed.

The pharmacy had a good sized, signposted, sound proofed consultation room which the team used. There was a desk, chairs and computer. There were lockable cupboards in the consultation room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. And they deliver medicines to peoples' homes. The pharmacy generally manages its services well and it has processes to help deliver them safely. It supplies medicines in compliance packs when it will help people to take their medicines appropriately. And it makes sure people receive their packs when they need them. The pharmacy obtains its medicines from reputable suppliers. It generally manages its medicines well.

Inspector's evidence

There was direct access into the pharmacy from the street. The pharmacy advertised its services and opening hours in the door. Seating was provided for people waiting for prescriptions. A range of healthcare related leaflets were available for people to select and take away.

People could request multi-compartmental compliance packs. And these were supplied to people to help them take their medicines at the right time. The team recorded details of any changes, such as dosage changes, on the master sheets. Patient information leaflets were supplied with the packs each month. And information which would help people visually identify the medicines.

The pharmacy kept records of the delivery of medicines from the pharmacy to people. The records included a signature of receipt. A separate delivery sheet was used for controlled drugs.

The team tried to check the expiry dates of the stock every three months. And the team kept records of the activity. But this had not been done since April, the team advised that this was because they were short staffed because two members of the team were on maternity leave. The team used stickers to highlight medicines that were expiring in the coming months. There was a lot of stickered stock on the shelves. Various areas in the dispensary were checked. And there was no out of date stock found. The team recorded the date the pack was opened on liquid medicines. This allowed them to identify medicines that had a short-shelf life once they had been opened. And check that they were fit for purpose and safe to supply to people. For example, morphine liquid was marked as opened on 19 July 2019.

Alert pharmacist stickers were kept with prescriptions to alert the team to issues on hand out. For example, for high risk medicines such as warfarin or the presence of a fridge or a controlled drug that needed to be added to the bag. An audit trail was in place for dispensed medication using dispensed by and checked by signatures on labels. Baskets were available to hold prescriptions and medicines. This helped the team to stop people's prescriptions from getting mixed up. The pharmacy used clear bags to store dispensed fridge and CD items. Which allowed the team to do a further check of the item against the prescription. And by the person during the hand out process.

The team sometimes identified people who were prescribed high-risk medication such as warfarin. And they were given additional verbal counselling by the pharmacist. But details of these conversations were not usually recorded on people's medication records. So, the pharmacy could not demonstrate how often these checks took place. INR levels were not usually recorded. So, it may not be able to refer to this information in the future if it needs to. The team were aware of the pregnancy prevention

programme for people who were prescribed valproate. And they had completed an audit and there were no eligible patients. The pharmacy team were unable to locate the information leaflets and cards at the time of the inspection.

The team were not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). There were scanners and SOPs in place. But the pharmacy team had not yet received training. Fridge temperatures were recorded daily using a digital thermometer. A sample of the records were looked at. And the temperatures were consistently within the correct range. The pharmacy obtained medicines from several reputable sources. Drug alerts were received via email, these were printed off and actioned. The pharmacy kept a record of the action the team had taken. And these were retained to provide an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy team members had access to a range of up to date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information. The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use. The team members had access to disposable gloves and alcohol hand washing gel.

The pharmacy stored medication waiting collection on shelves using a number system. The team filed the prescriptions in a retrieval system out of view, keeping details private. The computer in the consultation room was screen locked when not in use. The team used the NHS smart card system to access to people's records. The computer screens were out of view of the public.

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.