

Registered pharmacy inspection report

Pharmacy Name: Parkers Pharmacy, 61 North Moor Road,
Huntington, YORK, North Yorkshire, YO32 9QN

Pharmacy reference: 1039059

Type of pharmacy: Community

Date of inspection: 10/04/2019

Pharmacy context

This is a community pharmacy in Huntington, a village in the suburbs of York. It serves the local community and there are a lot of elderly people who use the pharmacy. The pharmacy sells a range of over-the-counter medicines and dispenses NHS prescriptions. The pharmacy offers a range of services including multi-compartment compliance packs.

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 generally identifies and manages the risks associated with its services. The pharmacy asks people for their views. And it deals with complaints and uses feedback to improve the services. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. The pharmacy looks after people's private information. And the pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

People were welcomed when they came in to the shop. The pharmacy and retail areas were small but well laid out. Workspace was also allocated for certain tasks. And a designated area was used to manage the multi-compartment compliance aid service.

Standard Operating Procedures (SOPs) were in place. But these were due to be reviewed. And some of them did not reflect current practice. This may mean that the pharmacy team may not be working in a consistent way. Members of the team had read SOPs relevant to their roles.

Near misses were brought to the attention of the team member who had made the mistake. And sometimes the Responsible Pharmacist (RP) recorded these. And at other times the team member who has made the mistake recorded it. The RP said that this depended on the circumstances at the time. Near misses were observed to be consistently recorded but the contributory factors and the additional comments section were not always completed. Near misses were discussed with the pharmacy team at the time. The RP also did a monthly review and this was discussed with the pharmacy team members. The RP provided examples of changes made following an error. For example, there were warning stickers on the look alike sound alike medicines. Dispensing errors were recorded electronically. There had been a delivery error. And following an analysis of the causes the procedure was changed. And extra safeguards were put into place.

Valid NPA professional indemnity insurance was in place.

A complaints policy ensured that staff handled complaints in a consistent manner. The policy helped the pharmacy team resolve issues. And managed the incidence of people escalating complaints. There was a leaflet which informed people about the complaints process and provided contact details. Some people had given feedback that their managed repeat prescriptions were not always ready when they called to collect them. The manager and RP had reviewed the way repeats were ordered. And it was decided to order these on a Monday, Tuesday and Wednesday. This meant that the driver could collect the prescriptions in batches.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the electronic responsible pharmacist record up to date. But on the day of the inspection the wrong Responsible Pharmacist sign was displayed. The RP said that this had been an oversight and the correct sign was put up. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs once a week.

The pharmacy recorded controlled drugs that people returned for destruction.

A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the medication.

The pharmacy team completed data protection training on a regular basis. The last training was done March. The pharmacy stored prescriptions for collection out of view of the waiting area. And computer screens were not visible. Confidential waste was segregated and shredded on site. The pharmacy team used a password and smart cards to restrict access to patient medication records.

The pharmacy team were aware that there was a procedure in place to protect children and vulnerable adults. And were aware of vulnerable groups. And key contact details were available should a referral be necessary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. The pharmacy team members work within their skills and qualifications. The pharmacy team members work well together and share information. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training.

Inspector's evidence

At the time of the inspection, there was the one of the regular pharmacists on duty. There were also two dispensing assistants. And one of these was the manager. The manager said that they usually managed with the current level of staffing. The manager said that part time staff were flexible and worked extra if necessary. The pharmacy's team members generally managed the workload adequately and safely. There were two store pharmacists who covered the hours between them. Staff wore uniforms and badges and looked smart and professional.

The pharmacy team had completed appropriate qualifications to work in the dispensary and on the medicines counter. The RP used training fact sheets to support training that she provided to the pharmacy team. For example, the RP updated the pharmacy team members on Asthma and inhalers. The team had also completed oral health training and diabetes training. These were done as part of the Healthy Living Pharmacy programme.

Team members worked well together. And would refer to each other with queries. The team members felt able to make suggestions to improve the level of service offered to people. Team members had daily catch ups. And they discussed the day ahead.

There wasn't a formal performance review process in place. The manager had sat down with all members of the team when she started in February. The pharmacy had targets in place for several services. The RP said that the team work together to try to achieve these. But they always felt able to exercise their clinical judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable to provide its services safely and securely. The pharmacy team appropriately manages the available space.

Inspector's evidence

The pharmacy was tidy and well organised. The pharmacy was small. But the team made the best use of the space available. The working areas were free of clutter. And this helped to maintain an efficient workflow.

The consultation room was suitable for private consultations and counselling. The door was not locked at the time of the inspection. No patient identifiable information was accessible.

The pharmacy's premises were appropriately safeguarded from unauthorised access. The pharmacy was alarmed. And there was CCTV.

There was adequate heating and lighting throughout the premises. And running hot and cold water was available. Maintenance issues were reported to superintendent.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The services are generally well managed. The pharmacy may not always record advice given to people who get higher-risk medicines. So, it may not be able to refer to this information in the future if it needed to. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use. It adequately sources and manages its medicines, so they are safe for people to use.

Inspector's evidence

Access to the pharmacy was via a small step up into the shop. There was a portable ramp available if needed. And it was possible for wheelchairs to access the pharmacy.

The pharmacy supplied medicines in multi-compartment compliance packs to around 80 people. The pharmacy maintained records of medicines, administration times, and changes to medicines. Prescriptions were ordered in enough time to make sure they could be received promptly. Descriptions were supplied which allowed individual medicines to be identified. Patient information leaflets were supplied with the packs.

A delivery service was offered. The driver had a delivery sheet which people signed when they received their medicine. There was an additional sheet for controlled drug (CD) deliveries. And people signed the sheet on receipt of their CD. These were retained in the pharmacy.

The pharmacy was a Healthy Living Pharmacy and ran promotions to help the local population improve their health and wellbeing. Practice leaflets were openly available and listed the pharmacy's services.

A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers.

Stock requiring refrigeration was stored at appropriate temperatures. Electronic records were maintained to ensure temperatures were within the appropriate ranges. There was a procedure to follow if the temperatures went out of the accepted range.

A controlled drugs cupboard was available for the safe custody of controlled drugs. The cupboard was appropriately secured. The contact details for the accountable officer (AO) were in the files. There were a lot of expired controlled drugs. And these were segregated to prevent mixing up with stock for patient use.

The pharmacy had a process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. But the team had fallen behind with this. Medicines were checked at random and an item was found which was out of date. This was removed from the shelf for destruction. There were also some short-dated items which had not been stickered. This could increase the risk that out of date items might be dispensed to people. There were no opened liquids. But the pharmacy team members said that their usual procedure was to date bottles once they were opened.

The pharmacy team members were observed using coloured baskets to ensure prescriptions were prioritised and assembled medication remained organised. Computer generated labels were initialled by the pharmacist and dispenser which allowed an audit trail to be produced. The pharmacy team members dispensed from the prescription and not the labels.

The shelving system enabled enough storage and retrieval of dispensed medication for collection. People collecting were routinely asked to confirm the name and address of the patient to ensure that medication was supplied to the correct patient safely. Medicines were arranged mostly alphabetically on the shelves.

Stickers were used to highlight that a fridge line or controlled drug needed to be added. The pharmacy team members discussed monitoring arrangements with people on high risk medicines, such as warfarin. But records of such conversations were not always maintained.

The RP described updated guidance that was provided to women who received sodium valproate. The pharmacy had completed an audit. And there were no eligible patients. The pharmacy team were unsure where the sodium valproate information leaflets and cards were. This may mean that new patients are not provided with the information.

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication.

The manager said that the pharmacy had not yet adjusted to meet the Falsified Medicines Directive. The pharmacy had the scanners. But these had not been set up yet. There were no SOPs in place. And members of the pharmacy team had not received training. This may have reduced the ability of the pharmacy to verify the authenticity of its medicines.

The pharmacy team received alerts electronically to the pharmacy when drug recalls of medicines or medical devices were necessary. The pharmacy had an electronic folder of collated alerts which had been signed and stamped to confirm they had been completed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment and facilities are suitable for its advertised services.

Inspector's evidence

Up to date reference sources were available and included the BNF and BNF for Children. There was access to the internet which was used for a range of uses including leaflets for patients and PharmOutcomes.

A range of CE quality marked measures were in use which were cleaned after use. The pharmacy also had a range of equipment for counting loose tablets and capsules with a separately marked tablet triangle that was used for cytotoxic drugs. Tweezers and gloves were available. There was a first aid kit.

The CDs were stored in CD a cabinet which was securely bolted in place. The fridge used to store medicines was from a recognised supplier and an appropriate size for the volume of medicines requiring storage at such temperatures.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Access to patients' records restricted by Smart cards.

Medication awaiting collection was stored out of view and no confidential details could be observed by customers. prescriptions were filed in boxes out of view of patients keeping details 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.