

# Registered pharmacy inspection report

**Pharmacy Name:** Ellison Chemist, Cockenham Hall Mews, 17  
Huddersfield Road, BARNSELY, South Yorkshire, S70 2LT

**Pharmacy reference:** 1039098

**Type of pharmacy:** Community

**Date of inspection:** 30/05/2019

## Pharmacy context

This community pharmacy is in a residential area of Barnsley, South Yorkshire. The pharmacy sells over-the-counter medicines, provides a flu vaccination service and dispenses NHS and private prescriptions. It also supplies medicines in multi-compartmental compliance packs to people living in their own homes.

## 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 has adequate processes and procedures, so the team can manage the risks to its services. And it mostly keeps the records it must by law. The pharmacy generally keeps people's private information safe. It has adequate processes available to its team members, to help protect the welfare of vulnerable people. And the pharmacy team members know what to do if they have a safeguarding concern. The pharmacy's team members record some of the errors that happen with dispensing. And they discuss their learning. They sometimes use this information to learn and make changes to help prevent similar mistakes happening again. The pharmacy advertises how people can provide feedback and raise concerns. But the pharmacy team members cannot demonstrate how they have used the feedback to improve its services.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). These procedures were set to be reviewed every two years. But the recorded review date was April 2019. And so, the content of the SOPs may not be up to date. The SOPs covered procedures such as taking in prescriptions and dispensing. The team members were seen working in accordance with the SOPs. The SOPs documented who was responsible for performing each task. The team members said they would ask the pharmacist if there was a task they were unsure about or felt unable to deal with. And they had all signed the SOPs. Which indicated they had read and understood the contents.

A process was in place to report and record near miss errors that were made while dispensing. The pharmacist or the accuracy checking technician (ACT) typically spotted the error and then made the team member aware of it. And then asked them to rectify it. A log was used to record details of the errors. The pharmacy encouraged the team member who made the error to make the entry in the log. The team recorded the date and nature of the error, and the reason why the error may have happened. The regular pharmacist analysed the near misses each month. And the findings were discussed with the team, but they were not documented. The team demonstrated how they acted on feedback from the pharmacist following a near-miss. For example, action was taken to separate different formulations of the same medicines on the dispensary shelves to reduce the risk of a picking error.

The pharmacy had a process in place to record, report and analyse dispensing errors that had been given out to people. It recorded the details of the errors on to an electronic reporting form and the form was sent to the superintendent pharmacist's team. The form was printed and filed for future reference. The pharmacy reported all incidents on the National Pharmacy Association online database. The pharmacy had recently supplied a medicine in error to a person. The error was discussed with each team member to allow them to learn from it. The team members were reminded of their responsibilities when dispensing and to ensure they used a three-way check process each time a medicine was dispensed.

The pharmacy had a notice in the retail area which detailed how people could make a complaint. It outlined the contact details of the pharmacy head office. The pharmacy obtained feedback from people who used the pharmacy, through a community pharmacy questionnaire. The team said the feedback they received was generally positive. But they were unsure if areas of practice that required improvement had been identified. The team were unable to provide any examples of how they had

used feedback to improve their services.

The pharmacy had up to date professional indemnity insurance. The responsible pharmacist notice displayed the correct details of the responsible pharmacist on duty. The responsible pharmacists did not always record the times that their duties ended. This is not in line with requirements. A sample of controlled drug (CD) registers were looked at and were found to be in order including completed headers, and entries were being made in chronological order. Running balances were maintained and audited every month. A random CD item was balance checked and verified with the running balance in the register (Secobarbital 50mg capsules X 399). The pharmacy recorded the destruction of patient returned CDs. But the pharmacist did not always sign the register to confirm the destruction. The pharmacy kept records of private prescription supplies. But it didn't always record the details of the authorising prescriber. This is not in line with requirements. The pharmacy correctly maintained records of emergency supplies, including the reason why the supply was made. It kept records of any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy had an information governance (IG) policy in place. It contained information on how the team should protect people's information and data. The team were clear of the importance of protecting the confidentiality of the people they provided services to. A privacy policy was on display in the retail area. The pharmacy stored confidential waste in a separate area of the dispensary. The waste was collected by a third-party contractor who arranged its destruction.

The pharmacist on duty and a pharmacy technician had completed training on safeguarding the welfare of vulnerable adults and children via the Centre for Pharmacy Postgraduate Education (CPPE). Other team members had not completed a specific training course. The team members gave several examples of symptoms that would raise their concerns. A SOP was available which outlined a formal incident reporting and handling procedure. And the team had read its contents. The team did not have immediate access to the contact details of the local safeguarding board.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy employs people with the right skills and qualifications to undertake the tasks within their roles. The pharmacy team members can feedback their ideas to improve services. And they are supported to take on new roles within the pharmacy. The pharmacy supports its team members to complete training. And this helps them improve their knowledge and skills. They tailor their training to their own needs. But the team does not have a regular training plan. And so, they may miss out on learning opportunities.

### Inspector's evidence

At the time of the inspection, the team members present were the full-time resident pharmacist, two pharmacy assistants and two pharmacy technicians. Other team members who were not present included an ACT and the delivery driver. The team members often worked overtime to cover both planned and unplanned absences. They were not permitted to take time off in December, as this was the pharmacy's busiest period.

The pharmacist supervised the team members. And they involved the pharmacist in offering advice to people who were purchasing over-the-counter products for various minor ailments. They carried out tasks and managed their workload in a competent manner. And they asked appropriate questions when selling medicines that could only be sold under the supervision of a pharmacist. The team was aware of what could and could not happen in the pharmacists' absence.

The pharmacy did not provide its team members with a structured process for ongoing learning. But it supported the team members to undertake training by giving them time to read trade press material sent to the pharmacy. The team members could tailor their learning to their needs. A pharmacy technician said that she had recently done some training on the medicine, apixaban. This was because she found that she was dispensing it regularly but did not know much about it.

The team members attended a team meeting which was held ad-hoc. The meetings were generally held on Thursdays when all team members were present. The meetings were an opportunity for the team to give feedback and suggest ways they could improve the service. They discussed patient safety and talked about any errors openly and honestly. They could suggest ways to make improvements to the service provided. The team explained that they had recently introduced progress charts to assist them when dispensing medicines in multi-compartmental compliance packs. The team recorded on the charts, when the prescription had been issued, when it had been labelled, when it had been dispensed and when it had been subjected to a final accuracy check. The team said that the charts helped them monitor progress and improved their efficiency.

The team members received a performance appraisal each year with the pharmacist. The appraisals were an opportunity for the team member to discuss what they enjoyed about their job and what they wanted to achieve in the future. They were set goals to achieve by the time the next appraisal took place. A pharmacy technician said that at her last appraisal she had asked to be enrolled on to an ACT course. The request was granted. The technician said that she had been progressing well through the course and had received ample support from her colleagues.

The team members confirmed that they were able to discuss any professional concerns with the pharmacist. And they were aware of how they could raise concerns externally if they required. A whistleblowing policy was in place. So, team members could raise a concern anonymously.

The pharmacy set the team some targets to achieve. These included NHS prescription items and MUR consultations. The team said that they did not feel any pressure to achieve the targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the health services provided. And the pharmacy has a room where people can speak to pharmacy team members privately.

### Inspector's evidence

The pharmacy was generally clean, hygienic and well maintained. Floor spaces were mostly clear, with no obvious trip hazards. There was a clean, well maintained sink in the dispensary used for medicines preparation and staff use. There was a WC and a sink with hot and cold running water and other facilities for hand washing. The area was free of clutter. The pharmacy had a sound proofed consultation room which contained adequate seating facilities. The room was smart and professional in appearance. The lighting was bright, and the temperature was comfortable throughout inspection. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible to people and it provides services to support people's health needs. The pharmacy has robust procedures that the team members follow when they dispense medicines into multi-compartmental compliance packs. They provide information with these packs to help people know when to take their medicines and to identify what they look like. But they don't always get signatures when they make deliveries to people's homes. So, it may be difficult to resolve queries or identify mistakes. The pharmacy sources its medicines from licenced suppliers. And it generally stores and manages its medicines appropriately. But it doesn't always record the date of opening on liquid medication that had a short-shelf life once opened. And so, it cannot be certain that these medicines are fit for purpose. It also stores some medicines in areas of the pharmacy which are not always properly protected from unauthorised access.

### Inspector's evidence

The pharmacy had level access from a small car park which led to the entrance door. The pharmacy advertised the services it offered via a display in the front window. It provided seating for people waiting for prescriptions. Large print labels were provided on request. The team members had access to the internet. Which they used to signpost people requiring a service that the team did not offer. Several healthcare related posters were displayed in the retail area.

The team members attached stickers to the prescriptions during the dispensing process to alert the pharmacist during checking of any issues, interactions or new medicines. And this also alerted team members during the hand out process, for example to the presence of a controlled drug or fridge line. The pharmacy had an audit trail for dispensed medication. The team achieved this by using dispensed by and checked by signatures on dispensing labels. The team members used separate areas to undertake the dispensing and checking parts of the dispensing process. They used baskets to keep prescriptions and medicines together. This helped prevent people's prescriptions from getting mixed up. The pharmacy did not have a system in place to prevent the hand out of CDs after the prescription had expired.

The team occasionally identified people who were prescribed high-risk medication such as warfarin. And they were given additional verbal counselling by the pharmacist, if the pharmacist felt there was a need to do so. But details of these conversations were not recorded on people's medication records. So, the pharmacy could not demonstrate how often these checks took place. The pharmacy did not always assess the INR level. The team knew about the pregnancy prevention programme for people who were prescribed valproate. The team said that they knew about the risks. And they demonstrated the advice they would give people in a hypothetical situation. The team had access to information cards about the programme that they could provide to people. The team had not completed an audit to identify people they regularly supplied valproate to. The team said they had not had any prescriptions to dispense for people who had met the criteria of the programme.



People could request for their medicines to be dispensed in multi-compartmental compliance packs. The team dispensed the packs in a first-floor room. They said that this was to prevent them having to break off from dispensing to serve people who were waiting in the retail area. The team were responsible for ordering the person's prescription. And then the prescription was cross-referenced with a master sheet to ensure it was accurate. The team queried any discrepancies with the person's prescriber. The team recorded details of any changes, such as dosage increases and decreases, on the master sheets. The team supplied the packs with backing sheets which contained dispensing labels and information which would help people visually identify the medicines. The team supplied patient information leaflets to people each month as required by law.

The pharmacy kept basic records of the delivery of medicines from the pharmacy to people. The records did not include a signature of receipt, unless the medicine delivered was a CD. So, there was no audit trail for most deliveries. The pharmacy supplied people with a note when a delivery could not be completed. The note advised them to contact the pharmacy.

The pharmacy gave people owing slips when it 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 team attempted to complete the owing the next day. The pharmacy stored pharmacy only medicines behind the retail counter. These medicines could only be sold in a pharmacy, and under the supervision of a pharmacist. The storage arrangement prevented people from self-selecting these medicines.

The team checked the expiry dates of stock every three months and they kept a record of the activity. The records were complete. No out of date medicines were found following a random check of the dispensary stock. The team used alert stickers to highlight any stock that was expiring in the next 6 months. The date of opening was not recorded on liquid medication that had a short-shelf life once opened. And so, the pharmacy could not be certain that these medicines were still fit for purpose. 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). The pharmacy did not have any software installed or a SOP available to assist the team to comply with the directive. The team had not received any training on how to follow the directive.

The team used digital thermometers to record fridge temperatures each day. A sample of the records evidenced temperatures were within the correct range. The pharmacy obtained medicines from several reputable sources. It received drug alerts via email and the team actioned them. The pharmacy kept records of the action taken after the alert. But the records were not seen.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The equipment and facilities the pharmacy uses in the delivery of services are clean, safe and mostly protect people's confidentiality.

### Inspector's evidence

The pharmacy had several reference sources available. And the team had access to the internet as an additional resource. The resources included hard copies of the current issues of the British National Formulary (BNF) and the BNF for Children.

The pharmacy used a range of CE quality marked measuring cylinders. And it had tweezers and rollers available to assist in the dispensing of multi-compartmental compliance packs. The medical fridge was of an appropriate size. The medicines inside were well organised.

The computers were password protected and access to people's records were restricted by the NHS smart card system. And computer screens were adequately positioned to ensure confidential information wasn't on view to the public. The computers were password protected. Cordless phones assisted in undertaking confidential conversations. The pharmacy stored some confidential information in the consultation room. And so, this information could be seen by people who used the room.

### 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.