

Registered pharmacy inspection report

Pharmacy Name: Well, High Street, Bentley, DONCASTER, South Yorkshire, DN5 0AP

Pharmacy reference: 1039153

Type of pharmacy: Community

Date of inspection: 04/03/2020

Pharmacy context

This community pharmacy is on the main shopping street of a residential suburb on the outskirts of Doncaster, South Yorkshire. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. It offers advice on the management of minor illnesses and long-term conditions. It supplies some people with medicines in multi-compartment compliance packs, designed to help them remember to take their medicines. And it delivers medicines to people's homes.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.2	Good practice	The pharmacy has some good processes for managing and reviewing safety. Its team members are committed to engaging in regular risk reviews to help share learning. And to help continually drive improvement.
2. Staff	Standards met	2.4	Good practice	Pharmacy team members use their skills to support the learning and development of other team members. They take part in regular team discussions. And they understand the importance of sharing learning to improve safety across the pharmacy.
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 identifies and manages the risks associated with its services. It has adapted some good processes for managing and reviewing safety. Its team members are committed to engaging in regular risk reviews to help share learning. And to help continually drive improvement. The pharmacy advertises how people can provide feedback about it or its services. It keeps people's private information secure. And it keeps all records it must by law. It has the necessary arrangements in place to protect the health and wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs). These included responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. The superintendent pharmacist's team reviewed the SOPs on a rolling two-year cycle. The SOPs set out the roles and responsibilities of staff. And the manager provided a summary of training records associated with the SOPs. This confirmed the pharmacy's team members had read and understood SOPs relevant to their role. A member of the team explained what tasks could and couldn't be completed if the RP took absence from the premises. The pharmacy's accuracy checking technician (ACT) demonstrated how pharmacists physically recorded details of their clinical check. This helped to inform her professional judgement when carrying out the accuracy check of medicines. Pharmacy technicians worked well within their extended roles and were confident in managing queries and concerns directly with surgery teams. They recognised when there was a need to refer to the pharmacist for support and information.

Work space in the dispensary was effectively managed. There was designated space for labelling, assembling and accuracy checking medicines. And the pharmacy also had protected space for completing higher-risk tasks. Such as tasks associated with the multi-compartment compliance pack service. And tasks associated with dispensing and managing CDs. The pharmacy had a MethaMeasure machine to help manage the dispensing of methadone. Profiles on the machine contained up-to-date photographs of the person accessing the service. And pharmacy team members were observed confirming people's identity prior to supervising consumption of methadone. The pharmacy had systems in place for inputting data from prescription forms into the system. And pharmacists managed the clinical and accuracy checks associated with the service.

Pharmacy team members took ownership of their mistakes by discussing them with the pharmacist or ACT at the time they occurred. A near-miss error record was kept electronically. And team members felt the majority of their near-misses were recorded in a timely manner on the record. The pharmacy had changed the way it managed its workload since the last inspection in August 2019. This meant over 60% of the pharmacy's dispensing now being completed by the company's offsite dispensing hub. This process saw team members entering data associated with the prescriptions into a computer system. And pharmacists accuracy checked this data and performed a clinical check of the prescription prior to the data being sent to the hub. The RP explained how near misses associated with data entry were recorded to help inform team learning and improvement. The pharmacy also recorded details of its dispensing incidents electronically. This provided the superintendent pharmacist's team with an opportunity to review incidents. The RP explained how he would manage a dispensing incident by

speaking with the person affected, contacting prescribers if required and taking action to report the incident and implement risk reduction actions with the team.

The RP led a formal monthly patient safety review. This was supported by frequent team briefings focussed on managing risk in the pharmacy at least every few weeks. Pharmacy team members demonstrated how they had used learning associated with 'look-alike and sound-alike' (LASA) medicines to make some portable warning signs. These were used across stock locations in the dispensary and were moved with the relevant medication when date checking and cleaning took place. The pharmacy had also displayed a list of LASA medicines at individual work stations to prompt additional checks when dispensing these medicines. Notes from team meetings focussed on actions being taken to reduce risk. For example, ensuring split boxes were prominently marked and empty blisters inside split packs were physically cut rather than left intact on foils within the boxes. The notes also provided some details of ongoing learning team members had engaged in. For example, learning associated with the signs of sepsis. The RP explained how he reviewed actions from the previous meeting and recapped on them in future meetings to help drive improvement.

The pharmacy had a complaints procedure in place. And it provided details of how people could leave feedback or raise a concern about the pharmacy through a notice in the public area. A member of the team explained how she would manage a complaint and understood how to escalate concerns if required. The pharmacy also engaged people in feedback through its annual 'Community Pharmacy Patient Questionnaire'. And it published feedback from this questionnaire for people to see.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice contained the correct details of the RP on duty. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy's Prescription Only Medicine (POM) register was kept in accordance with legal requirements. The pharmacy retained completed certificates of conformity for unlicensed medicines with full audit trails completed to show who unlicensed medicines had been supplied to. The sample of the controlled drug (CD) register examined was generally compliant with legal requirements. But the pharmacy didn't always enter the address of the wholesaler when entering receipt of a CD. It maintained running balances in the register. And it was carrying out weekly audits of these balances against physical stock. A physical stock check of MST Continus 10mg tablets complied with the balance recorded in the CD register. The pharmacy maintained a CD destruction register for patient returned medicines. And the team entered returns in the register on the date of receipt.

The pharmacy displayed a privacy notice. All pharmacy team members completed mandatory information governance training. Pharmacy team members demonstrated how their working processes kept people's information safe and secure. And all person identifiable information was stored in staff only areas of the pharmacy. The pharmacy had submitted its annual NHS information governance toolkit. It disposed of confidential waste by using confidential waste bins and sacks. The waste was collected for secure disposal periodically.

The pharmacy had procedures and information relating to safeguarding vulnerable people in place. Pharmacy team members had completed e-learning on the subject. And pharmacy professionals had completed level two safeguarding learning through the Centre for Pharmacy Postgraduate Education (CPPE). A team member explained how she would recognise and report a concern. And an example of how the team had recognised a concern was discussed. The team had recorded details of their concerns. And had shared them with the surgery team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the skills and knowledge required to provide its services safely. It regularly reviews the skill mix of its team to support it in providing its services. And it has some learning and development strategies which encourage pharmacy team members to engage in continual learning relevant to their roles. Pharmacy team members are enthusiastic about their roles. And they use their skills to support the learning and development of other team members. They take part in regular team discussions. And they understand the importance of sharing learning to improve safety across the pharmacy. Team members understand how to provide feedback about the pharmacy and how to raise a professional concern if needed.

Inspector's evidence

The pharmacy had been inspected in August 2019. And this inspection had resulted in an unmet standard relating to staffing levels. Unplanned absences in the pharmacy and lack of contingency planning to manage these absences found some key tasks were not being completed. And pharmacy team members were struggling to cope with the pressure they found themselves under. The pharmacy was issued with an improvement action plan following the inspection in August 2019. This follow-up inspection found these concerns had been taken onboard and managed appropriately. The pharmacy manager demonstrated a competency skill matrix which was being utilised. The matrix was updated regularly. It was used to record team members proficiency across a range of tasks. And it helped identify who was able to train other team members in completing tasks, who was competent in completing tasks and who required some further support to develop their skills. The manager explained how this was used to help review skill mix. In addition to this change the pharmacy was now utilising the company's offsite dispensing hub. And team members on duty unanimously agreed that this had brought about large benefits in how they managed their workload. And the change was visible immediately as there was better access to work space in the dispensary and the retrieval system for holding bags of assembled items was extremely organised.

On duty during the inspection was the RP (pharmacy manager), an ACT, a pharmacy technician, two qualified dispensers and a delivery driver. Another qualified dispenser, a trainee dispenser and a healthcare assistant also worked at the pharmacy. The healthcare assistant was due to leave at the end of March 2020. Team members explained these hours were not being replaced due to a reprofiling exercise following the utilisation of the offsite dispensing hub. Team members confirmed the staffing situation had improved since the last inspection. But expressed that there was still some pressure during periods of leave. They explained that a member of the relief team would attend the pharmacy to provide additional support when required. And the manager confirmed that he was seeking support from the relief team when needed. Workload on the day of inspection was up to date. And team members were observed supporting each other well when completing tasks.

Pharmacy team members were encouraged to complete regular learning to support them in their roles. This generally took the form of e-learning modules. They did not receive protected training time during working hours to complete this learning. But they confirmed they were able to take time at work during quiet periods if needed. And some team members completed their learning at home. A dispenser explained how she felt well supported by a colleague when learning new skills. The pharmacy had a

structured appraisal system. This allowed its team members to review their learning and development needs at regular intervals with their manager.

The pharmacy team members were friendly and engaged people in conversation. The manager discussed progress towards the pharmacy's targets regularly with the team. This encouraged team members to support pharmacists by identifying people who may benefit from services such as Medicine Use Reviews (MURs) and the New Medicines Service (NMS). The manager was positive when discussing his approach to delivering services. And he explained how the utilisation of the offsite dispensing hub provided more time for engaging people in other services. The pharmacy sent over 60% of their items to the offsite hub.

The pharmacy team regularly shared information through team discussions and briefings. The team had started recording these discussions following the last inspection of the pharmacy. Recent notes from briefings and formalised patient safety reviews were available to read on a notice board in the staff room. And records of older meetings were also maintained. Team briefings were taking place most weeks. And action points were reviewed and discussed at subsequent meetings to help the team measure the success of their actions. And where necessary expand on the action point to drive improvement. For example, team members were reminded in a recent meeting of the need to flag paediatric prescriptions and prescriptions for high-risk medicines to the RP. Team members could discuss the outcomes of recent meetings and were knowledgeable about recently agreed action points. The pharmacy had a whistleblowing policy in place. Pharmacy team members were aware of how to raise concerns or provide feedback about the pharmacy. And a member of the team explained she would address any concerns with the manager in the first instance.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure. And the premises provide a professional environment for delivering the pharmacy's services. People using the pharmacy can speak with a member of the pharmacy team in confidence in a private consultation room.

Inspector's evidence

The pharmacy was clean and secure. The premises were maintained to a respectable standard. Pharmacy team members reported maintenance and IT issues to a dedicated support desk. The pharmacy had heating, and lighting was sufficient. A portable air conditioning unit was available to help control temperature in the dispensary during summer months. Antibacterial soap and paper towels were available close to designated hand washing sinks. Pharmacy team members used the dispensary sink primarily for washing equipment and reconstituting liquid medicines.

The public area of the pharmacy was fitted with wide-spaced aisles. To the side of this area, and close to the medicine counter was a sign-posted consultation room. This was clean and organised. It offered a suitable space for holding confidential conversations with people. Team members were observed using the room throughout the inspection with people accessing some of the pharmacy's services.

The dispensary was accessed from a walkway to the side of the medicine counter. Work benches and floor spaces in the dispensary were free of clutter. And space close to the prescription retrieval area was clear and tidy. There was there was a good amount of space provided for completing tasks associated with the multi-compartment compliance pack service. Off the back of the dispensary was a store room. The room was tidy and part of the room was fitted out to provide space for additional dispensary tasks such as accuracy checking multi-compartment compliance packs. Staff facilities led off the store room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy advertises its services and makes them accessible to people. It works together with other healthcare providers to broaden the range of services offered. It has up-to-date procedures and protocols to support the pharmacy team in delivering its services. And it keeps audit trails of prescription requests and medication deliveries. So, it can deal with any queries effectively. It obtains its medicines from reputable sources. And generally stores these medicines safely and securely. But it doesn't always store its medicines within their original packaging. Or follow best practice guidance when supplying medicines in non-original containers. This may increase the risk of an adverse event relating to the supply of these medicines occurring.

Inspector's evidence

The pharmacy had step-free access through a power assisted door. It advertised details of its opening times and services clearly. The pharmacy had a small health promotion zone close to its designated waiting area. And it provided seating in this area for people waiting for prescriptions or services. The pharmacy's consultation room was fitted with a hearing loop and its public area was accessible to people using wheelchairs and pushchairs. Pharmacy team members used their own local knowledge and information available on the internet to help signpost people to other healthcare organisations when required.

The pharmacy had a prominent display at its medicine counter relating to coronavirus. The RP confirmed he had received the latest NHS guidance and SOP. But the pharmacy was not displaying a poster on its door to encourage people displaying symptoms of the virus to return home and call the NHS 111 helpline. And it had yet to identify an isolation room as required by the SOP. A discussion took place about the need to follow this new SOP. The team engaged in regular health promotion activities. And provided details of a recent health campaign promoting 'Dry January'.

The pharmacy had up-to-date protocols and patient group directions (PGDs) in place to support it in delivering its services. It was engaging in a pilot service for ear care. The pharmacy manager had received full training ahead of the service being introduced. The service focussed on the pharmacist triaging symptoms of ear infections and examining people's ears. If further treatment was indicated the person was referred for a prescription. The RP saw a few people each week through the service. And engaged people in providing feedback about the consultation process. The RP also followed up with people a week after the initial consultation to review their symptoms. The service was reported to be having a positive impact on reducing the need for people to visit their GP.

The pharmacy team was aware of the risks associated with the supply of high-risk medicines such as warfarin, lithium, methotrexate, valproate and insulin. It had undertaken some additional learning relating to high-risk medicines in recent months. And the pharmacy had displayed lists of high-risk medicines at dispensary work stations. This helped to remind team members of the importance of flagging prescriptions for these medicines to support additional counselling and monitoring checks with people on these medicines. The list of medicines included valproate. And pharmacy team members discussed the requirements of the valproate pregnancy prevention programme (PPP). The pharmacy had warning cards available to issue to females when dispensing valproate preparations.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped inform workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. The team used the prescription throughout the dispensing process when the medicine was later supplied. It maintained a full audit trail for prescriptions it ordered through FRPS. People receiving their medicines through the pharmacy's delivery service were asked to sign for receipt of their medicine.

The pharmacy team members demonstrated the processes they followed when preparing prescriptions for offsite dispensing. These involved pre and post accuracy checks of information and assembled medicines. Pharmacy team members used an electronic scanning device which tracked the prescription through the entire dispensing process. If part of the prescription was sent to the hub and part was dispensed locally, it clearly provided details of where each bag of assembled medicines was stored prior to hand out. And pharmacy team members marked any part-prescriptions it dispensed onsite with a prominent warning label. These actions mitigated the risk of people only being supplied with only part of their prescription.

Several members of the team assisted in the preparation of multi-compartment compliance packs. The pharmacy used individual profile sheets for each person on the service. And it tracked changes associated with people's medication regimen within these profiles. A sample of assembled packs found that the pharmacy provided a description of the medicines inside packs to help people identify them. Pharmacy team members completed some dispensing audit trails by signing packs. But some packs within the sample checked had not been signed by the accuracy checker. The pharmacy provided patient information leaflets at the beginning of each four-week cycle of packs. A discussion during the inspection revealed the pharmacy did not always follow best practice guidance when supplying medicines with shortened shelf-lives once removed from their original packaging. A discussion took place about the risks associated with supplying these medicines and how the pharmacy team could seek further support on managing the supply of these medicines through its superintendent pharmacist's team.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members understood the requirements of the Falsified Medicines Directive (FMD). They had completed some e-learning on the subject. And demonstrated changes to medicine packaging such as tamper proof seals. The RP was aware the company was actively working to implement FMD. For example, the new computer system was designed to assist pharmacies in complying with FMD requirements. The pharmacy had not yet received details of when they would begin decommissioning medicines to comply with FMD requirements.

The pharmacy stored Pharmacy medicines behind the medicine counter. This meant the RP had supervision of sales taking place and was able to intervene if necessary. The pharmacy stored medicines on the dispensary shelves in an organised manner. But some medicines for use when assembling multi-compartment compliance packs were held in unlabelled amber bottles. Each amber bottle was held inside the original box of medication the medicine had been removed from. A discussion took place about the risks associated with this practice. The pharmacy had a date checking matrix in place which prompted rolling monthly checks across a quarterly schedule. Most areas identified on the date checking matrix were completed. But some retail areas were outstanding. The RP had requested support for managing these tasks and shared confirmed arrangements which involved support from the relief team. No out-of-date medicines were found during random checks of dispensary stock. And the pharmacy annotated most bottles of liquid medicines with dates of opening. But an open bottle of dexamethasone 2mg/5ml oral solution was not annotated. This was brought to the direct attention of the RP.

The pharmacy held CDs in secure cabinets. Medicine storage inside the cabinets was orderly. There was designated space for storing patient returns, and out-of-date CDs. Pharmacy team members could explain the validity requirements of a CD prescription and demonstrated how CD prescriptions were highlighted to prompt additional checks during the dispensing process. One assembled prescription inside the cabinet was for a prescription issued in excess of 28-days ago. This was brought to the direct attention of the RP.

The pharmacy had two fridges for storing cold chain medicines. Medicines inside the fridges were stored in an organised manner. But the fridges were at maximum capacity. And as such the space available for storing cold chain medicines required careful monitoring. Team members confirmed they were trying to review and reduce stock levels of some cold chain medicines where appropriate. The pharmacy used clear bags to store assembled cold chain medicines. This prompted additional checks of high-risk medicines such as insulin prior to hand-out. The pharmacy team checked the fridge temperatures daily and recorded, minimum, current and maximum temperatures. Recent temperature records indicated the fridges were operating between two and eight degrees Celsius as required.

The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The manager demonstrated how the pharmacy received drug alerts through the company intranet. And explained the processes in place for checking alerts. All alerts were actioned to date.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. Pharmacy team members regularly check equipment to help ensure it is in working order. And they manage and use equipment in ways which protect people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. The company intranet and the internet provided the team with further information. Computers were password protected and information on computer monitors was protected from unauthorised view due to the layout of the premises. Pharmacy team members on duty had working NHS smart cards. The pharmacy stored assembled bags of medicines on allocated shelving to the side of the dispensary. This protected people's private information against unauthorised view. Pharmacy team members used cordless telephone handsets when speaking to people over the telephone. This meant they could move to a private area of the pharmacy when discussing confidential information during phone calls. An Otoscope was available to support the ear care service. And a blood pressure machine was also available. This was annotated with a sticker indicating that it had been due a monitoring check in November 2019. The RP confirmed the machine was used for screening purposes only. The pharmacy had a range of clean, crown stamped measuring cylinders for measuring liquid medicines. And these included separate cylinders for measuring methadone. There was clean counting equipment for tablets and capsules. This included a counting machine which was clean and regularly checked to ensure it was counting accurately.

Pharmacy team members calibrated the MethaMeasure machine against three measurements each day. They regularly completed cleaning and routine maintenance checks of the machine to ensure it was kept in working order. The machine was covered by a support contract. Electrical equipment was subject to periodic safety checks. Portable appliance testing had been completed in August 2019.

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.