

# Registered pharmacy inspection report

**Pharmacy Name:** M&A Pharmacies Ltd, 2 Bridge Hill, Oughtibridge, SHEFFIELD, South Yorkshire, S35 0FL

**Pharmacy reference:** 1039261

**Type of pharmacy:** Community

**Date of inspection:** 22/09/2020

## Pharmacy context

This community pharmacy is in the large village of Oughtibridge north of Sheffield. The pharmacy's main activities are dispensing NHS prescriptions and delivering medication to some people's homes. The pharmacy supplies some medicines in multi-compartment compliance packs to help people take their medication. This inspection was completed during the COVID-19 pandemic.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	4.2	Standard not met	The pharmacy doesn't have suitable processes to manage the way it dispenses medicines into multi-compartment compliance packs. So, there is an increased risk of error.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy mostly identifies and manages the risks associated with its services. It completes all the records it needs to by law and it protects people's private information. The pharmacy has up-to-date written procedures which the team mostly follows to help ensure the pharmacy's services are provided safely. The pharmacy team members have training and guidance to respond well to safeguarding concerns to help protect the welfare of children and vulnerable adults. The team members respond appropriately when errors occur, they discuss what happened and they take appropriate action to prevent future mistakes.

### Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. The Superintendent Pharmacist (SI) had spoken to all team members to assess their personal risk of catching the virus and the processes needed to support social distancing and infection control. The SI had not documented these assessments but the team regularly reviewed the processes put in place to reduce the risk of infection. The pharmacy technician worked at this pharmacy and another one owned by the same company. As a result of the risk assessment the pharmacy technician had reduced their hours at the pharmacy and didn't work at both pharmacies on the same day. To support social distancing requirements the pharmacy had a policy of limiting the number of people in the pharmacy to one. And it displayed a poster on the front door informing people of this. The team marked the floor in front of the pharmacy counter to direct people where to stand. The pharmacy had a clear plastic screen across part of the pharmacy counter to provide the team with additional protection. The outer edges of the screen were embedded with key messages relating to COVID-19 symptoms, social distancing requirements and infection control. The pharmacy had COVID-19 information posters but it did not display a poster reminding people to wear face coverings when inside the pharmacy. The team reported most people wore face coverings but a few refused. In these situations, the team asked the person to wait outside the pharmacy whilst the team prepared their prescription or retrieved completed prescriptions. The team members were not wearing face masks when the inspector arrived at the pharmacy but wore the masks after the inspector arrived and kept them on throughout the inspection. The dispensary was small with limited space to help the team maintain social distancing. Throughout the inspection the dispensers and pharmacist tried to work at separate stations in the dispensary and the pharmacist occasionally used the consultation room to check prescriptions.

The pharmacy had a range of standard operating procedures (SOPs) and most SOPs had been reviewed in October 2019. The SOPs provided the team with information to perform tasks supporting the delivery of services. The team had read most of the SOPs and signed the SOPs signature sheets to show they understood and would follow them. The team demonstrated a clear understanding of their roles and knew when to refer to the pharmacist.

The pharmacy kept records of near miss errors identified by the pharmacist when completing the final check of the dispensed prescription. The near miss records looked at showed details of what had been prescribed and dispensed to spot patterns. The records also detailed the actions taken by the team to prevent the error happening again. The actions included separating ramipril tablets and capsules to reduce the risk of the team picking the wrong formulation. The team placed stickers on the shelves holding products identified as being involved in errors to prompt the team to check the item picked.

The team had also been reminded to always ask the person collecting prescriptions for the address on the prescription when handing it out. This was after a near miss when a one team member handed over a prescription to a person without asking for confirmation of the address. Another team member knew the person and knew they were not the person named on the prescription or the person's representative and prevented the wrong prescription from being supplied. During the last inspection the pharmacy had been made aware of increased risk with the process the team was following when dispensing medicines into multi-compartment compliance packs. Any changes implemented to reduce the risks of errors when preparing these packs hadn't been maintained. The team recorded dispensing errors that were identified after the person had received their medicines. The team reported no dispensing incidents had occurred since the last inspection. The pharmacy had a procedure for handling complaints raised by people using the pharmacy but it did not have a leaflet or poster to provide people with information on how to raise a concern. The pharmacy team used surveys to find out what people thought about the pharmacy. The pharmacy published these on the NHS.uk website. Comments from the latest survey included polite team members who took time to listen to people.

The pharmacy had up-to-date indemnity insurance. Records kept by the pharmacy such as the Responsible Pharmacist record and controlled drugs (CDs) registers looked at during the inspection were found to meet legal requirements. The pharmacy recorded CDs returned by people. A sample of records for the receipt and supply of unlicensed products looked at met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacy had a folder containing documents about data protection and security including the General Data Protection Regulations (GDPR). The pharmacy did not display a privacy notice in line with the requirements of the GDPR. The team separated confidential waste for shredding onsite.

The pharmacy had safeguarding procedures and team members had access to contact numbers for local safeguarding teams. The pharmacist had completed level 2 training in February 2020 from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team responded well when safeguarding concerns arose.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with the qualifications and skills to support the pharmacy's services. And its team members generally act to support the safe and efficient delivery of these services. Team members support each other in their day-to-day work. They share their learning from errors to help all team members deliver safe pharmacy services. Pharmacy team members do not regularly receive formal feedback on their performance and they have limited opportunities to complete ongoing training. This means they could find it harder to keep their knowledge and skills up to date.

### Inspector's evidence

The Superintendent Pharmacist (SI) and regular locum pharmacists covered the opening hours. The pharmacy team consisted of a part-time pharmacy technician, one part-time qualified dispenser, a part-time trainee dispenser, a part-time trainee medicines counter assistant and a part-time delivery driver. At the time of the inspection, one of the regular locum pharmacists, the qualified dispenser and the trainee dispenser were on duty.

There was some evidence that team members learned from dispensing mistakes when they occurred. The pharmacy provided limited extra training to the team members. They usually took opportunities of speaking to the representatives from companies selling over-the-counter (OTC) products when they visited the pharmacy to discuss new products. The pharmacy did not provide the team with formal performance reviews. This meant they didn't have a chance to receive feedback and discuss development needs. Occasionally the SI gave the team informal feedback. The trainee dispenser had received feedback on how they were progressing with their course.

Team members could suggest changes to processes or new ideas of working. In response to a few people stating some of their medicines were missing after collecting their dispensed prescriptions the team had introduced a process of recording the number of items inside the bags of completed prescriptions. The team also asked people what they were expecting as they handed over the completed prescriptions. The team asked this as occasionally some medicines ordered by the person were not on the prescription.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, secure and suitable for the services provided. It has adequate facilities to meet the needs of people requiring privacy when using the pharmacy services.

### Inspector's evidence

The dispensary was small with limited workspace. The team kept most of the spaces in the pharmacy tidy and free of clutter. The pharmacy had separate sinks for the preparation of medicines and hand washing. As part of the actions taken to reduce the risk of infection from the COVID-19 virus the team regularly cleaned and bleached the pharmacy during the day. The pharmacy displayed signs near the sinks reminding the team of effective hand washing techniques. The pharmacy was secure and it restricted access to the dispensary during the opening hours. The window displays detailed the opening times and the services offered. The pharmacy had a defined professional area and items for sale in this area were healthcare related.

The pharmacy had a small room the team had used before the pandemic for private conversations with people. Since the pandemic the team rarely used the room for private conversations and mostly used it for checking prescriptions as the dispensary was small. The policy of having only one person in the pharmacy enabled the team to have private conversations with people in the retail area without other people overhearing what was being said.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy provides services that support people's health needs and it manages most of its services adequately. But it doesn't have suitable processes to manage the way it dispenses medicines into multi-compartment compliance packs. This means there is an increased risk of error and people not receiving the correct medication. The pharmacy obtains its medicines from reputable sources and it stores and manages medicines appropriately.

### Inspector's evidence

Access into the pharmacy was via a small step but there was no handrail. People requiring support to enter the pharmacy knocked on the door or opened the door and asked the team. The team used the internet to direct people to other healthcare services. The pharmacy supplied some medicines as supervised and unsupervised doses. Due to the COVID-19 pandemic and the risk of infection most people had moved to collection only doses. The team prepared the doses in advance to reduce the pressure of preparing at the time the person presented. The pharmacy kept the prescriptions in dedicated wallets labelled with the person's name, this helped the team to easily locate the prescription. The pharmacist had raised concerns with the local drug treatment team about daily doses that had moved to collections and the risk of some people misusing the volume supplied or inadvertently losing their doses. As a result, some prescriptions had changed to more frequent collections.

The pharmacy provided multi-compartment compliance packs to help around 30 people take their medicines. People received monthly or weekly supplies depending on their needs. The pharmacy technician managed the service with support from others in the dispensary team. To manage the workload the team divided the preparation of the packs across the month and ordered prescriptions in time to deal with issues such as missing items. The team dispensed the packs in an upstairs room away from the distractions of the main dispensary. Since the last inspection the pharmacy had changed the type of compliance pack it used to a version that provided a more robust pack. The team did not keep the empty containers the medicines were removed from for the pharmacist to refer to when checking the packs. This meant the pharmacist could not cross reference the medicines in the packs with the packaging the medication was taken from and could not check the medicine was in date. This was raised at the last inspection and after the inspection the SI reported that team members were told to keep the packaging to one side. The team stored completed packs awaiting the pharmacist check unsealed and on top of each other. This ran the risk of medicines moving between the packs or the packs being knocked over. This was also raised at the last inspection. The team supplied the manufacturer's patient information leaflets but rarely recorded the descriptions of the products within the packs.

The team members provided a repeat prescription ordering service. The team members kept a record of when they had requested the prescription, so they could identify missing prescriptions and chase them up with the surgery teams. The pharmacy team was aware of the criteria of the valproate Pregnancy Prevention Programme (PPP) but no-one who was prescribed valproate met the criteria. The pharmacy had the PPP pack to provide people with information when required. The team asked people when they were first prescribed high-risk medicines such as warfarin to keep the team informed of details such as blood tests results and the medicine doses.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The pharmacy had checked by and dispensed by boxes on dispensing labels to record who in the team had dispensed and checked the prescription. A sample of dispensed and checked medicines looked at found the team had completed both boxes. The pharmacy used CD and fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. The pharmacy kept a record of the delivery of medicines to people. Due to COVID-19 the delivery driver did not ask people to sign for receipt of their medication. The driver left the medication on the person's doorstep before moving away to watch them pick-up the medication.

The pharmacy team members checked the expiry dates on medicines. They used coloured dots to highlight medicines with a short expiry date and kept a record of short dated stock. No out-of-date stock was found. The team members recorded the date of opening on liquids. This meant they could identify products with a short shelf life once opened and check they were safe to supply. The team recorded fridge temperatures each day and temperatures readings looked at found they were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. And it stored out-of-date and patient returned controlled drugs (CDs) separate from in-date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs.

The pharmacy had no procedures or equipment to meet the requirements of the Falsified Medicines Directive (FMD). The pharmacy obtained medication from several reputable sources and received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) through the post. The pharmacists actioned the alert and kept a record.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services and to protect people's private information.

### Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used a range of CE equipment to accurately measure liquid medication. The pharmacy had a fridge to store medicines kept at these temperatures. The fridge had a glass door to allow the team to view stock without prolong opening of the door.

The computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view and it held private information in the dispensary and rear areas, which had restricted access. The team used cordless telephones to make sure telephone conversations were held in private.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.