

# 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:** 21/09/2021

## Pharmacy context

This is a community pharmacy in the village of Oughtibridge, Sheffield. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. And it delivers medicines for some people to their homes. The pharmacy supplies some people with their medicines in multi-compartment compliance packs to help them take their medicines. The 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 not all met	1.1	Standard not met	The pharmacy doesn't adequately manage all of the key risks associated with the services it provides. This includes those designed to make sure people receive medicines that are fit for purpose.
		1.6	Standard not met	The pharmacy doesn't always keep adequate records as it needs to by law. This includes responsible pharmacist logs, and the registers for higher risk medicines requiring safe storage.
<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	4.3	Standard not met	The pharmacy has inadequate management arrangements in place to ensure its medicines are fit to supply. It stores some out-of-date medicines on its dispensary shelves. And it cannot evidence that it stores medicines requiring cold temperature storage correctly.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy doesn't adequately manage all the risks associated with the services it provides. The team doesn't follow robust processes to ensure people receive medicines that are fit for purpose. And it doesn't always keep the accurate records it needs to by law. The team discusses ways to improve when errors in the dispensing process happen. But they don't always record details of each error. So, they may miss opportunities to learn and make specific changes to the way they work. The pharmacy suitably protects people's private information. And team members are equipped to appropriately help safeguard vulnerable adults and children.

### Inspector's evidence

The pharmacy had several procedures to help manage the risks associated with the services it offered during the COVID-19 pandemic. These included a notice on the entrance door of the premises, reminding people visiting the pharmacy to wear a face covering. Team members were seen asking people who didn't have a face covering to wear one. If the person didn't have a face covering or were exempt from wearing one, they asked the person to wait outside the pharmacy and they were assisted from there. There was a plastic screen at the pharmacy counter which acted as a protective barrier between team members and members of the public. The pharmacy displayed markings on the floor of the retail area to help people stand an appropriate distance away from the pharmacy counter. To maintain social distancing, the pharmacy had limited the number of people permitted in the retail area at any one time to three. Team members were not wearing face coverings when the inspector arrived, but wore masks throughout the inspection. The dispensary was relatively small and team members were generally unable to socially distance from each other while they worked.

The pharmacy had a set of written standard operating procedures (SOPs) with an index which helped to find a specific SOP. The SOPs covered tasks such as dispensing medicines, responsible pharmacist (RP) requirements and management of controlled drugs (CDs). The pharmacy reviewed the SOPs every two years to make sure they were still up to date with the pharmacy's current ways of working. It had last reviewed them in October 2019. The pharmacy had records indicating which SOPs each team member had read and understood. The team was observed working within the scope of dispensing SOPs. But the pharmacy hadn't identified the risk of the team not always following robust processes, for example for date checking and fridge temperature checks.

The RP explained how the team recorded the details of the near misses in a near miss log. But on the day of the inspection, the log was not kept in the pharmacy and so no completed records were seen. The pharmacy didn't have a process to formally analyse the near misses to help identify any trends or patterns. The team had a more general verbal discussion when the RP noticed that similar errors were being made. For example, team members had made some errors involving amlodipine. The errors were due to two different strengths of amlodipine having similar looking packaging. Team members discussed how they could reduce the risk of these errors happening again. They decided to separate the two strengths on the dispensary shelves to help stop the wrong strength being picked in error during the dispensing process. The pharmacy had an electronic system to record details of errors that had reached people, but no records were available for inspection. People who used the pharmacy could make a complaint or raise a concern by speaking with a team member. The team escalated any concerns it could not resolve to the pharmacy's superintendent pharmacist (SI). But the process wasn't

highlighted to people, so people may not know how to make a complaint or raise a concern. The pharmacy usually completed an annual patient satisfaction survey. It had not completed it during the pandemic.

The pharmacy had appropriate indemnity insurance. An RP notice was on display showing the name and registration number of the RP on duty. Entries in the RP record were not made consistently every day to comply with legal requirements. There were missing entries on 13 days in August and September 2021. The pharmacy generally kept its CD registers according to requirements but some pages in the registers had missing information, such as the name and strength of the CD the register referred to. And register balances were not all correct. The team verified stock balances when a CD was dispensed and when the pharmacy received new stock. The pharmacy held accurate records of CDs returned by people but did not always destroy these in a timely manner. The pharmacy kept appropriate records of supplies of private prescriptions.

The pharmacy held records containing personal identifiable information in areas of the pharmacy that only team members could access. They placed the confidential waste into a separate basket to avoid a mix up with general waste and periodically destroyed it. The pharmacy had a folder containing documents about data protection and security including the General Data Protection Regulations (GDPR). The RP had completed level 2 training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. A dispenser described situations that would require reporting and was aware of the contact details of the local safeguarding teams.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the right qualifications and skills to safely provide the pharmacy's services. They manage the workload well and support each other as they work. The pharmacy provides limited opportunities for its team members to complete ongoing training. Which means they may find it difficult to make sure their knowledge and skills are up to date. Team members provide feedback and suggest improvements to help improve the pharmacy's services.

### Inspector's evidence

The superintendent pharmacist (SI) and regular locum pharmacists covered the opening hours. On the day of the inspection the RP was a regular locum pharmacist and was supported by a part-time pharmacy assistant and a part-time medicines counter assistant. The pharmacy also employed two other part-time pharmacy assistants, a part-time medicines counter assistant and a part-time delivery driver. The team was observed working efficiently and supporting each other throughout the inspection.

The pharmacy didn't provide its team members with a formal training programme. Team members usually completed training in their own time by reading training material they received in the pharmacy press or provided by manufactures of medicines. The pharmacy didn't keep records of any completed training. The SI gave the team informal feedback on their performance when necessary.

The team held regular informal discussions where they could give feedback, raise concerns, and suggest ideas on ways to improve the pharmacy's processes. Recently, the team discussed how they could improve the way they handled situations involving vulnerable people. They talked about ensuring they spoke with people with empathy during consultations and ensured they all knew where, and how, they could raise safeguarding concerns.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises clean and secure. The team works well to keep the areas where it dispenses medicines tidy. The pharmacy has a sound-proofed room where people can have private conversations with the pharmacy team members.

### Inspector's evidence

The dispensary was generally clean and throughout the inspection the dispensing benches were well organised and tidy. The dispensary had a separate first floor room for team members to work separately if needed to reduce distractions. The dispensary was of a suitable size for the volume of services the pharmacy offered. There was a small, consultation room that the team used to have private conversations with people. There was a sink in the dispensary for professional use. The team had toilet facilities with hot water for handwashing. There were several storerooms throughout the premises. Lighting was bright throughout the premises. Team members completed regular cleaning of the premises.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy doesn't have suitable management arrangements for all its medicines, including for medicines it stores in a fridge. And the team doesn't follow an adequate process to check and identify medicines that have a short expiry date. So, there is an increased risk people may receive medicines that aren't fit for purpose. The pharmacy provides a range of services that are generally accessible to people. And it suitably manages the delivery of these services.

### Inspector's evidence

People accessed the pharmacy using a small step. The pharmacy didn't have a ramp available so people with pushchairs, prams, or wheelchairs may find it difficult to access the premises. People who needed support entering the pharmacy knocked on the door to gain the attention of the team. The pharmacy advertised its services and opening hours in the main window. The team provided large-print labels on request to help people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer.

Team members used various stickers and annotated bags containing people's dispensed medicines to use as an alert before they handed out medicines to people. For example, to highlight if a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The baskets were of different colours to help the team efficiently manage the dispensing process. Team members gave owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. They gave one slip to the person and kept one with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. During the pandemic the driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines.

Team members demonstrated their understanding of the pregnancy prevention programme for people who were prescribed valproate. They explained the questions they would ask of people who may be affected and to make sure they knew to use appropriate contraception. And they knew to take care they didn't affix dispensing labels over written warnings on packs. The pharmacy had a supply of patient cards to supply to people within the high-risk group who were prescribed valproate. The team was unaware of the alert regarding the Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults.

Many of the prescriptions the pharmacy received were for people who required their medicines to be dispensed in a multi-compartment compliance pack. These were dispensed in a separate room away from the main dispensary. This allowed team members to work without distractions. People received their packs either weekly or monthly depending on their personal needs. The team ordered prescriptions on behalf of people and cross-referenced them with master sheets to make sure they were accurate. The master sheets informed the team which medicines went in the packs and at what time of the day they were to be taken. A team member selected the medicines to be dispensed and showed them to the RP to check they were correct before the dispensing process began. The medicines, prescriptions and master sheets were placed into a basket to prevent people's medicines being mixed

up or misplaced. The team affixed dispensing labels to the packs and the pharmacy provided medicine administration record charts (MAR) on request. The packs didn't contain any information, such as visual descriptions to help people identify the medicines inside. And the pharmacy didn't supply the packs with patient information leaflets unless a medicine was dispensed for a person for the first time.

The pharmacy stored its Pharmacy (P) medicines behind the counter to monitor sales. Team members were seen asking people who wanted to purchase P medicines, appropriate questions to make sure the medicine they wished to buy was suitable for the symptoms they were describing. The pharmacy didn't have a robust process for the team to follow to check the expiry dates of its medicines. The team explained they checked expiry dates approximately every three months, but the pharmacy didn't keep any records of completed checks or a record of medicines that had a short expiry date. The pharmacy highlighted medicines that had a short expiry date using dot stickers. Nine out-of-date medicines were found after a check of around 30 randomly selected medicines. Some of these medicines were not highlighted with dot stickers and so there was an increased risk of these medicines being supplied to people. The pharmacy had a medical grade fridge which it used to store medicines that needed cold storage. The team tidily stored medicines inside the fridge. But when the inspector checked the fridge temperature range during the inspection it was not operating within the correct range. The team had not recorded the daily temperature ranges of the fridge since July 2021. So, it was not possible to know when the fridge had last been operating correctly. There was a significant amount of condensation on the front of the fridge door.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for its services. And it uses its equipment appropriately to protect people's confidentiality.

### Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It positioned the computer screens so unauthorised people did not see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. It had a wireless card terminal for contactless transactions and reduce the use of cash during the pandemic. Team members had access to personal protective equipment including face masks and gloves.

### 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.