

# Registered pharmacy inspection report

**Pharmacy Name:** South Anston Pharmacy, 13 Sheffield Road, South Anston, SHEFFIELD, South Yorkshire, S25 5DT

**Pharmacy reference:** 1039376

**Type of pharmacy:** Community

**Date of inspection:** 24/04/2019

## Pharmacy context

The pharmacy is located in the centre of a village alongside other local retail businesses. It dispenses NHS and private prescriptions. And it supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. The pharmacy offers advice on the management of minor illnesses and long-term conditions.

## 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	1.2	Good practice	Pharmacy team members engage in continual reviews to monitor the safety and quality of pharmacy services. And they use tools such as 'risk reviews' to help monitor the effectiveness of shared learning.
		1.4	Good practice	The pharmacy responds to feedback well by being transparent about the issues it faces. And it provides people with information about how it seeks to manage these issues.
<b>2. Staff</b>	Good practice	2.2	Good practice	Pharmacy team members are supported at work. And they engage in continual learning. They receive regular feedback about their performance and development.
		2.4	Good practice	The team demonstrates a culture of openness and honesty through continual engagement in safety reviews.
		2.5	Good practice	The pharmacy supports the team in providing feedback. And it uses this feedback to inform the way in which it delivers its services.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy team members work well to promote services to help improve people's health and wellbeing. And they engage people in quality conversations about their health.
		4.2	Good practice	The pharmacy has good records and controls in place to ensure that its services are managed safely. It regularly reviews risks associated with service delivery through regular audits.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has systems in place for identifying and managing risk. Pharmacy team members follow procedures and understand their roles and responsibilities. The pharmacy maintains records required by law. It advertises how people can provide feedback and raise concerns. It responds to feedback well by being transparent about the issues facing pharmacy. And it provides people with information about how it seeks to manage these issues. The pharmacy team keeps people's information secure which protects their confidentiality. Pharmacy team members know how to protect the safety of vulnerable people. They record and discuss mistakes made during the dispensing process. They engage in continual reviews to check the safety and quality of pharmacy services. And they use tools such as 'risk reviews' to help track the effectiveness of shared learning.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place. The superintendent pharmacist had authorised the SOPs in 2017. They were next due for review in November 2019. Pharmacy team members had their roles and responsibilities clearly highlighted within the SOP. And they were observed working in accordance with them. The index of the SOP folder had been annotated with details relating to where to find supportive documentation and further reading associated with the SOPs. For example, the location of the General Data Protection Regulation file.

A dispenser from another of the company's pharmacies was providing support to the team during the inspection. She confirmed that she had read and signed SOPs at her own branch and was aware that the pharmacy did not have any local amendments to SOPs agreed. The dispenser explained clearly what tasks could not take place if the responsible pharmacist (RP) took absence from the premises.

The dispensary was small but the team managed workflow well. Pharmacy team members used separate areas of the dispensary for labelling, assembly and accuracy checking. They assembled multi-compartmental compliance packs during quieter times on a work bench which was out of direct view of the public area. This helped to reduce risk associated with managing this service. The pharmacy used 'Patient information Forms' to communicate key messages such as changes to medicine regimens and new medicines. This informed the counselling required or referral to the pharmacist when the assembled medicines were handed-out.

There was a near-miss reporting procedure in place. A dispenser explained that she would look again at a mistake brought to her attention and correct the mistake prior to handing back to the pharmacist for an accuracy check. Pharmacy team members consistently reported mistakes during the dispensing process. Details of contributory factors were not always recorded within individual entries. A dispenser explained that the team took time at the end of the working day to share information about the day's events and to reflect on mistakes and bring their focus to any improvements required. There was a focus on continual improvement. The team identified 'Look alike and sound alike' (LASA) medicines and identified these on the dispensary shelves with stickers. This aimed to prompt additional care during the picking process.

The pharmacy had a dispensing incident reporting procedure in place. Reports were completed electronically and submitted to the superintendent pharmacist for review. Completed forms were printed and available for inspection. The team shared learning from incidents and acted to prevent

similar mistakes occurring. For example, the team had not handed out an assembled insulin product to a person collecting their prescription. The pharmacy had completed a risk review following the event. To prevent this from happening again stickers were used on prescriptions to prompt addition checks of the fridge. A dispenser explained that two members of staff were involved in this process as a double check of the medicines being handed out.

The pharmacy manager led a monthly patient safety review. Details of the actions required following these reviews were displayed on the wall of the dispensary. A member of the pharmacy team discussed actions from the latest review.

The pharmacy had a complaints procedure in place. And it advertised how people could provide feedback to the pharmacy team. A member of the team explained how she would manage feedback and seek to resolve it or escalate it if required to the manager or RP. The team were aware of how to escalate concerns through to the pharmacy superintendent's team. Pharmacy team members demonstrated some information leaflets related to an issue with out-of-stock medicines. The leaflet explained details of the stock shortages and the pharmacy's use of wholesalers. It set out how people could assist with the issue by asking them to order prescriptions in a timely manner. A member of the team explained how this allowed the team to contact other local branches or contact the surgery in good time if an issue arose.

The pharmacy had up to date insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. Entries in the responsible pharmacist record generally complied with legal requirements. On three occasions in the sample examined the pharmacist had not signed-out of the register when they had ceased the role of RP.

A sample of the CD register found that it met legal requirements. The pharmacy maintained running balances in the register. Balance checks of the register against physical stock took place regularly. A physical balance check of Zomorph 10mg capsules complied with the balance in the register. A CD destruction register for patient returned medicines was maintained to date. The team entered returns in the register on the date of receipt.

Entries in the Prescription Only Medicine (POM) register generally complied with legal requirements. But there was some use of medicine labels among entries made in the register. This meant there was the potential for labels to be removed or the information on them fading and becoming illegible. The pharmacy team kept records within the register of emergency supplies dispensed. The nature of the emergency when a supply was made at the request of the patient was recorded within entries.

The pharmacy completed full audit trails on certificates of conformity for unlicensed medicines as per MHRA record keeping requirements.

The team held records containing personal identifiable information in staff only areas of the pharmacy. The team had completed additional learning following the introduction of the General Data Protection Regulation (GDPR). The pharmacy had information governance procedures in place. And these were signed by the pharmacy team. The pharmacy shared details of how people's information was safeguarded and used through an information leaflet which was readily available in the public area. The pharmacy team destroyed confidential waste onsite through the use of a heavy-duty shredder.

The pharmacy had procedures relating to safeguarding vulnerable adults and children. The team had access to contact details for local safeguarding teams. A flow chart in the dispensary provided additional details of how to manage a concern and contact the safeguarding teams. Pharmacy team members had discussed safeguarding. They had either completed or were working through e-learning

on the subject. The RP on duty and the manager had completed level 2 training on the subject. A pharmacy team member provided examples of hypothetical concerns that she would pass to the pharmacist. Pharmacy team members explained that they had not needed to report any safeguarding concerns to date.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough skilled people for the services it provides. It supports the team in providing feedback. And it uses this feedback to inform the way in which it delivers its services. Pharmacy team members have the right qualifications and training for their roles. They are supported at work. And they engage in continual learning. They receive regular feedback about their performance and development. And they use their professional judgement to help support people's care. The team demonstrates a culture of openness and honesty through continual engagement in safety reviews.

### Inspector's evidence

On duty at the time of the inspection was the RP (a company relief pharmacist), and two qualified dispensers. The relief pharmacist covered regular Wednesday's at the pharmacy. The pharmacy also employed a pharmacist manager, and two more qualified dispensers. one dispenser was on maternity leave. Cover for this post was provided by staff from another branch and another qualified dispenser who had previously worked at the pharmacy. A company employed delivery driver provided the prescription collection and delivery service.

Pharmacy team members had access to ongoing training relating to their roles. They demonstrated their training files. The files contained details of continual training they had completed associated with their own roles and the pharmacy's services. They received training time during working hours and explained that the manager was keen for the team to engage in continuous learning. The manager completed a formal appraisal with each member of staff annually. Pharmacy team members confirmed that informal feedback was also provided between formal appraisals.

Pharmacy team members were aware of targets in place for providing services. They assisted pharmacist's in recognising eligible people for MURs during the dispensing process by highlighting this information on prescription forms. The RP on duty confirmed that there was no undue pressure to provide services. He explained how he would apply his professional judgement prior to undertaking a service.

Pharmacy team members communicated regularly through staff meetings and end-of-day briefings. Information discussed in meetings was communicated to the team through review templates and notices. The team set themselves objectives and areas for focus during meetings. For example, a notice in the dispensary prompted team members to encourage people to only order the medicines they required on their repeat prescription. A dispenser explained how the pharmacy had audited the cost of some returned medicines. This took place after the team raised concerns that some people were ordering repeat prescriptions that they did not need. Conversations with people had identified that some people thought if they didn't order the medicine, it would be removed from their repeat slip.

Pharmacy team members were aware of the company's whistleblowing policy. They could explain how to raise and escalate a concern about the pharmacy or its services. Both dispensers confirmed that they were able to feedback their thoughts and provided examples of how feedback was taken onboard. For example, the team had suggested ideas ahead of developing a system for highlighting CD prescriptions received through the Electronic Prescription Service.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is secure and clean. It provides a suitable environment for the delivery of its services. And it has facilities in place for maintaining the privacy of people accessing these services.

### Inspector's evidence

The pharmacy was adequately maintained and secure. The pharmacy reported maintenance issues to their superintendent's team. There were a few minor cosmetic issues in the staff area of the pharmacy. Such as, staining on the dispensary carpet and aging paintwork. The pharmacy stored pharmacy only medicines behind the medicine counter. This appropriately protected them from self-selection. An up-to-date business continuity plan was in place.

The pharmacy was clean and tidy with no slip or trip hazards evident. Electric heaters and floor level fan heaters were in place. Lighting throughout the premises was sufficient. Antibacterial soap and paper towels were available close to the sink in the dispensary.

The L-shape dispensary was an adequate size for providing the pharmacy's services. A small stock area at the back of the premises was also utilised.

The private consultation room was also used as an office/staff room. The pharmacy closed for lunch. This meant that the room was generally fully accessible to people who required a quiet word with a member of the pharmacy team. The room was clean and professional in appearance.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy team members work well to promote services to help improve people's health and wellbeing. They ensure that the pharmacy is accessible. And they engage people in quality conversations about their health. The pharmacy has up to date protocols and procedures in place for the delivery of its services. The pharmacy ensures that its services are managed safely by having good records and controls in place. It regularly reviews risks associated with service delivery through regular audits. And it supports people on high-risk medicines by speaking to them frequently about their medicines. The pharmacy gets its medicines from reputable suppliers. And it stores and manages them appropriately to help make sure they are safe to use. It maintains details of alerts issued about medicines which may be unfit for purpose. And the pharmacy team share published safety information about medicines to help inform continual learning.

### Inspector's evidence

The pharmacy was accessed through a simple door from street level. People requiring assistance with access could ring a bell located next to the entrance. Opening times and details of the pharmacy's services were clearly advertised. It had a range of service and health information leaflets available to people. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service. The pharmacy had designated seating available for people waiting for a prescription or service.

Pharmacy team members had received training for the services provided. The pharmacy engaged in the NHS Quality Payment Scheme which promoted engaging with people about healthy living. A prominent display next to the healthcare counter was being used to raise awareness of the signs and symptoms of cervical cancer and bowel cancer. The dispenser discussed how a display on raising awareness of alcohol intake had been particularly effective. The team were planning for the next month's health promotion event aimed at promoting good dental hygiene and National Smile Month.

Pharmacy team members on duty were observed greeting people by name and engaging well with them throughout the inspection. The dispensers referred people to the pharmacist when a clinical query was received. There was good evidence of continual conversations through records maintained. For example, asthma referrals for people on regular reliever inhalers with no preventer inhaler prescribed. The RP discussed beneficial outcomes from services he had completed at the pharmacy. For example, intervening and referring a person back to their GP when they developed a cough whilst on an ACE inhibitor.

The pharmacy had systems in place to identify people on high-risk medicines. It had evidence of audits relating to the safe supply and counselling associated with these medicines. Pharmacy team members used stickers on prescriptions to identify additional monitoring checks for medicines such as warfarin, methotrexate and lithium. Cold chain medicines and CDs were also clearly identified, and the team explained additional checks they made to ensure a CD prescription was valid prior to handout. There was some evidence of warfarin monitoring checks being recorded on people's medication records. But not all people on warfarin carried the records. The team were familiar with the requirements of the 'Valproate Pregnancy Prevention Programme' (VPPP). When posed with a hypothetical scenario, a dispenser explained that she would refer a prescription for valproate for a patient who may become pregnant to the pharmacist. Valproate warning cards were available to the team. But the team on duty

could not locate these during the inspection. The manager provided confirmation of where the cards were kept.

The pharmacy used coloured baskets throughout the dispensing process. This informed workload priority and kept medicines with the correct prescription form. 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 prescription was used throughout the dispensing process when the medicine was later supplied. It maintained delivery audit trails for the prescription delivery service. People were asked to sign at the point of delivery to confirm that they had received their medicine.

Every person receiving a multi-compartmental compliance pack had an individual profile sheet in place. A board was used to track workload associated with the service. It also provided details of people's next due date for packs. A dispenser explained how this was fundamental in monitoring receipt of prescriptions, as the pharmacy were not able to order prescriptions on people's behalf. Changes to medicine regimens were queried with surgeries and tracked within the persons profile. A sample of assembled packs contained descriptions of medicines inside the packs. Full dispensing audit trails were in place for the service. The pharmacy supplied Patient information leaflets (PILs) with packs at the beginning of each four week cycle.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. The team were aware of the Falsified Medicines Directive (FMD). And pharmacy team members discussed and demonstrated medicines with unique 2D barcodes and tamper proof packaging. But computer hardware and software were not yet in place to support FMD. The team had received some details of training and information associated with FMD.

The pharmacy stored medicines in an orderly manner and in their original packaging. A date checking rota was in place. The team completed quarterly checks across all stock. A random check of dispensary stock found no expired medicines. A system was in place for highlighting short-dated medicines. The team annotated details of opening dates on bottles of liquid medicines.

The pharmacy held CDs in a secure cabinet. It used baskets within the cabinet to store medicines. Some formulations of the same medicine were found split between different baskets at the time of inspection. The team confirmed that the cabinet required organising after the busy Easter bank holiday period. There was a designated clear bag used for storing out-of-date CDs. But this required additional labelling to ensure that there was no confusion between assembled medicines and out-of-date medicines. The team denatured patient returned CDs as they received them. The pharmacy's fridge was clean, and it was a sufficient size for the cold chain medicines held. Temperature records confirmed that it was operating between two and eight degrees. The pharmacy held assembled CDs and cold chain medicines in clear bags. This prompted additional checks of the medicines inside prior to hand-out.

Medical waste bins and CD denaturing kits were in place to assist the team in managing pharmaceutical waste safely.

The pharmacy received drug alerts by email. These were printed and retained. Pharmacy team members explained how they checked stock and recorded any action taken on alerts. They also printed and discussed MHRA Drug Safety bulletins.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team has access to equipment for providing its services. The pharmacy has some monitoring systems in place to ensure equipment is safe to use and fit for purpose.

### Inspector's evidence

Pharmacy team members had access to up to date written reference resources. These included the British National Formulary (BNF) and BNF for Children. Internet access provided further reference resources. Computers were password protected and faced into the dispensary. This prevented unauthorised access to the contents on screen. Pharmacy team members had personal NHS smart cards.

Clean, crown and DIN ISO stamped measuring cylinders were in place. Counting equipment for tablets and capsules was available. This included a separate triangle for use with cytotoxic medicines. Equipment for the multi-compartmental compliance pack service was single use. Gloves were available if required. Stickers on electrical equipment showed that safety testing had been carried out in 2015. Plugs and cables were visibly free from wear and tear.

### 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.