

Registered pharmacy inspection report

Pharmacy Name: Mosborough Pharmacy, Unit 4, Westfield Centre,
Mosborough, SHEFFIELD, South Yorkshire, S20 8ND

Pharmacy reference: 1039391

Type of pharmacy: Community

Date of inspection: 27/02/2020

Pharmacy context

This is a community pharmacy in a residential estate in the Mosborough area of Sheffield. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy team offers advice to people about minor illnesses and long-term conditions. It provides NHS services, such as the New Medicines Service and medicines use reviews. It supplies some medicines in multi-compartment compliance packs to people living in their own homes. And it provides a home delivery service.

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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
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 the services it provides to people. And it has a set of up-to-date written procedures for the team members to follow. The pharmacy mostly keeps the records it must have by law. And it keeps people's private information secure. The team members know when to raise a concern to safeguard the welfare of vulnerable adults and children. The team members openly discuss mistakes that they make when dispensing. And they make some changes to their ways of working to reduce the risk of mistakes happening again.

Inspector's evidence

The pharmacy had a retail area which led to the dispensary at the rear. The pharmacy counter acted as a barrier between the retail area and the dispensary to prevent any unauthorised access. The dispensary was closed off from the retail area. There was a small hatch in the dispensary which allowed the pharmacist to easily oversee any sales of medicines and listen to any advice the team members were giving to people. Lloyds previously owned the pharmacy. The new owners took ownership of the pharmacy in October 2019.

The pharmacy had a set of up-to-date written standard operating instructions (SOPs) in place. The SOPs included processes such as dispensing, over-the-counter sales and responsible pharmacist regulations. There was an index available. And so, it was easy to find a specific SOP. They were prepared in October 2019 and were due to be reviewed in July 2020. The pharmacy defined the roles of the pharmacy team members in each procedure. Which made clear the roles and responsibilities within the team. The team members had each signed the SOPs that were relevant to their role. Which showed they had read and understood the SOPs contents.

The pharmacist highlighted any near miss errors made by the team when dispensing. There was a paper near miss error log that the team used to record the details of near miss errors. They recorded the time and date the near miss error happened. The team members often recorded the reasons for errors as rushing or not paying attention. But they didn't investigate these reasons any further. The team had recently talked about how they could reduce the number of near miss errors involving medicines that looked or sounded alike (LASA) medicines. The pharmacist had created some shelf edge alert stickers to place next to some LASA medicines. He explained he would monitor the near misses over the coming months and affix the stickers next to the LASAs that were more commonly involved in near miss errors. The pharmacy had a process to handle dispensing incidents that had reached the patient. The details of any incidents were recorded onto an incident report form. And the form was kept in the pharmacy for future reference and learning. The team members held a patient safety meeting if they were made aware of any incidents. And they talked about how they could stop a similar incident happening again.

The pharmacy had a formal complaints procedure. But it didn't advertise to people how to raise concerns or provide feedback. People who used the pharmacy could discuss any concerns or complaints they had with any of the team members. And if the problem could not be resolved, it would be escalated to the pharmacy's superintendent pharmacist.

The pharmacy had up-to-date professional indemnity insurance. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept complete records of private prescriptions.

But a sample seen was not completed correctly. And the team was unable to locate the physical prescriptions. The pharmacy kept controlled drugs (CDs) registers. And they were completed correctly. A physical balance check of a randomly selected CD matched the balance in the register. The team completed a full balance check of the CDs every month. The pharmacy kept complete records of CDs returned by people to the pharmacy.

The pharmacy did not outline to people how it handled their personal and sensitive data. The team members had undertaken training some basic on General Data Protection Regulation (GDPR). They were aware of the need to keep people's personal information confidential and they had all signed confidentiality agreements. The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bin to avoid a mix up with general waste. A third-party contractor periodically destroyed the confidential waste.

The pharmacy's two resident pharmacists had completed training on safeguarding vulnerable adults and children through the Centre for Pharmacy Postgraduate Education (CPPE). Other team members had not completed any formal training. When asked about safeguarding, the team members gave several examples of the symptoms that would raise their concerns in both children and vulnerable adults. A team member explained how she would discuss her concerns with the pharmacist on duty, at the earliest opportunity.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough skilled people working to safely provide its services. The team members read training materials to help them further their professional development and keep their knowledge up to date. They understand how to raise a concern if needed.

Inspector's evidence

The responsible pharmacist at the time of the inspection was one of the pharmacy's owners and worked three and a half days a week. Another resident pharmacist covered the remaining days. During the inspection a full-time pharmacy assistant and a full-time counter assistant supported the responsible pharmacist. The pharmacy also employed another part-time pharmacy assistant and a part-time delivery driver. The team members felt they had enough staff to manage the workload. They were observed managing the workload well and had a manageable workflow. The team members were seen asking the pharmacist for support, especially when presented with a query for the purchase of an over-the-counter medicine. They acknowledged people as soon as they arrived at the pharmacy counter. They informed people of the waiting time for prescriptions to be dispensed and taking time to speak with them if they had any queries. The counter assistant was observed completing some basic dispensing tasks. But she was not enrolled on a dispenser training course. And, so the counter assistant was working outside of the scope of her role. This was discussed with the pharmacist. The pharmacist explained he would not ask the counter assistant to complete any dispensing tasks until she was enrolled onto an appropriate dispenser training course.

The pharmacy did not provide its team members with a structured training programme. The team members had access to the 'Virtual Outcomes' online training programme. But they had rarely accessed it. They were able to take some time to read some basic training material the pharmacy received through trade press on an ad-hoc basis. The pharmacy did not keep any records of completed training. The pharmacy did not have an appraisal process in place. But the pharmacist explained he planned to provide each team member with an appraisal once they had been employed by the pharmacy for one year.

The team members felt comfortable to raise professional concerns with pharmacist. The pharmacy did not have a whistleblowing policy. And so, the team members may not be able to raise anonymous concerns. The team was set various targets to achieve. These included the number of prescription items dispensed and the number of services provided. The targets did not impact on the ability of the team to make professional judgements.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure, hygienic and well maintained. It has a sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was clean, hygienic, tidy and professional in its appearance. The building was easily identifiable as a pharmacy from the outside. The retail area was well organised. There was a small stock room at the side of the retail area. The dispensary was kept tidy and well organised during the inspection and the team used the bench space well to organise the workflow. Floor spaces were kept clear to minimise the risk of trips and falls. There was a clean, well-maintained sink in the dispensary for medicines preparation and staff use. There was a toilet with a sink with hot and cold running water and other facilities for hand washing. There was a rear door that led to a car park. The door was kept locked during the inspection.

The pharmacy had a sound-proofed consultation room with seats where people could sit down for private conversations with the team member. The room was smart and professional in appearance. But it was not signposted. So, people may not know they could request to use the room to have a private consultation with a team member. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible to people. The pharmacy manages its services appropriately and delivers them safely. It supports some people to take their medicines at the right time by providing them with medicines in multi-compartment compliance packs. It suitably manages the risks associated with these services. The pharmacy sources its medicines from licenced suppliers. And it stores them safely and securely.

Inspector's evidence

The pharmacy had level access from the street to the main entrance door. So, people with wheelchairs and prams could easily access the pharmacy. It advertised its opening hours in the main window. The pharmacy stocked a small range of healthcare related leaflets in the retail area, which people could select and take away with them. And it used an A-board located in the retail area to promote healthy living advice. The team had access to the internet to direct people to other healthcare services. The pharmacy could supply people with large print dispensing labels if needed.

The team members regularly used stickers to attach to bags containing dispensed medicines, and they used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a controlled drug that needed handing out at the same time. The team members signed the dispensing labels when the dispensing and checking processes were complete. So, a robust audit trail of the process was in place. They used baskets to hold prescriptions and medicines. And they were of different colours to help the team manage the workload efficiently. For example, yellow baskets were used for prescriptions that were for home delivery. The pharmacy did not have a system to identify any dispensed medicines bags that contained any CDs. So, there was a risk people could be handed out some CDs after their prescription had expired. Owing slips were given to people on occasions when the pharmacy 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 pharmacy kept records of the delivery of medicines it made to people. The records didn't include a signature of receipt if the medicine wasn't a CD. So, there wasn't a robust audit trail that could be used to solve potential queries. A note was posted to people when a delivery could not be completed. The note advised them to contact the pharmacy.

The pharmacy supplied medicines in multi-compartment compliance packs for some people living in their own homes. The pharmacy managed the workload for dispensing the packs across four weeks. The team was responsible for ordering people's prescriptions. And this was done in the third week of the cycle. Which gave the team members enough time to resolve any queries, such as missing items or changes in doses, and to dispense the medication. They dispensed the packs in a segregated part of the dispensary. This was to minimise distractions. The team members used electronic records to check off prescriptions and make sure they were accurate. They recorded the conversations they had with people's GPs. For example, if they were told about a change in directions or if a treatment was to be stopped. They supplied the packs with backing sheets which listed the medicines in the packs and the directions. But they did not supply information to help people visually identify the medicines. For example, the colour or shape of the tablet or capsule. They provided patient information leaflets with the packs.

The pharmacy dispensed high-risk medicines for people such as warfarin. But there wasn't a robust system to highlight people who were prescribed any high-risk medicines. The pharmacist explained if a person had been highlighted as taking a high-risk medicine he would check if the person was having regular blood tests, or if their INR ranges needed checking if they were supplied with warfarin. There were methotrexate books and lithium cards kept in the dispensary. And the team members supplied these to people if they were prescribed methotrexate or lithium for the first time. They dispensed fridge and CD items in clear bags. Which allowed the team members to complete a final visual check of the medicines before they handed them out to people. The team members were aware of the pregnancy prevention programme for people who were prescribed valproate and of the risks. They demonstrated the advice they would give people in a hypothetical situation. The pharmacy displayed a poster about the programme in the dispensary. And the team members had access to patient guides and warning cards to provide to people.

The pharmacy stored pharmacy medicines (P) behind the pharmacy counter. This prevented people self-selecting them. The pharmacy stored its medicines in the dispensary tidily and the team members checked the expiry dates of each medicine every three months. But they didn't keep any records of the checks. They highlighted any medicines that were expiring within the next six months using alert stickers. No out-of-date medicines were found after a check of around thirty randomly selected medicines. An amber bottle containing loose sertraline tablets were found. The bottle had no information on it to indicate the expiry date of the tablets. The inspector discussed this with the pharmacist and the tablets were removed from the dispensary shelves for destruction. They recorded the date liquid medicines were opened on the pack. So, they could check they were in date and safe to supply. The pharmacy had a robust procedure in place to appropriately store and then destroy medicines that had been returned by people. And the team had access to CD destruction kits.

The team was not scanning products and undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). The team had received some basic training on how to follow the directive. Drug alerts were received via email to the pharmacy and actioned. And the pharmacy kept any records of the action the team members had taken. The pharmacy checked and recorded the fridge temperature ranges every day. And a sample checked were within the correct ranges. The CD cabinet was secured and of an appropriate size. The medicines inside the fridge and CD cabinets were well organised.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's equipment is well maintained and appropriate for the services it provides. The pharmacy uses its equipment to protect people's confidentiality.

Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children for the team to use. And the team had access to the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. The fridges used to store medicines were of an appropriate size. The team members had access to tweezers and rollers to help them dispense and seal the multi-compartment compliance packs.

Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the team members could have conversations with people in private. Its electrical equipment and cables were 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.