

Registered pharmacy inspection report

Pharmacy Name: M&A Pharmacies Ltd, 1a Lee Brigg, Altofts,
NORMANTON, West Yorkshire, WF6 2JJ

Pharmacy reference: 1039865

Type of pharmacy: Community

Date of inspection: 11/06/2019

Pharmacy context

The pharmacy is in the village of Altofts. It dispenses NHS and private prescriptions. It supplies medicines in multi-compartmental compliance packs to help people take their medication. And it delivers medication to people's homes.

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 generally identifies and manages the risks associated with its services. And it keeps most of the records it needs to by law. The pharmacy has written procedures that the team follows. The pharmacy has adequate arrangements to protect people's private information. People using the pharmacy can raise concerns and provide feedback. The pharmacy team has some level of training and guidance to respond to safeguarding concerns to protect the welfare of children and vulnerable adults. The pharmacy team members respond appropriately when errors happen. And they discuss what happened and act to prevent future mistakes. But they don't record all errors or review them. This means the team does not have information to help identify patterns and reduce mistakes.

Inspector's evidence

The pharmacy had a range of up to date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of pharmacy services. The SOPs covered areas such as dispensing prescriptions and controlled drugs (CDs) management. The team had read and signed the SOPs signature sheets to show they understood and would follow them. The pharmacy had Professional Indemnity Insurance with an expiry date of 31 December 2019.

The pharmacist when checking prescriptions and spotting an error told the team member involved of the mistake. Rather than getting the team member to identify their error. The pharmacy kept a record of these errors. The records showed no entries for the months of January 2019 and May 2019. A sample of records looked at showed details about the prescription and dispensed item to spot patterns. The team usually recorded their learning and the actions taken to prevent similar errors. The pharmacist had recorded a dispensing incident from November 2018 on to a piece of paper. This detailed the supply of the wrong strength of co-beneldopa. In response to this error the team separated the two strengths to help prevent the same mistake happening again. And the team triple checked the product selected against the prescription.

The pharmacy had a procedure for handling complaints raised by people using the pharmacy. But it didn't have a leaflet providing people with information on how to raise a concern. The pharmacy team used surveys to find out what people thought about the pharmacy. And it published these on the NHS.uk website.

A sample of controlled drugs (CD) registers looked at found that they met legal requirements. Responsible Pharmacist records looked at found they met legal requirements. Some records of private prescription supplies didn't have the date of supply or the prescription date. A sample of records for the receipt and supply of unlicensed products looked at found that they met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

The pharmacy had a folder containing documents related to data security and protection. The pharmacy didn't have any evidence that the team had read any of these documents. The team had read General Data Protection Regulation (GDPR) information. The pharmacy didn't display a privacy notice required by GDPR to inform people what personal details it kept and how it protected people's private information. The pharmacy had a shredder to destroy confidential waste.

The pharmacy had procedures informing the team members of the steps to take if they were concerned about vulnerable people. The pharmacy team members had access to contact numbers for local safeguarding teams. The pharmacist had completed level 2 training in 2017 from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team had completed Dementia Friends training in 2017. The driver reported concerns to the team about people she delivered medicines to.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the qualifications and skills to support the pharmacy services. And they can raise concerns about the effective delivery of these services. The pharmacy team members rarely receive feedback on their performance. So, they may miss the opportunity to progress in their role or take on a new role to help the safe and effective delivery of services.

Inspector's evidence

Regular locum pharmacists covered the pharmacy opening hours. The pharmacy team consisted of two full time dispensers, a part time dispenser, a full-time trainee dispenser, a part time medicines counter assistant (MCA) and a delivery driver. One of the full-time dispensers was on a phased return. At the time of the inspection one of the regular locum pharmacists, two full time dispensers and the part time MCA were on duty.

The team members had not had formal feedback on their performance for some time. So, they didn't have the chance to discuss development and training needs. The pharmacy had a whistleblowing policy providing the team with information on how to raise issues or concerns. Team members could suggest changes to processes or new ideas of working. The dispenser who managed the ordering of stock also ordered stock for the two other pharmacies in the company. The dispenser had recently discussed the impact this had on workload in the pharmacy especially when one of the other dispensers had been off. The dispenser was also concerned about who would take on this role when he was on holiday. A decision about this had not been made.

The pharmacy set targets for services such as medicine use reviews (MURs). The pharmacist was not under pressure to achieve them and offered them when appropriate for people's needs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure. And it has appropriate arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was clean, tidy and hygienic with separate sinks in place for the preparation of medicines and hand washing. The pharmacy displayed notices describing effective hand washing techniques next to the sinks. The consultation room contained a sink and alcohol gel was available. The team kept floor spaces clear to reduce the risk of trip hazards. There was enough storage space for stock, assembled medicines and medical devices.

The pharmacy had a large and sound proof consultation room. The team used this for private conversations with people.

The premises were secure. The pharmacy restricted access to the dispensary during the opening hours. The pharmacy had a defined professional area. And items for sale in this area were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that support people's health needs. The pharmacy has adequate procedures to manage its services and it gets its medicines from reputable sources. It keeps records of the medicines people have supplied in multi-compartmental compliance packs and it records most of the deliveries it makes to people. So, there may be times when the pharmacy can't deal with queries effectively. The team does not always record descriptions of the medicines in the packs or supply information leaflets with the medication to help people take their medicines safely. The pharmacy generally stores and manages medication appropriately but team members don't always store medicines in the original manufacturer's packs or correctly label the containers when medicines are moved from one container to another. So, there is a risk they may supply medicines that are out of date or not fit for purpose.

Inspector's evidence

People accessed the pharmacy via a small step. The pharmacy didn't have a leaflet detailing the services offered, the opening times and the contact details of the pharmacy for people to take away. The team accessed the internet to direct people requiring other healthcare services. A range of healthcare information leaflets were available.

The pharmacy provided services to around 30 care homes. Some of the care homes received the medicines in multi-compartmental compliance packs. Around 40 people living in their own home also received multi-compartmental compliance packs to help them take their medication. One of the full-time dispensers managed the service with support from other team members. The team ordered prescriptions in advance. This allowed time to deal with issues such as missing items. And the dispensing of the medication in to the packs. Each person had a record listing their current medication and dose times. The team checked received prescriptions against the list and queried any changes with the GP team. The team used a separate room to the rear of the pharmacy to dispense and store the packs. This room was away from the distractions of the main dispensary. The team did not always record the descriptions of the products placed in to the packs to help people identify their medicines. And the team did not always supply the manufacturer's patient information leaflets. The pharmacy team stored dispensed packs awaiting checking on top of each other. And kept them unsealed, risking medication moving between packs or losing items. The team sometimes received discharge summaries when people left hospital. The team checked the discharge summary for changes. The team managed changes to packs already sent to people by getting new prescriptions for new packs to be sent.

The pharmacy had completed checks to identify people that met the criteria of the valproate Pregnancy Prevention Programme (PPP). And it had the PPP pack containing information to give to people.

The pharmacy provided separate areas for the labelling, dispensing and checking of prescriptions. The team used baskets throughout the dispensing process 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. These recorded who in the team had

dispensed and checked the prescription. A sample looked at found that the team didn't always complete the boxes especially on labels attached to the multi-compartmental compliance packs. The pharmacy kept a record of the delivery of medicines to people. And it kept separate records for the delivery of controlled drugs. The records usually included a signature from the person receiving the medication.

The team recorded fridge temperatures each day. A sample looked at found they were within the correct range. The pharmacy team members checked the expiry dates on stock. But didn't keep a record when they had done the date check. The team listed medicines with short expiry dates and had removed stock from the shelves with expiry dates up to August 2019, to prevent the supply of these medicines. The team used a sticker with the expiry date written on to highlight medicines with a short expiry date. No out of date stock was found. The team members usually 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. Opened bottles of Oramorph and Morphine oral solutions with three months use once opened didn't have dates of opening recorded. Several bottles containing tablets removed from the original pack were found without a batch number or expiry date on the label. It was unknown if these were in date. And it meant that the team could not identify if the bottle contained affected stock if a safety alert came through. 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). This Directive came out on 9 February 2019. 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) via email. The team printed off the alert and actioned it.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Up to date references sources were in place and the pharmacy team had access to the internet as an extra resource.

The pharmacy used a range of CE quality marked measuring cylinders. The pharmacy had a medical fridge to store medicines kept at these temperatures. And it was an appropriate size for the volume of medicines requiring storage at such temperatures. The fridge had a glass door that allowed the viewing of stock without the door being open for a long time.

The computers were password protected and access to patients' 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 allow confidential conversations to take place.

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.