

Registered pharmacy inspection report

Pharmacy Name: Well, 1 Waverley Street, Tibshelf, ALFRETON,
Derbyshire, DE55 5PS

Pharmacy reference: 1078713

Type of pharmacy: Community

Date of inspection: 02/09/2019

Pharmacy context

This is a community pharmacy next to a medical centre. Most people who use the pharmacy are from the local area. The pharmacy dispenses mainly NHS prescriptions and sells a range of over-the-counter medicines. It supplies some medicines in multi-compartment devices to help people take their medicines at the right time and there is a delivery service. Around 50% of prescriptions are sent to the company's hub to be dispensed.

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	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which it incorporates into day to day practice to help manage future risks.
2. Staff	Good practice	2.2	Good practice	The pharmacy team members have the appropriate skills, qualifications and competence for their role and are supported to address their ongoing learning and development needs.
		2.4	Good practice	Team work is effective and openness, honesty and learning is embedded throughout the team.
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 effectively identifies and manages risks, so people receive their medicines safely. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them and act to help stop the same sort of mistakes from happening again. Pharmacy team members complete training so they know how to protect vulnerable people. They keep people's private information safe and complete all the records that they need to by law.

Inspector's evidence

There were up-to-date electronic standard operating procedures (SOPs) for the services provided, and members of the pharmacy team confirmed electronically via an e-Learning system that they had read and accepted them and completed an assessment to test understanding of each SOP. Roles and responsibilities of were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. The accuracy checker explained that the pharmacist initialled the corner of the prescription to indicate a clinical check had been carried out, and she was clear which prescriptions she could accuracy check. She said she mainly accuracy checked the prescriptions for multi-compartment devices when they had been assembled by a qualified dispenser or pharmacy technician. The team members were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

Dispensing incidents were reported electronically on Datix, which could be viewed at the pharmacy superintendent's (SI) office. Action taken at branch was completed to show the appropriate action had been taken at branch level to avoid re-occurrence. Near misses were also recorded and then reported on Datix. These were discussed with the pharmacy team monthly. The pharmacy teams current focus was on look-alike and sound-alike drugs (LASAs) and a notice was on display highlighting these. Similar packaging was separated and highlighted to avoid errors. For example, lansoprazole and omeprazole which had almost identical packaging. The different strengths of atenolol had been separated onto different shelves to avoid selection errors. A 'Caution strength' sticker had been added to the dispensary shelves containing losartan following an incident. Clear plastic bags were used for assembled CDs and insulin to allow an additional check at hand out. Learning from other pharmacies in the group were shared in messages on the company's intranet and a regional WhatsApp group.

Clinical audits were carried out regularly. A recent audit had been on non-steroidal anti-inflammatory drugs (NSAIDs). There had been no interventions required and the pharmacy manager said the prescribing at the local medical centre was good.

A 'Customer Care' notice was on display on one of the consultation room doors, which gave the details of head office, in case of complaint and encouraged customers to give feedback. A customer satisfaction survey was carried out annually. The results were available on www.NHS.uk website. 94.2% of respondents had rated the pharmacy excellent or very good. Areas of strength (100%) were staff overall and service received from pharmacist and staff. Areas identified which required improvement (1.3% dissatisfied) was 'Comfort and convenience of the waiting areas' and 'Having in stock the medicines/appliances you need'. The pharmacy's published response to this was 'Review waiting areas

and consider if changes can be made' and 'take any necessary action to strive to improve stock availability'. In a recent 'mystery shopper' report the pharmacy received a lowish score because the mystery shopper had not been acknowledged. As a result of this, the pharmacy manager said she had stopped allowing the front door to be wedged open because this had prevented the entry alert from being triggered and had meant the pharmacy team were unaware that the mystery shopper had entered the pharmacy.

Professional indemnity insurance was in place. Private prescription and emergency supply records, the RP record, and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

The pharmacy team completed annual training on confidentiality. Confidential waste was collected in designated 'shred-it' bins which were collected by the specialised disposal company. A dispenser correctly described the difference between confidential and general waste. Prescriptions awaiting collection were not visible from the medicines counter. Paperwork containing patient confidential information was stored appropriately. Consent was received when summary care records (SCR) were accessed and this was recorded.

Members of the team had completed safeguarding training on 'e-Expert learning'. There was safe guarding information available including the contact numbers of who to report concerns to in the local area. The pharmacy had a chaperone policy, and this was highlighted to patients. The pharmacy team had completed dementia friends training and so had a better understanding of patients living with this condition.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough skilled team members to manage its workload safely. Team members are well trained and work well together. The pharmacy encourages them to keep their skills up to date and supports their development. They are comfortable providing feedback to their manager and receive feedback about their own performance.

Inspector's evidence

There was a pharmacy manager (qualified dispenser), two pharmacists, a pharmacy technician (PT), an accuracy checker (NVQ2 or equivalent dispenser), a pharmacy assistant (NVQ2 or equivalent dispenser) and a delivery driver on duty at the time of the inspection. The staff level was adequate for the volume of work during the inspection. There was a holiday chart and planned absences were organised so that not more than one person was away at a time. Staff absences were covered by re-arranging the staff rota and there was flexibility within the team.

The pharmacy team carried out training using the company's e-Learning system. Members of the team were able to display their 'learning plan' which was a record of their completed training and included SOPs and topics such as asthma, safeguarding, confidentiality and health and safety. There had been a lot of training completed on central fulfilment which was the process where prescriptions were sent to the company's hub to be dispensed. Training which was required to be completed was highlighted to the team on Merlin. Training was audited by head office. The pharmacy manager monitored compliance levels in her team and was alerted to any outstanding mandatory training. Some training was optional. For example, for things like pet medicines. The team could complete training in their own time or were provided with training time during their working day.

The team members were given formal appraisals where performance and development were discussed. They also had monthly one-to-one discussions with the pharmacy manager where any issues were discussed, and concerns could be raised. The pharmacy manager said she felt there was an open and honest culture in the pharmacy and said would feel comfortable talking to the regional support or area manager about any concerns she might have. Regular weekly team huddles were held where a variety of issues were discussed, and team members were able to make suggestions or criticisms. Communication within the company was via the company's intranet and included information from the SI's office and alerts and recalls. Daily, weekly and monthly tasks were assigned via this system.

The team members had completed an online colleague survey where they were given the opportunity to give their thoughts on their working environment. One member of the team had been to a meeting with other pharmacies in the group to discuss the results from the survey.

The regular pharmacist said he felt empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine because he felt it was inappropriate. He said targets were set for Medicine Use Review (MUR) and it had been quite challenging to meet these in the last few weeks as the local medical centre was issuing double prescriptions as they were preparing to change their computer system, so the pharmacy's workload had greatly increased. The regular pharmacist said he had sent an e-mail to the

area manager to explain that they had not managed to carry out many MURs as they were prioritising prescriptions and managing patient's expectations and the area manager was understanding and supportive.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises generally provide a professional environment for people to receive healthcare. The pharmacy has private consultation rooms that enables it to provide members of the public with the opportunity to have confidential conversations.

Inspector's evidence

The pharmacy premises including the shop front and fascia were reasonably clean and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with four comfortable chairs. The temperature and lighting were adequately controlled. Fixtures and fittings were in good order. Maintenance problems were reported to Well support centre and the response time was appropriate to the nature of the issue.

Staff facilities included a small kitchen area and a WC with a wash hand basin and antibacterial hand wash. There were two separate dispensary sinks for medicines preparation with hot and cold running water. One sink was used solely for the preparation of methadone solution. Hand washing notices were displayed above the sinks. Hand sanitizer gel was available.

There were two consultation rooms which were both equipped with sinks. They were uncluttered, clean and professional in appearance. The availability of the rooms was highlighted by signs on the door. Staff explained they would use this room when carrying out the services and also when customers needed a private area to talk. Some patients receiving supervised methadone preferred to do this at the counter, but they were always offered the use of the consultation room if other people were in the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. Services are generally well managed, so people receive appropriate care. The pharmacy sources, stores and supplies medicines safely. And it carries out some checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation rooms and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchair users. There was a hearing loop in the pharmacy and a low-level shelf for wheelchair users to sign prescriptions on.

There was a range of healthcare leaflets and a health promotion zone with information about children's oral health. There was a height, weight and blood pressure machine in the waiting area for people to use. The pharmacy offered a free blood pressure and atrial fibrillation check. The regular pharmacist said there had not been many patients using the service yet. The service was not advertised so patients might not know it was available. Staff were clear what services were offered and where to signpost to a service not offered. Signposting and providing healthy living advice were not recorded so it was difficult for staff to monitor the effectiveness of health promotion or give examples of improved patient outcomes.

Around 50% of prescriptions were sent to the company's hub. Consent from patients had been obtained for this. The pharmacy followed 'best in class' to ensure they were following the correct procedure. A high number of prescriptions were not coming back from the hub on time. This was because the quantities prescribed were higher than usual as the local medical centre was issuing double prescriptions. These prescriptions were listed as 'pending' but the hub could not tell the pharmacy when the prescription would be returned. This was causing the pharmacy extra work because they were dispensing the missing prescriptions rather than the patient having a wasted journey to collect their medication. The pharmacy offered a managed prescription ordering and collection service for vulnerable patients and these patients were contacted before their prescriptions were ordered to check their requirements. This was to reduce stockpiling and medicine wastage.

There was a text service to let people know when their prescription was ready to be collected. There was a delivery service with associated audit trail. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was adequate in the dispensary and the work flow was organised into separate areas with a designated checking area. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed.

'Pharmacist advice' stickers were used to highlight counselling was required and high-risk medicines such as warfarin and methotrexate were targeted for extra checks and counselling. INR levels were requested and checked but not always recorded when dispensing warfarin prescriptions. A valproate audit had been carried out but it had not identified any patients in the at-risk group. The valproate care cards were not available, but the pharmacy manager confirmed that they had been re-ordered.

Monitored dosage system (MDS) was well organised with an audit trail for communications with GPs and changes to medication. A dispensing audit trail was completed, and medicine descriptions were usually included to enable identification of the individual medicines. Packaging leaflets were included. Disposable equipment was used.

The pharmacy assistant knew what questions to ask when making a medicine sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in a CD cabinet which was securely fixed to the wall. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins. The pharmacy was not compliant with the Falsified Medicines Directive (FMD). Team members were not able to verify or decommission medicines and did not know what date the pharmacy would be compliant. Alerts and recalls were received via Merlin from the superintendent's office. These were read and acted on by a member of the pharmacy team and then filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use and use it in a way that protects privacy.

Inspector's evidence

Current British National Formulary (BNF) and BNF for children were available and the pharmacist could access the internet for the most up-to-date information. For example, the electronic medicines compendium (eMC) which was used to print off leaflets for patients and Medscape which the pharmacy manager used to check drug interactions on.

There were three clean medical fridges. The minimum and maximum temperatures were recorded daily and had been within range throughout the previous month. One fridge had been recently obtained to replace one which was not maintaining a constant temperature throughout. This issue had been identified during an audit. The temperature of the new fridge was being monitored before it was stocked. All electrical equipment appeared to be in good working order. Equipment was ordered through the Well support centre at head office and any problems with equipment (including IT) were dealt with by them.

There was a selection of clean liquid measures with British Standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy also had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. PMRs were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.