

# Registered pharmacy inspection report

**Pharmacy Name:** P.W. & J.A. Hedge, The Pharmacy, Central Street,  
LUDGESHALL, Hampshire, SP11 9RA

**Pharmacy reference:** 1079493

**Type of pharmacy:** Community

**Date of inspection:** 15/10/2019

## Pharmacy context

This is a community pharmacy located adjacent to a GP surgery in Ludgeshall. It serves a mixed local population including army personnel and young families. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and provide substance misuse services.

## 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 does not identify and manage risk well. Staff are not clear about how they learn from their mistakes.
		1.4	Standard not met	The pharmacy team cannot demonstrate how they gather feedback from people and use this to improve their services.
<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	4.4	Standard not met	The pharmacy team are not clear on how to receive concerns about medicines or medical devices that are not fit for purpose.
<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 does not identify and manage risk well. The pharmacy had some procedures to help them learn from mistakes that happen, but staff generally are not aware of these and do not utilise them. Pharmacy team members are clear about their roles and responsibilities. The pharmacy team are not clear about how they gather feedback from people and use this to improve services. The pharmacy team manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy does not temperature monitor all of its fridges that are used to store medicines.

### Inspector's evidence

Some processes were in place for identifying and managing risks. But staff could not demonstrate any evidence of recent near misses or errors recorded. Staff were unable to demonstrate that they had learnt from their previous mistakes. There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). But staff were unable to explain how they would carry out an investigation to find out why and an error had happened and to learn from it. Dispensing errors were also reported to the superintendent pharmacist.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the workbenches. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for all the dispensary tasks and these had been reviewed within the last 2 years. But some staff were unable to say whether they had read these. None of the staff present on the day of the inspection had signed the SOPs. Staff were all able to explain their roles and responsibilities. A complaints procedure was in place and the staff were all aware of this. Staff were not clear on how they gathered feedback about their services.

An indemnity insurance and public liability certificate was displayed and was valid and in date until the end of May 2020. Records of controlled drugs (CD) and patient returned CDs were seen as being kept. A sample of a random CD was checked for record accuracy and was seen to be correct. CD balance checks were carried out generally monthly. Patient returned and expired CDs were labelled as such and separated from regular CD stock.

Staff reported that date checking was carried out regularly but records were not kept to demonstrate this. There were two fridges used to store thermolabile medicines. Temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range for one fridge although days were often missed. The second fridge was not temperature monitored (see also principle 4).

A responsible pharmacist (RP) record was retained and completed appropriately. The responsible pharmacist notice was displayed in pharmacy where patients could see it. The private prescription records were retained but some entries omitted the prescriber's details. The pharmacy team reported that they did not often do emergency supplies so these records were not demonstrated. The specials records were retained and were in order.

Staff were aware of their responsibilities around information governance and data protection. Confidential waste was separated and shredded intermittently using a cross cut shredder. The computer screens were all facing away from the public and access to patient confidential records was password protected.

Staff explained that they were aware what signs to look out for that may indicate safeguarding issues in children and vulnerable adults. Contact details were available for safeguarding referrals, advice and support.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

There was one pharmacist, one technician, one dispensing assistant and three medicine counter assistants present during the inspection. They were all seen to be working well together. The pharmacy was short staffed on the day of the inspection and staff explained that they had recently lost a dispensing assistant who had not been replaced. Despite this, staff were generally able to keep up with the services provided during the inspection.

Ad-hoc staff meetings would take place where any significant errors and learning would be discussed with the team. The staff reported that they kept their knowledge up to date by reading third party materials and would ask the pharmacist if they had any queries. A pharmacy technician reported that she had recently completed revalidation and had chosen to complete an entry based on her learning about the early warning signs of sepsis. The pharmacy technician was supporting the trainee medicines counter assistants with their training and they reported that they felt supported and were able to raise any queries they had with her.

Staff reported that they felt comfortable to approach the superintendent pharmacist with any issues regarding service provision. There were no formalised targets in place in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy generally provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects people's private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy retail area towards the front and a dispensary area toward the back which was separated from the retail area by a medicines counter to allow for the preparation of prescriptions in private.

A significant proportion of counter space was filled with assembled prescriptions because staff said that they did not have enough space in the retrieval area to store these. Staff were observed sometimes struggling to find assembled prescriptions due to a lack of organisation.

There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing. Medicines were stored on the shelves in a generic and alphabetical manner and these were being rearranged during the inspection. There was one consultation room that was adequately soundproofed. Patient confidential information was stored securely.

The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services Standards not all met

### Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is generally appropriately obtained and supplied. But fridge medicines are not always stored in a fridge which is temperature monitored. The pharmacy team are unsure of what to do when a medicinal product is not fit for purpose.

### Inspector's evidence

Pharmacy services were displayed on posters and leaflets around the pharmacy. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to all patients who may become pregnant. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was not available for use during the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacy was European Falsified Medicines Directive (FMD) compliant. The relevant equipment was in place and the pharmacy was using the appropriate software. Medicines were obtained from suppliers such as AAH, Alliance and Phoenix. Specials were obtained via suppliers such as IPS specials.

Medicines and medical devices were stored within their original manufacturer's packaging. Staff reported that pharmaceutical stock was subject to date checks but these were not documented. A bottle of loratadine 5mg/5ml syrup was on the dispensary shelf that had expired as of 12 October 2019. Temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range for one fridge although days were often missed. The second fridge was not temperature monitored.

Staff were unsure of how to receive and action MHRA drug alerts and recalls. Staff did not have access to the email system at the time of the inspection and could not demonstrate having actioned the most recent drug alerts.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangle and a capsule counter available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up to date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There were two fridges in use for the storage of thermolabile medicines which appeared to be in good working order. But the maximum and minimum temperatures were recorded daily for only one of these fridges. Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

### 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.