

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: 10/09/2020

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
1. Governance	Standards not all met	1.7	Standard not met	The pharmacy does not adequately protect people's private information
2. Staff	Standards not all met	2.5	Standard not met	The pharmacy team were not always comfortable about providing feedback and raising concerns about issues that arise in the pharmacy.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy team could not ensure that medicines that require cold storage were stored appropriately
		4.4	Standard not met	The pharmacy team do not take action in a timely manner when they receive concerns about medicines or medical devices that are not fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid future mistakes. The pharmacy team have taken some measures to reduce the risk of COVID 19 transmission. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. But it does not adequately protect people's confidential information. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

The pharmacy team had taken some measures to mitigate the risk of transmission of COVID-19. The superintendent pharmacist had completed risk assessments of the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. The pharmacy suspended some of its face-to-face services during the peak of the pandemic. Staff were not wearing face masks as they were socially distancing from each other in the pharmacy. People were encouraged to wear face masks when attending the pharmacy. The pharmacy was made aware of the requirements of reporting staff COVID 19 transmission in the workplace to the Health and Safety Executive. Processes were in place for identifying and managing risks. There was a near miss mistake log in the main dispensary which was seen to be used to record near miss incidents regularly. The pharmacy team reported that this was reviewed regularly and any learning points were analysed and discussed. Amitriptyline and amlodipine had been separated on the dispensary shelf after previous near miss mistakes, for example.

There was a procedure in place to learn from dispensing errors. The pharmacy would investigate errors so that they could learn from these and reduce the risk of these occurring in the future. Staff could not demonstrate any previous errors that had been recorded.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. 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 the services provided and these were reviewed regularly. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy carried out a Community Pharmacy Patient Questionnaire annually as part of their NHS contract. A certificate of public liability and indemnity insurance from the NPA was displayed in the dispensary and was valid and in date until May 2021.

Records of controlled drugs (CD) and patient returned controlled drugs were kept. The CD balance was checked regularly. Both an electronic and written responsible pharmacist (RP) record was retained. The inspector explained that only one type of record was necessary. The RP notice was displayed and could be clearly seen by the public. Two fridges were in use but only one was regularly temperature monitored (see principle 4). Date checking was completed regularly and records were kept to

demonstrate this. The private prescription and specials records were kept and were in order. The pharmacy team reported that they rarely supplied emergency supplies and so records for these were not demonstrated.

Staff described how they protected people's private information in the pharmacy. But the consultation room was left unlocked and was potentially accessible from the retail area of the pharmacy. In the consultation room, assembled prescriptions and loose prescriptions were stored on the floor and on the worktop and people's name and address details were clearly visible. The computer screens in the dispensary were all facing away from the public and were password protected. Confidential waste was collected separate to normal waste and disposed of appropriately.

On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. There was a procedure in place for dealing with safeguarding issues in children and vulnerable adults. But staff could not readily locate contact details for local safeguarding advice, referral and support.

Principle 2 - Staffing Standards not all 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. But they are not always comfortable about providing feedback and raising concerns about issues that arise in the pharmacy.

Inspector's evidence

There was one locum pharmacist, one technician, one dispensing assistant and one medicine counter assistant 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. The pharmacy manager had recently left, and this had caused some disruption in the leadership of the pharmacy team. But the pharmacy technician reported that a new manager was being sought.

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, such as pharmacy magazines, and would ask the pharmacist if they had any queries. The pharmacy team had been learning about issues concerning COVID 19 from resources such as the PSNC website. The pharmacy technician supported any new pharmacy team members with their training if necessary.

One staff member reported that they sometimes felt like they could not raise concerns because of the attitude taken by management which was dismissive. The pharmacy team reported that they had raised problems about the fridge, for example, but nothing had been done about this. 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 is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a spacious 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. The pharmacy had older style fixtures and fittings and had not been upgraded in some time. The pharmacy team cleaned the pharmacy work surfaces and contact points regularly. There was a plastic screen on the medicines counter. But this only covered around one third of the medicines counter and did not separate the retail area from the dispensary area. There were only three people allowed in the pharmacy at any one time.

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. Some assembled prescriptions were also kept on the floor which could represent a trip hazard to staff. There were drawers which were used to store medicines but some of these were broken and would not close properly.

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. There was a door to the consultation room which was accessible from the retail area of the pharmacy.

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 do not take action 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 Colorama specials.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks and these were documented. Fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range for one fridge. The second fridge was not regularly temperature monitored. On examination, the maximum temperature of the second fridge was slightly over 8 degrees Celsius. The fridge appeared to be an old domestic food fridge. Staff reported that they had raised this issue previously with management and it had still not been fixed or replaced. The last recorded fridge temperature for the unmonitored fridge was 3rd September 2020. This meant that the pharmacy team could not ensure that medicines that require cold storage were stored appropriately.

MHRA drug alerts and recalls were received electronically by email. But staff confirmed that they had not opened and actioned any recent drug alerts and recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered.

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.

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.