

Registered pharmacy inspection report

Pharmacy Name: Pearn's Pharmacies Ltd., 4-5 Victoria Terrace,
Newbridge, NEWPORT, Gwent, NP11 4ET

Pharmacy reference: 1084979

Type of pharmacy: Community

Date of inspection: 28/02/2020

Pharmacy context

This is a high street pharmacy in a small town. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It offers a wide range of services including emergency hormonal contraception, smoking cessation, treatment for minor ailments and a seasonal 'flu vaccination service for NHS and private patients.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	4.1	Good practice	The pharmacy works closely with local healthcare providers to ensure its services are accessible to patients and the public.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Its team members record and review their mistakes so they can learn from them. And they take action to help stop mistakes from happening again. The pharmacy keeps the records it needs to by law. It asks people to give their views about the services it provides. And it keeps people's private information safe. The pharmacy's team members understand how to recognise and report concerns about vulnerable people to help keep them safe.

Inspector's evidence

The pharmacy had some systems in place to identify and manage risk, including the electronic recording of dispensing errors and near misses. The pharmacist said he reviewed records on a monthly basis and then sent copies to the company's area manager for further review. Some action had been taken to reduce risks that had been identified: for example, after a series of selection errors with sumatriptan and sildenafil, these had been separated on dispensary shelves. The pharmacy team were aware of the risks associated with 'Look-Alike, Sound-Alike' or 'LASA' medicines and many of these were also stored separately in the dispensary.

A range of written standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. An appendix of the Roles and Responsibilities SOP showing the tasks that each staff member was expected to perform had not been completed, although staff were able to clearly describe their roles and responsibilities when questioned.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The results of the most recent survey displayed in the retail area showed that this was overwhelmingly positive. A formal complaints procedure was in place. Information about how to make complaints was included in the practice leaflet and a poster displayed in the retail area. Another notice at the pharmacy entrance advertised the NHS complaints procedure 'Putting Things Right'.

A current certificate of professional indemnity insurance was on display. All necessary records were kept and were generally properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and controlled drug (CD) records. However, records of unlicensed specials were not always marked with patient details as required by law. CD running balances were typically checked monthly.

Staff had signed confidentiality agreements. They were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately. A privacy notice displayed in the retail area explained the way in which data was used and shared by the pharmacy and gave details of the pharmacy's Data Protection Officer.

The pharmacist had undertaken level two safeguarding training and had access to guidance and local contact details that were displayed in the dispensary. Staff had undertaken level 1 safeguarding training and were able to identify different types of safeguarding concerns. The pharmacist confirmed that he would report these via the appropriate channels where necessary. A chaperone policy was available in the SOP file and a summary of the policy was displayed on the consultation room door. Leaflets in the retail area advertised local support services for people affected by dementia.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. They are properly trained for the jobs they do. And they feel comfortable speaking up about any concerns they have.

Inspector's evidence

The pharmacist manager worked at the pharmacy on most days and relief pharmacists covered his role on alternate Fridays and Saturdays. The support team consisted of an accuracy checking technician (ACT), two pharmacy technicians and a dispensing assistant. A pharmacy student and a dispensing assistant with an NVQ3 qualification were both absent. There were enough suitably qualified and skilled staff present to comfortably manage the workload during the inspection and the staffing level appeared adequate for the services provided. Staff members had the necessary training and qualifications for their roles. The pharmacy student worked under the pharmacist's supervision.

Targets were set for MURs. However, these were managed appropriately, and the pharmacist said that they did not affect his professional judgement or compromise patient care. He said that there was no pressure to complete MURs if other issues took priority. Staff worked well together and had an obvious rapport with customers. They said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacist or the area manager. A whistleblowing policy was available in the branch manual in the dispensary. It gave details of how to raise concerns outside the organisation.

Members of staff working on the medicines counter were observed to use appropriate questions when selling over-the-counter medicines to patients and referred to the pharmacist on several occasions for further advice on how to deal with a transaction. Staff had access to informal training materials such as articles in trade magazines and information about new products from manufacturers. The pharmacy technicians said they understood the revalidation process. They said that they based their continuing professional development entries on situations they came across in their day-to-day working environment. There was no formal appraisal system in place, but all staff members could informally discuss issues with the pharmacist whenever the need arose. The lack of a structured training and development programme increased the risk that individuals might not keep up to date with current pharmacy practice and that opportunities to identify training needs could be missed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working and its layout protects people's privacy.

Inspector's evidence

The pharmacy was very clean. It was tidy, well-organised and spacious. Some stock and dispensed prescriptions awaiting collection were temporarily stored on the floor but did not pose a trip hazard. The sink had hot and cold running water and soap and cleaning materials were available. A lockable consultation room was available for private consultations and counselling and its availability was clearly advertised. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy promotes the services it provides so that people know about them and can access them easily. If it can't provide a service it directs people to somewhere that can help. The pharmacy's working practices are generally safe and effective. It stores medicines appropriately and carries out checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. A signposting file provided by the local health board was available and staff said that they would signpost people requesting services they could not provide to other nearby pharmacies. A telephone number for the local health board's sharps collection service was displayed at the medicines counter. Some health promotional material was on display in the retail area. The pharmacist explained that he had recently visited local surgeries and a nearby optician to discuss and promote services as part of a health board funded collaborative working initiative. Recent visits had involved discussions around the common ailments service. The pharmacist said that as a consequence there was a high uptake of this service, with many referrals from local GPs. He said that the pharmacy was shortly to begin providing a sore throat test and treat service.

Baskets were not used for walk-in prescriptions, but the pharmacist and staff said that they always ensured that enough space was left between individual prescriptions being assembled on the workbench to reduce the risk of medicines becoming mixed up. This was achievable at the time of the inspection as there was ample workbench space and the pharmacy was quiet. However, it was unclear if this was still the case during busy periods. Dispensing labels were initialled by the dispenser and checker to provide an audit trail.

Prescriptions that included controlled drugs (CDs) requiring safe custody were stored in a dedicated area and not dispensed until the patient or their representative came to collect them. Stickers were attached to prescriptions awaiting collection to alert staff to the fact that a fridge item was outstanding. Stickers were usually used to identify dispensed Schedule 3 and 4 CDs awaiting collection. This practice helped ensure that prescriptions were checked for validity before handout to the patient. However, one prescription for pregabalin and clonazepam was found not to be marked in this way.

The pharmacist said that stickers were usually attached to prescriptions for warfarin. Any information obtained about blood tests and dosage changes was recorded on the patient medication record (PMR). Patients prescribed other high-risk medicines such as lithium and methotrexate were not routinely identified and there was a risk that opportunities for counselling might be missed. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacist said that patients prescribed valproate who met the risk criteria would be counselled and provided with appropriate information, which was available in the dispensary. The pharmacy carried out regular high-risk medicines audits commissioned by the local health board. These audits were used to collect data about the prescribing, supply and record-keeping associated with high-risk medicines to flag up areas where risk reduction could be improved within primary care.

Signatures were obtained for prescription deliveries. Separate signatures were usually, but not always,

obtained for deliveries of controlled drugs. In the event of a missed delivery, the delivery driver put a notification slip through the door and brought the prescription back to the pharmacy.

The pharmacy provided medicines in disposable multi-compartment compliance aids to a number of patients. The compliance aids were labelled with descriptions to enable identification of individual medicines and patient information leaflets were routinely supplied. Each patient had a section in a dedicated file that included their personal and medication details, collection or delivery arrangements and details of any messages or changes. A list of patients was displayed in the dispensary and was available at the front of the file for reference. Patients who received their compliance aids weekly were allocated a basket that contained their stock medicines, current prescription and a copy of their current backing sheet. A list of patients known to be in hospital was displayed in the compliance aid assembly area for reference.

Medicines were obtained from licensed wholesalers and generally stored appropriately. However, some bottles containing loose tablets and some boxes containing blister strips that had been removed from their original packaging were not adequately labelled either as stock or named-patient medication. This increased the risk of error and did not comply with legislative requirements. Some opened bottles of date-sensitive internal liquids had not been marked with the date of opening and there was a risk that an out-of-date product might be supplied. Most medicines requiring cold storage were stored in a well-organised drug fridge. Maximum and minimum temperatures were recorded daily and were consistently within the required range. However, a large quantity of Humalog vials that had been ordered in error were being stored in the staff fridge. The pharmacist said that no temperature checks were currently being made for this fridge, which made it difficult for the pharmacy to be assured that the medicines were safe and fit for purpose. He said that he would begin to monitor temperatures from now on and would transfer stock into the drug fridge where space allowed. CDs were stored appropriately in a large, well-organised CD cabinet and obsolete CDs were segregated from usable stock.

Stock was subject to regular expiry date checks. These were documented, and short-dated items were highlighted with stickers. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. A scheme run in association with GSK allowed the pharmacy to recycle returned inhalers. The pharmacy received drug alerts and recalls via its NHS email account. The pharmacist was able to describe how the team had dealt with a recent recall for Beconase aqueous nasal spray by quarantining affected stock and returning it to the supplier. They had also acted on a recent alert for ibuprofen tablets by amending incorrect package leaflets. Drug recalls were printed and filed for reference. The pharmacy was fully compliant with the Falsified Medicines Directive.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. It generally makes sure these are safe and suitable for use. The pharmacy's team members use equipment and facilities in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Triangles were used to count tablets and a separate triangle was available for use with loose cytotoxics. The pharmacy had a range of up-to-date reference sources. All equipment was clean and in good working order, although there was no evidence to show that it had recently been tested. However, the pharmacist said that most electrical equipment was replaced every few years. Equipment and facilities were used to protect the privacy and dignity of patients and the public. For example, the pharmacy software system was protected with a password and the consultation room was used for private consultations and counselling.

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.