

Registered pharmacy inspection report

Pharmacy Name: Packmoor Pharmacy, Samuel Street, Packmoor, STOKE-ON-TRENT, Staffordshire, ST7 4SR

Pharmacy reference: 1085107

Type of pharmacy: Community

Date of inspection: 01/10/2019

Pharmacy context

This is a busy community pharmacy, located across the street from a large health centre. The surrounding area is mainly residential and most people who use the pharmacy are from the local area. It dispenses prescriptions and supplies medicines in multi-compartment compliance aid packs for a local nursing home facility. The pharmacy offers several other services including Medicines Use Reviews (MURs), a smoking cessation service and local patient group directives (PGDs) for the treatment of urinary tract infections (UTI) and impetigo. It also provides seasonal flu vaccinations.

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 | 1.6 | Standard not met | Records sometimes lack sufficient detail. The responsible pharmacist record is not compliant with requirements, which means it is not possible to identify who was responsible for the safe and effective running of the pharmacy at a set point in time. |
| 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 not all met

Summary findings

The pharmacy's team members understand how to keep people's private information safe and raise concerns to help protect the wellbeing of vulnerable people. But they could do more to learn from their mistakes. The pharmacy has written procedures to help make sure the team completes tasks effectively. It asks for feedback, so that it can identify areas for service improvement. But it does not suitably maintain the records it needs to by law. So, it may not always be able to show what has happened in the event of a query.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs), which had last been reviewed in October 2017. The procedures did not always define the individual responsibilities of team members and audit trails confirming that team members had read the procedures were incomplete. Through discussion several team members demonstrated an understanding of their roles, and a trainee medicine counter assistant (MCA) accurately described the activities which were permissible in the absence of a responsible pharmacist. The displayed certificate of professional indemnity insurance covering pharmacy services had expired the day prior to the inspection. But the pharmacist provided confirmation that the policy had been renewed through Numark.

Previous dispensing incidents had been recorded and incident reports were maintained as an audit trail. The pharmacist said that the team had previously used cautionary shelf edge labels and relocated stock following incidents. But examples of this were not available on the day, as the stock arrangement had recently been changed and the corresponding warnings had been removed. Team members had previously recorded their near misses, but no entries had been documented since April 2019 and no recent reviews had been conducted, so team members may not always be able to show what they have learnt.

The pharmacy had a complaint procedure, which was advertised on a notice displayed in the retail area. The pharmacy sought feedback using a suggestions box, which was placed on the medicine counter. Some positive comments were viewed on the day. There was one response which queried a lack of seating for people who were waiting for their medicines. The pharmacy did have two chairs available and a team member confirmed that these had been in place for a while. The pharmacy also participated in the annual Community Pharmacy Patient Questionnaire (CPPQ).

Records for private prescriptions and emergency supplies were held electronically. But there were some emergency supply records which did not state the nature of the emergency, so the team may not always be able to show what happened in the event of a query. Specials procurements records usually provided an audit trail from source to supply, but two examples were seen where this was incomplete. Controlled Drugs (CD) registers maintained a running balance. A patient returns CD register was available and previous destructions had been signed and witnessed.

The correct responsible pharmacist notice was displayed on a shelf in the retail area. The RP log was not

compliant with requirements. There were multiple gaps for the period between 14 June 2019 and 21 August 2019 and no other entries had been made after this date.

The pharmacy had a folder with several procedures which covered the General Data Protection Regulation (GDPR). The pharmacy was registered with the Information Commissioner's Office (ICO) and a privacy notice was available in the GDPR folder. One team member had completed some training on the GDPR. Whilst the others had not completed formal training, they were able to clearly discuss the actions that they would take to help protect people's privacy. Confidential waste was segregated into designated bags, which were taken for appropriate disposal and completed prescriptions were stored out of public view.

Some team members had completed safeguarding training, including the pharmacist who held a level 2 qualification from the Centre for Pharmacy Postgraduate Education (CPPE). A procedure was available to support the escalation of any safeguarding concerns and the necessary contact details were available from the internet.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members work well together in a busy environment. They can share their ideas and provide feedback to help improve pharmacy services and they hold the appropriate qualifications for their roles. But they have limited access to ongoing learning and development, so they may not always be able to show how they keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside a qualified dispenser, a pharmacy apprentice and two trainee MCAs. The pharmacy also employed a delivery driver who worked on a full-time basis but divided her time equally between two branches. There had been several staffing changes in recent months. Except for the apprentice, all team members had been in post for less than one year, following the departure of other staff members. The pharmacy also had an active vacancy for a full-time dispenser as a team member had left in the weeks prior to the inspection. The team reported that they had managed the dispensing workload suitably during the staffing shortage. There was no backlog on the day. But the environment was busy and other tasks were not always being completed as effectively as they could be. Leave was planned in advance and restricted to help ensure that sufficient staffing levels were maintained. Additional cover was not usually available, so during these periods the team would work with one team member down and part-time team members would adjust their hours where possible to provide additional support.

The dispenser had completed an accredited training programme through a previous employer and all other team members were enrolled on training programmes through Buttercups and were nearing the completion of their course. No protected training time was provided for team members and following the completion of accredited courses, ongoing learning and development was limited. Staff appraisals had been conducted by a previous pharmacy manager, where team members discussed future goals and objectives and identified areas for improvement.

Team members were observed to work within their competence and make referrals to the pharmacist when they were unsure. A trainee MCA discussed the questions that she would ask to help make sure that sales of medicines were safe and appropriate. She demonstrated an understanding of restrictions on the sale of some medicinal products and warnings including the three day use of codeine-based preparations. Whilst in training the MCA said she referred sales of pharmacy medicines to the pharmacist.

Team members were happy to approach the pharmacist in charge with any concerns. An area manager, based at a nearby branch, was also contactable and attended the pharmacy if any issues were raised. Team members also had the contact details for senior management. One of them explained that she had raised an issue directly to management previously and would feel comfortable to do so again. The team also discussed issues amongst one another and identified changes that had been made to the storage of repeat prescriptions which were waiting to be dispensed and the prescription retrieval system, which had led to an improvement in organisation and workload management. The pharmacist

confirmed that team members were not set any formal targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the provision of pharmacy services. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy was in a reasonable state of repair but there were some internal fixtures which showed general signs of wear and tear. Maintenance issues were escalated to head office and staff undertook daily house keeping duties. The pharmacy was generally clean on the day. There was appropriate lighting and the temperature was suitable for the storage of medicines. During periods of hot weather, the team reported that the pharmacy could get warm, they had portable fans to help regulate the temperature and a thermometer behind the medicine counter. A team member believed that this had previously been escalated to head office but was unsure about any feedback that had been received.

The retail area stocked a range of goods which were suitable for a healthcare-based business and pharmacy medicines were secured from self-selection behind the medicine counter. Two chairs were available for use and the walkways were free from obstructions. There was an enclosed consultation room off the retail area. The room was suitably maintained and had a desk and seating to facilitate private and confidential discussions.

The dispensary had adequate space for the provision of services. There were some tote boxes temporarily stored on the floor, which may cause a trip hazard for staff. There was sufficient work bench space to segregate dispensing and checking and a separate sink for the preparation of medicines, which was equipped with appropriate hand sanitiser. Additional storage areas and WC facilities are also appropriately maintained.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible and suitably managed. It obtains medicines through reputable sources and stores them appropriately. But it does not usually provide any extra advice to people on high-risk medications, so they may not always get all the information they need to take their medicines properly. And it could carry out better checks to show that medicines are fit for supply.

Inspector's evidence

The pharmacy had a step-free entrance and the manual door was visible from the medicine counter so that people who required assistance could be identified.

There was limited advertisement of the pharmacy's services. A section near to the medicine counter contained a variety of health promotion literature and team members suitably signposted people who required other services. The pharmacist said that there had been some recent signposting as part of a child health campaign which the pharmacy had participated in.

Prescriptions were dispensed using coloured baskets, to keep them separate and prioritise the workload. And team members signed 'dispensed' and 'checked' boxes as an audit trail for dispensing. The pharmacy did not routinely highlight prescriptions for high-risk medicines to help make sure people received appropriate counselling. The pharmacist was aware of the risks of the use of valproate-based medicines in people who may become pregnant. But neither he or other members of the team were familiar with requirements for the supply of warning literature in line with guidance issued by the Medicine and Healthcare products Regulatory Agency (MHRA) and the materials could not be located on the day. The guidance was discussed with the pharmacist, who agreed to review it with the wider pharmacy team. And the inspector advised on how materials could be obtained. The pharmacy highlighted prescriptions for CDs to help make sure that supplies were made within a valid 28-day expiry date, but two prescriptions for tramadol were not marked, which may increase the likelihood of a supply being made after the prescription has expired.

The pharmacy ordered repeat prescriptions for patients each month. Team members were observed to ask patients which medications were required for the month ahead, to help prevent over ordering. An audit trail of requests sent to the surgery was not maintained. So, the team may not always proactively identify unreturned prescriptions or discrepancies. Signatures were obtained to confirm the delivery of medicines. A note was left if the patient was not at home and medication was returned to the pharmacy. A box was available in the delivery vehicle to help maintain the cold chain.

The assembly of compliance aid packs for community-based patients had been relocated to a nearby hub. The pharmacy team still assembled compliance aid packs for a local nursing home facility. Staff based at the care home facility were responsible for requesting the medications required each month, to help prevent over ordering. The pharmacy team kept records to identify unreturned requests and prescription discrepancies, which were then escalated. Completed packs were reportedly labelled with descriptions but patient leaflets were not always supplied in line with regulations. The team agreed to

review this moving forward.

The pharmacist had completed training for the provision of flu vaccinations, the service was not yet active as no stock of the vaccination was available on the day. The requirements for in-date patient group directives (PGDs) to be completed and accessible was also discussed. Access was available to PGDs which covered the UTI and impetigo services and the pharmacist had completed training through CPPE.

Stock medications were sourced from reputable wholesalers and specials from a licensed manufacturer. Stock medicines were stored in the original packaging provided and the shelves were generally organised. The team explained that they had done some recent date checking, but records of this had not been updated since 2018 and some checks were still outstanding. Random checks identified some expired medicines dated April, July and August 2019. They were immediately removed and placed for disposal, but the team accepted that this could increase the risk of an expired medicine being supplied in error. Expired and returned medicines were stored in medicine waste bins and a cytotoxic waste bin was available for the segregation of hazardous materials. The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD). A scanner had been installed and the pharmacy had access to the relevant software. But procedures had not yet been updated and the pharmacist was unsure of the exact timeframe for full implementation. Drug alerts were received electronically, but access to the system was limited to the pharmacist. A class 2 (action with 48 hours) alert received the previous week had not yet been opened. The pharmacist agreed to review previous alerts to make sure that they had all been actioned and to maintain an audit trail moving forward. Action was also being taken to make sure that other team members could access the system in the pharmacist's absence.

The pharmacy fridge was fitted with a maximum and minimum thermometer and was within the recommended temperature range. A temperature record for September 2019 could not be located but records for other previous months were in order. CDs were stored appropriately with expired and returned CDs segregated from stock. Random balance checks were found to be correct and CD denaturing kits were available.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. And the team uses equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had several glass crown-stamped measures and counting triangles for loose tablets. A separate triangle was marked for use with cytotoxic medicines and the equipment seen was clean and appropriately maintained. The pharmacy had paper-based reference texts including the British National Formulary (BNF) and internet access to support additional research.

Electrical equipment was in working order. The pharmacy's computer systems were password protected and screens were located out of public view. A cordless phone enabled conversations to take place in private, if required.

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. |