

# 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:** 17/09/2020

## 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. The pharmacy mainly dispenses NHS prescriptions and it supplies medicines to a local care home. It also supplies some medicines in multi-compartment compliance aid packs to help make sure people take them at the right time. The pharmacy offers several other services including the New Medicine Service (NMS) and seasonal flu vaccinations. The inspection was completed during the COVID-19 pandemic.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.5	Good practice	Pharmacy team members feel comfortable making suggestions and changes to help improve pharmacy services.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy suitably identifies and manages the risks associated with its services and it keeps the records it needs to by law. Pharmacy team members are clear about their roles, and they record their mistakes to help them learn and improve. Team members understand how to raise concerns to help protect the health and wellbeing of vulnerable people. And they keep people's private information safe.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering the operational tasks and activities. The procedures had been recently reviewed and signed by most team members to confirm their acknowledgment and understanding. There were some procedures which had not been signed by a dispenser. He confirmed that he had previously worked at other branches within the company and had signed the procedures there. The dispenser confidently discussed his role and responsibilities in the pharmacy and demonstrated a clear understanding of the activities which were permissible in the absence of a responsible pharmacist (RP). Pharmacy services were covered by professional indemnity insurance provided by Numark and a certificate displayed indicated that this was valid until the end of September 2020.

The pharmacy kept near miss records and team members were happy to discuss when things had gone wrong, in order to learn and improve. The near miss log was then reviewed at the end of each month to identify any underlying patterns or trends. Pharmacy team members discussed changes that had been made in response to these trends. For example, moving medicines to different shelves and the use of shelf edge labels to encourage care when selecting medicines, particularly with 'look alike, sound alike' medicines. Dispensing incidents were recorded, and the pharmacist completed a review to identify any underlying causal factors.

In response to the COVID-19 pandemic, the company had released a COVID-19 SOP, which recorded changes to several procedures, such as the way in which medication deliveries were completed, in order to reduce the overall infection control risk. Pharmacy team members had completed individual risk assessments, and most were using personal protective equipment (PPE) including face masks. Contingency planning arrangements to help minimise the risk of closure if team members were required to self-isolate resulting from 'test and trace' protocols were discussed with the pharmacist, who outlined cover arrangements with another nearby branch of the pharmacy.

The pharmacy had a complaint procedure. People using pharmacy services could also provide verbal feedback to team members and the pharmacy participated in a Community Pharmacy Patient Questionnaire (CPPQ).

The correct RP notice was displayed behind the medicine counter. The RP log was in order and records for the procurement of specials provided an audit trail from source to supply. Records of private prescriptions and emergency supplies were maintained, but on some electronic records of private

prescriptions the details of the prescriber had been recorded inaccurately. So, the pharmacy team may not always be able to show what has happened in the event of a query. Controlled drugs (CD) registers kept a running balance and regular balance checks were completed. A patient returns CD register was also available.

The pharmacy had procedures covering the General Data Protection Regulation (GDPR) and team members had completed training. The pharmacy had an Information Commissioners Office registration certificate, but the expiry date had passed. The pharmacist was unsure whether registration had been renewed and said she would have to check with company management. Pharmacy team members had their own NHS smartcards and they segregated confidential waste for suitable destruction. No confidential information was left on display.

The MCA had completed some safeguarding training and discussed several safeguarding concerns which had previously been raised by the pharmacy. Prior to escalation, the concerns were discussed with the pharmacist, who had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). The contact details of local safeguarding agencies are available to enable escalation.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members are suitably trained for their roles and they complete some ongoing training. Team members use their professional judgement to make decisions in the best interest of patients. They work well together and there is a clear open culture. Team members feel comfortable making suggestions and changes to help improve the pharmacy services.

### Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside two qualified dispensers and a qualified MCA. The pharmacy also employed another full-time dispenser, who was on a usual day off and in the last two weeks an overseas pharmacist had begun working at the pharmacy in anticipation of completing an Overseas Pharmacists' Assessment Programme (OSPAP). The team managed the workload well throughout the inspection. Cover in response to planned leave and sickness was primarily provided through current team members working increased hours, or assistance from team members at another branch.

Pharmacy team members were trained for their roles and worked within their sphere of competence. Sales of medication within the pharmacy were discussed with an MCA. She explained a how a frequent request for a medication susceptible to abuse had been referred to the pharmacist and outlined other issues which may raise a concern. The MCA also discussed the types of questions that she would ask to help make sure that sales of medicines were safe and appropriate.

Pharmacy team members completed some ongoing learning and development through the Virtual Outcomes e-Learning programme and certificates were held as a record of this. Development was reviewed and discussed informally on an ongoing basis, and the pharmacist planned to complete appraisals with the team in the coming weeks. Formal discussions such as this were also completed with the area manager on an ad hoc basis.

Pharmacy team members worked well together in an open environment. They held discussions informally on ways to improve pharmacy services and showed the inspector several changes that had been made since the previous inspection, in response to these team discussions. Team members said that the changes had also drawn positive feedback from people visiting the pharmacy. Team members were happy to approach the pharmacist with any concerns. The area manager and superintendent pharmacist were also accessible, and team members were happy to contact them as needed. The pharmacist confirmed that a target was in place for the flu vaccination but said that this was manageable. The pharmacist confirmed that she was comfortable to discuss any issues around targets with the pharmacy's management.

## Principle 3 - Premises ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy was generally tidy and in a suitable state of repair. Both the lighting and ambient temperature in the pharmacy were suitable for the provision of pharmacy services. Any maintenance issues were escalated to head office, who arranged for the necessary repairs to be completed. Pharmacy team members completed cleaning duties and the frequency of cleaning had increased during the pandemic.

The retail area of the pharmacy was appropriately maintained, and chairs were available for use by people who were waiting for their medicines. The pharmacy sold a range of goods which were suitable for a healthcare-based business and pharmacy restricted medicines were to the side of the medicine counter, to enable sales to be monitored. Adjustments had been made to the retail area to facilitate social distancing in response to the COVID-19 pandemic. There was a hand sanitising station at the entrance to the pharmacy, with alcohol-based hand sanitiser also available at the medicine counter. Floor markings were also in place to encourage a two-metre distance between people entering the pharmacy.

The pharmacy had a consultation room to enable private and confidential discussions. The room had a desk and seating and was suitably maintained. The pharmacist routinely used the consultation room during the inspection for the flu vaccination service.

The dispensary had adequate space for the current workload. There were separate areas for dispensing and checking and prescriptions awaiting collection were stored in a separate retrieval area. The dispensary had a sink which was equipped with suitable cleaning materials and additional staff areas were also suitably maintained.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are appropriately managed and suitably delivered so people receive appropriate care. The pharmacy gets its medicines from reputable sources and its team members complete regular checks to make sure that medicines are fit for supply.

### Inspector's evidence

The pharmacy had a step-free access and a manual door, which remained propped open during the inspection. The computer system could generate large print labels to assist people with visual impairment. The pharmacy advertised some of its services and it had some other health promotion literature displayed. This included information on the coronavirus and posters publicising public health measures, such as wearing face coverings. Team members had access to materials to support signposting and the MCA discussed how these materials had been used to direct a patient and their relative to some local and national mental health support services.

The pharmacy used baskets to keep prescriptions separate and reduce the risk of medicines being mixed up. Audit trails for dispensing and checking were maintained using dispensing labels. The pharmacy identified prescriptions for controlled drugs and marked them with the date of expiry to help ensure that supplies were made within the valid 28-day expiry date. The pharmacist was aware of the risks of using valproate-based medicines in people who may become pregnant and procedures were in place to help ensure that where relevant, people were on a pregnancy prevention programme. Prescriptions for other high-risk medications were not routinely highlighted and records of monitoring parameters such as INR readings were not always maintained. So, some people may not always get all the information and advice they need about their medicines.

The pharmacy ordered repeat prescriptions for regular patients. Patients were asked to identify the medications which were required each month to help prevent over ordering and records were maintained as an audit trail. Prescriptions received back by the pharmacy were cross referenced, so that unreturned prescriptions could be identified. Prescription deliveries were completed by the employed delivery driver who stepped away and observed collection from people's doorstep in order to maintain social distancing. The driver then signed as an audit trail to confirm delivery.

The pharmacy provided medicines to a local care home. Staff at the care home ordered the medications which were required each month. Pharmacy team members then checked prescriptions against master records on the patient medication record (PMR) system to identify any changes to medications. The record from the PMR system was then transcribed onto a separate medication administration records (eMAR) system. This generated new dispensing labels with barcodes which were used for the dispensing process. Once complete the eMAR list was sent to the care home, who scanned the labels of medications to record administration.

Most of the compliance aid packs supplied by the pharmacy were now dispensed at another branch using a dispensing robot. Team members at the pharmacy organised compliance aid pack patients into

designated weeks and requested repeat prescriptions in advance of their due dates. Audit trails were maintained to ensure all prescriptions were received back from the surgery and master records were checked using the PMR system. The required medicines were recorded on the PMR and information was then transmitted to the robot facility so that packs could be dispensed. Packs were accuracy checked by an accuracy checking accredited pharmacy technician at the robot site. Upon their return to the pharmacy completed packs were matched with the prescription form by a dispenser and the pharmacist did a final check of the prescription and compliance aid pack, which was then signed as an audit trail. An error was identified in one pack being checked during the inspection and the pharmacist discussed how this would be fed-back to the team where the robot was located. Completed compliance aid packs had an audit trail for dispensing and descriptions of individual medications were present. Patient leaflets were also supplied.

The pharmacy had recently initiated its seasonal flu vaccination service. The service was currently limited to people aged over 65, due to issues with obtaining stock. The pharmacist had completed the necessary training for the administration of vaccinations and a patient group directive (PGD) and service specification were available for reference. The service was being run by appointment only, with team members asking screening questions related to the coronavirus at the time an appointment was booked. Personal details for the consent form were completed using information from the PMR system in advance of the appointment. People were then asked to check these details and add their emergency contact information when they attended for the appointment. The pharmacist wore full PPE including masks and an apron when providing the service and the consultation room was thoroughly cleaned with antibacterial spray between each use.

Stock medications were obtained from licensed wholesalers and specials from a licensed manufacturer. Stock medications were arranged in an organised manner and team members completed date checking to ensure that medicines were fit for supply. Examples were seen where short-dated medications had been highlighted and recorded, but there had been delays to some checks which were due to be completed in July and one expired medication was identified in a refrigerator. This was immediately removed and disposed of. Obsolete medicines were stored in medicines waste bins. The pharmacy was not yet fully compliant with the requirements of the Falsified Medicines Directive (FMD). A scanner had previously been installed but team members were not yet scanning or decommissioning medicines. Alerts for the recall of faulty medicines and medical devices were received via NHS email. The system was checked at least once per day and the pharmacy kept an audit trail of alerts confirming the action that had been taken in response.

The pharmacy had two fridges which were both fitted with maximum and minimum thermometers and the temperature was checked and recorded each day. Both were within the recommended temperature range on the day and no recent deviations had been recorded. CDs were stored appropriately with expired and returned CDs kept separate from stock. Random balance checks were found to be correct and CD denaturing kits were available for use.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had crown-stamped glass measures available for use and counting triangles were available for use with loose tablets. The equipment was clean and suitably maintained. The pharmacy team members had access to paper reference sources including a British National Formulary (BNF) and internet access was available to support further research.

Electrical equipment was in working order and the pharmacy computer was password protected. Team members were regularly prompted to change their passwords to help guard against unauthorised access. The computer screens all faced away from public view and the pharmacy also had a cordless phone to enable conversations to take place in private. In response to the COVID-19 pandemic, the pharmacy had installed a Perspex screen at the medicine counter and team members had access to PPE including face masks, gloves and aprons.

### 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.