

Registered pharmacy inspection report

Pharmacy Name: Nucares Pharmacy, 3 Hamilton Lea, Brownhills Road, Norton Caves, CANNOCK, Staffordshire, WS11 9SY

Pharmacy reference: 1086864

Type of pharmacy: Community

Date of inspection: 07/11/2019

Pharmacy context

This is a community pharmacy located in a local shopping area in the Norton Caves area of Cannock. People using the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions and provides other NHS funded services. The pharmacy team dispenses medicines into weekly packs for people that can sometimes forget to take their medicines.

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	Members of the public are able to see confidential information when they use the back door to access the pharmacy.
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 takes some steps to improve patient safety. But it does not always identify and manage all of the risks associated with its services and confidential information is not always properly safeguarded. The pharmacy has written instructions to help make sure its team members work safely. But it is unclear whether all team members have received training on these procedures and so they might not always be working effectively. And the pharmacy's team members do not always review and record their mistakes. So, they may be missing opportunities to learn and prevent the same errors happening again.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. The SOPs had been reviewed by the superintendent pharmacist (SI) in August 2017. Pharmacy staff used signature sheets to show they had received training on SOPs relevant to their job role. But there were several new members of staff working at the pharmacy who had not signed the SOPs. The pre-registration had been made aware of the SOPs by the SI, but it was unclear if he had read and agreed the latest versions. The responsible pharmacist (RP) had no way to quickly assure himself that the staff that he was working with had read, understood and agreed to work in accordance with the SOPs. Roles and responsibilities of staff were highlighted within the SOPs.

The recent near miss logs could not be located during the inspection. The near miss logs and monthly review documents completed prior to January 2019 were in a folder in the consultation room. The pre-registration trainee explained that each near miss was discussed at the time to see if there were any reasons for the near miss. He personally recorded his near misses in his pre-registration manual which he kept at home. The RP and other members of staff present during the inspection were unsure whether the SI had continued to review the near misses and could not remember if they had been told about patterns or trends found during a review. There was an SOP for dispensing errors and template forms to record these were available. The pre-registration trainee, pharmacist and pharmacy technician had either completed or were working through CPPE training on look alike, sound alike (LASA) medicines and risk management. Patient safety quizzes had been designed for the pharmacy staff, but they had not been completed by the team.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to requests for high-risk over-the-counter (OTC) medicine sales and responsible pharmacist (RP) absence correctly. The pharmacy team were unable to answer some of the inspection questions in detail or locate various paperwork/documents. They responded that the SI would know but he was on annual leave at the time of inspection.

There was a complaints procedure explained in the SOPs. A poster that summarised the complaints procedure was displayed. People could give feedback to the pharmacy team in a several different ways; verbal, written and the annual CPPQ survey.

The pharmacy had professional indemnity insurance in place. The RP notice was clearly displayed, and the RP log was seen to be generally compliant with requirements. There were some occasions when the

RP did not sign out. The entries in the controlled drug (CD) registers were in order. Seven random balances checks matched the balances recorded in the register. The patient returned CD register was used. The balance check for methadone was done regularly and the manufacturer's overage was added to the running balance. A sample of private prescription and emergency supply records were seen to comply with the requirements. NHS Medicines Use Review (MUR) consent forms were seen to have been signed by the person receiving the service. Prescription deliveries were made by the delivery driver and signatures were obtained as proof of delivery.

Confidential waste was stored separately to normal waste and shredded for destruction. No patient information could be seen from the customer area. The RP had an NHS Smartcard, the other members of the team present during the inspection did not have their own Smartcards. Pharmacy staff had signed information governance (IG) training documents. A member of public was seen entering the dispensary through the back door and waited there for her prescription. She also helped the member of staff look through a drawer for her prescription. From where the customer was standing she would have been able to see confidential information, such as, part completed prescriptions in dispensing baskets, completed prescription and computer screens. The pre-registration trainee explained that it was quite normal for some people to come in through the back door as they could park their car right outside.

Pharmacy staff answered hypothetical safeguarding questions correctly and local safeguarding contacts were available in the dispensary. SOPs/information for vulnerable adults and child protection were available. Pharmacy professionals had completed CPPE training on safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has recently experienced some staff changes, but it has enough team members to manage the current workload and the services that it provides. The team members plan absences in advance, so they have enough cover to provide the services. The pharmacy offers some on-the-job coaching. But it sometimes delays providing team members with the appropriate formal training they need for their job, so they may lack some of the necessary skills.

Inspector's evidence

The pharmacy team comprised of the superintendent, pharmacy technician, pre-registration trainee, dispensing assistant, two medicine counter assistants and two delivery drivers. The pharmacy technician worked in the dispensary when required on an ad-hoc basis. There had been many changes within the team since January 2019; the dispenser had been on maternity leave and she had recently returned to work on reduced hours. In addition, the regular locum pharmacist had left, and two new medicine counter assistants had been recruited. Two other staff but had recently left the business having only worked there for a short while. The pre-registration trainee had started working at the pharmacy in July. The team appeared to be able to manage the workload throughout the inspection.

One of the medicine counter assistants who had been working at the pharmacy since June 2019 had not been enrolled on an accredited training course. She explained that this had been discussed with the SI and but as she was leaving in January 2020 she would not be enrolled on the course. Pharmacy staff should be enrolled on accredited training courses within 12 weeks of starting. The other medicine counter assistant had not been working at the pharmacy for 12 weeks.

Requests for annual leave were made in advance with the pharmacy technician or SI. The pharmacy technician amended the core rotas to cover holidays and worked additional hours when required. The pharmacy team thought that there were job vacancies advertised to cover the people that had recently left and to cover the member of staff leaving in January had as some candidates had been interviewed. A locum pharmacist was covering the SI's holiday and this was a trial to see whether he would like to work at the pharmacy on a regular basis.

The SI had created a list of processes and tasks that the staff members needed to be able to carry out in the pharmacy and provided on-the-job training and coaching to support this. The pre-registration trainee had been asked to provide coaching to the medicine counter assistants about the diabetes audit including what counselling to give. They explained that this had been a useful exercise as the medicine counter assistant in terms of learning and enabled the pre-registration trainee had practiced coaching and communication skills. The pre-registration trainee had 30-minutes training time every day and attended a training day once a month.

The team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. The pharmacy team held a regular huddle on a Monday morning to discuss priorities for the week. The team had set up a WhatsApp group so that messages could be passed on; they said that this had been useful as some of them worked part-time and it meant they did not miss out on messages. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the pharmacy technician or SI. They could contact the RPS or GPhC if they had any concerns that they could not speak to anyone within the management team about. The RP was observed making himself available to discuss queries with people and giving advice

when he handed out prescriptions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. The premises had been refitted to a high standard in 2018. Any maintenance issues were reported to the SI or local contractors. The dispensary was an ample size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter. There was a private soundproof consultation room which was signposted; it was professional in appearance. The pharmacy was clean and tidy with no slip or trip hazards evident. It was cleaned by pharmacy staff and recorded on a cleaning rota. The sinks in the dispensary and staff areas had running water, hand towels and hand soap were available. The pharmacy had overhead heaters and coolers throughout the premises and the temperature felt comfortable during the inspection. Lighting was adequate for the services provided. The pharmacy did not have any hot running water during the inspection, but the dispensing assistant arrived towards the end of the inspection and turned the hot water on. Other members of the team did not know how to do this.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People usually receive advice about their medicines when collecting their prescriptions. And the team supplies some medicines in multicompartiment compliance packs for those who may have difficulty managing their medicines.

Inspector's evidence

The pharmacy had a small step from the pavement. A member of staff was available in the shop to assist customers with the front door if needed and customers could ring the door-bell for attention. A home delivery service was available for anyone that could not access the pharmacy and there was a large, free car park close by.

A range of health promotion leaflets were available pharmacy staff used local knowledge and the internet to support signposting. The list private services available were displayed in the window and all the services were advertised in the consultation room. The pharmacy had a practice leaflet but there were some errors (i.e. GPhC was written as GpHC).

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise workload. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Stickers or notes were attached to completed prescriptions to assist counselling and hand-out messages, such as eligibility for a service, specific counselling or fridge item. The pre-registration trainee was aware of the MHRA and GPhC alerts about valproate, but the RP was not aware. PMR records for regular valproate patients did not contain any evidence that counselling had taken place. The appropriate patient literature could not be located on the day which meant it may not be possible to supply the necessary information if valproate was dispensed.

A retrieval system was used to store completed prescriptions and counter staff filled the retrieval system for the pharmacy staff. Staff checked whether there were any other prescriptions for the patient when they filed the prescription form in the A-Z box so that all items were handed out at the same time. There had been an issue where a single prescription form had become attached to a fold back clip holding other prescriptions together, so single prescriptions and clipped prescriptions were stored separately.

A computer programme linked to a smartphone app helped plan the route and provide an audit trail for the deliveries. A print out of the delivery confirmation for deliveries containing CD's was stored in a file. Proof of delivery, including a signature and time of delivery was available on the computer programme.

Multi-compartment compliance packs were supplied to people in the community. Prescriptions were requested from the surgeries about two weeks in advance to allow for any missing items to be queried with the surgery ahead of the intended date of collection or delivery. A sample of dispensed MDS prescriptions were seen to have been labelled with descriptions of medication, an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets were sent

regularly.

A prescription collection service was in operation. The pharmacy had audit trails in place for the prescription collection service and prescriptions collected were routinely checked against requests and discrepancies followed up. The pharmacy offered several different options depending on what the person preferred. The expected prescription list was checked in advance and any missing items were queried ahead of the supply date.

No out of date stock was seen during the inspection. The pre-registration trainee explained that he date-checked the dispensary every month, but this was not recorded. Medicines were obtained from a range of licenced wholesalers. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Not all split liquid medicines with limited stability once opened were marked with a date of opening, so there was small risk these could be dispensed in error. The team were unaware of the Falsified Medicines Directive but dispensing processes had not been updated to support barcode scanning. The pharmacy received MHRA drug alerts by email from gov.uk. Patient returned medicines were stored separately from stock medicines in designated bins.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day were in place. Substance misuse prescriptions were dispensed in advance of the person coming to collect them. This reduced work load pressure and the risk of dispensing incorrect doses when the patient came to collect their prescription. Assembled substance misuse prescriptions were stored in the CD cabinet. There was a medical fridge used to hold stock and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team does not always use it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were used for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines. Screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.