

# Registered pharmacy inspection report

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

**Pharmacy reference:** 1086864

**Type of pharmacy:** Community

**Date of inspection:** 01/09/2020

## Pharmacy context

This is a community pharmacy located in a local shopping area in the Norton Canes 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. 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	N/A	N/A	N/A
<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 effectively manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from 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 October 2018 and saved to a shared folder on the computer for easy access. The SI tracked and recorded SOP training using a spreadsheet. Roles and responsibilities of staff were highlighted within the SOPs.

Records of near misses were kept online and the dispenser involved was responsible for correcting and recording their own mistake to support ongoing learning. The error was discussed with the dispenser at the time of the incident to see if there were any learning points from the incident and this was recorded on the near miss log to aid the review process. A regular review of the near miss records was carried out and the two branches discussed any patterns or trends on a conference call to share the learning points. Various LASA (look alike, sound alike) medicines were highlighted to reduce the risk of them being selected in error. Dispensing incidents were investigated and recorded. There was a summary of what process to follow if there was an error so that the company policy could be followed if the SI was not on duty when it was reported.

A COVID-19 workplace risk assessment had been carried out for the pharmacy and individual risk assessments for members of the team. There was a specific folder that contained information printed from various organisations, such as NHS England, Public Health England and PSNC. Other risk assessments had been completed, such as a social distancing risk assessment and an infection control risk assessment. A COVID-19 business continuity plan had been written. The pharmacy had produced health-promotion banners that were clearly displayed in the main roads in the village about COVID-19 symptoms and to telephone the pharmacy for advice. The members of staff working on the medicines counter were wearing masks and gloves and the pre-registration trainee wore a mask when the inspector requested that he wore one due to distancing limitations in the dispensary. During normal circumstances, the SI and the pre-registration trainee only wore masks when they left the dispensary to speak to patients in the shop. Due to the size of the dispensary and the close proximity that they work together, this would have implications if either of them contracted COVID-19 and were contacted by Track and Trace.

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.

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 compliant with requirements. The entries in the controlled drug (CD) registers were in order. A random balances check matched the balance 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. Prescription deliveries were made by the delivery drivers and a record of the delivery was made.

Confidential waste was stored separately to normal waste and shredded for destruction. No patient information could be seen from the customer area. There was a notice on the back door which reminded people that members of the public could not access the pharmacy through that door.

Pharmacy professionals had completed CPPE training on safeguarding. And 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. The SI had enrolled the pharmacy in the Safe Spaces scheme and had produced large banners to display in the village so that people that may not normally visit the pharmacy were aware of the scheme. The SI said that the consultation room had been used as a Safe Space on several occasions through the pandemic.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy always has enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of the superintendent, pharmacy technician, pre-registration trainee, dispensing assistant, two trainee medicine counter assistants and two delivery drivers. The pharmacy technician worked in the dispensary when required on an ad-hoc basis. 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 pre-registration trainee had started working at the pharmacy in August 2020 and was due to be enrolled on a course to support his pre-registration year.

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 pharmacy technician supervised and supported the trainee medicine counter assistants. The pre-registration trainee had a list of daily, weekly, and monthly tasks to complete and these tasks included regular video calls with the pre-registration trainee and pharmacy manager that the other branch to discuss pharmacy issues.

The team worked well together during the inspection and were observed helping each other. The pharmacy team held a regular huddle on a Tuesday 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 GPhC if they had any concerns that they could not speak to anyone within the management team about. The SI 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. Various COVID-19 signage had been produced professionally to explain the social distancing measures and the one-way system around the shop area. Perspex screens had been installed between the shop area and the medicines counter. 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. Additional cleaning was taking place and a medicines counter assistant cleaned the high touch-point areas at regular intervals throughout the day. The sinks in the dispensary and staff areas had hot and cold 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.

## 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 sometimes receive advice about their medicines when collecting their prescriptions. The team supplies some medicines in multi-compartment 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. A list of the pharmacy services available was displayed in the window and all the services were advertised in the consultation room.

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 pharmacy was planning to take part in the NHS seasonal 'flu vaccination service and had started to make plans on how to offer the service. They were awaiting the service specification and patient group direction to be released before finalising these plans. In preparation for the service, a 'flu vaccination leaflet had been produced and was being attached to prescription bags.

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.

A computer programme linked to a smartphone app helped plan the route and provide an audit trail for the deliveries. A record of the delivery was available on the computer programme. The pharmacy had made additional deliveries to patients that were eligible for the NHS shielding delivery service during the pandemic. The pharmacy team had telephoned every patient that had used this service to explain that this service was coming to an end and to check they were able to obtain their medicines.

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 and there was an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets were sent regularly.

No out of date stock was seen during the inspection and short-dated medicines were clearly marked. 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. Split liquid medicines with limited stability once opened were marked with a date of opening. 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 stores and uses it in a way that keeps people's information safe.

### Inspector's evidence

The pharmacy had a range of up to date reference sources and 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. Disposable gloves and fluid resistant facemasks were available for the pharmacy team to wear. Some members of the team wore masks and gloves throughout their shift, others only wore masks when they left the dispensary to speak to members of the public. Computer 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.