

Registered pharmacy inspection report

Pharmacy Name: Muxton Pharmacy, 9C Fieldhouse Drive, Muxton, TELFORD, Shropshire, TF2 8JQ

Pharmacy reference: 1088121

Type of pharmacy: Community

Date of inspection: 11/08/2020

Pharmacy context

The pharmacy is located within a small parade of shops in a residential area of Telford. It dispenses NHS and private prescriptions and sells a small range of over-the counter medicines, as well as other health and beauty items. The pharmacy delivers medicines to people who are housebound, and it can provide multi-compartment compliance aid packs to help people manage their medicines more effectively. Several other NHS services are available including the New Medicine Service (NMS), the Community Pharmacist Consultation Service (CPCS) and flu vaccinations during the relevant season. 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
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	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy identifies and manages risks adequately. It keeps people's private information safe and maintains the records it needs to by law. The pharmacy team members understand their roles and responsibilities and they record and discuss their mistakes to help them learn and improve.

Inspector's evidence

A set of standard operating procedures (SOPs) covered the operational tasks and activities. The procedures were produced in July 2019 and they defined the roles and responsibilities of pharmacy team members, who had signed to confirm their acknowledgement. A medicine counter assistant (MCA) discussed her role within the pharmacy and correctly identified some of the tasks which were permitted in the absence of a responsible pharmacist (RP). Professional indemnity insurance covering pharmacy services was provided through the National Pharmacy Association (NPA) and a displayed certificate was valid until July 2021.

The pharmacy had a procedure for reporting dispensing incidents and the relevant forms were available in a patient safety folder to facilitate reporting. The pharmacy manager was unaware of any recent incidents. The pharmacy kept near miss records, which were reviewed each month by the pharmacy manager to identify any patterns or trends. Any identified issues were then discussed with the pharmacy team and action was taken to help prevent a recurrence of the mistake. Recent actions taken included changes that had been made to the storage of Fostair to help reduce the risk of picking errors.

The pharmacy had completed individual risk assessments for all team members in response to the Covid-19 pandemic. The risk assessments were filed in the dispensary and the pharmacy manager said that the initial assessment would be reviewed every month, to help ensure any changes to risk status were identified on an ongoing basis. Team members had access to personal protective equipment (PPE) including masks and gloves. But in recent weeks these had not been worn due to discomfort in unseasonably warm weather. The team worked at individual workstations in the dispensary and on the medicines counter to aid social distancing. But this was not always possible and at times there was some close working, for example when discussing queries or picking stock medicines. The potential impact of this was discussed with the pharmacy team on the day. The pharmacy had also recently reviewed its business continuity plan to help ensure that risks associated with the provision of pharmacy services were mitigated in the event of any unplanned disruption. The continuity plan was available to the pharmacy team in the dispensary.

The pharmacy had a complaint procedure, but this was not clearly advertised so people may not always be aware of how they could formally raise a concern. The pharmacy had previously participated in a Community Pharmacy Patient Questionnaire (CPPQ) and a feedback poster appeared generally positive. A suggestions box was also available in the dispensary, but this had not been used during the pandemic.

The correct RP notice was displayed near to the medicine counter. The RP log was compliant with requirements and records for private prescriptions, emergency supplies and unlicensed specials were all available. The pharmacy kept paper controlled drug (CD) registers and maintained a running balance. A patient returns CD register was in use and previous destructions had been signed and witnessed.

The pharmacy had an information governance folder, and procedures were currently being reviewed by the pharmacy manager. The pharmacy was registered with the Information Commissioner's Office (ICO) and its privacy policy was displayed in the consultation room. Pharmacy team members had signed confidentiality agreements and completed a workbook on the General Data Protection Regulation (GDPR). They segregated confidential waste and placed it into a designated bin, which was removed by a contractor for appropriate disposal. The pharmacist and pharmacy manager both held NHS Smartcards, although the pharmacist's card was currently broken. This had been reported to the relevant agency so the issue could be resolved.

The pharmacist had previously completed some safeguarding training and the contact details of local safeguarding agencies were accessible. The pharmacy had a chaperone policy and the details were displayed near to the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members are suitably trained for their roles and can manage the current dispensing workload. Team members can provide feedback and make suggestions for improvements to the pharmacy's working procedures. And they have access to some ongoing training materials to help them keep their knowledge up to date.

Inspector's evidence

On the day of the inspection the regular pharmacist, who was also the superintendent pharmacist, was working alongside a dispenser, who held the position of pharmacy manager. An MCA, who was enrolled on a training programme with Scientia Skills was also present. The pharmacy employed an additional part-time dispenser who was not present at the inspection. Leave within the pharmacy was restricted and planned on a calendar to help maintain sufficient staffing levels and where necessary cover was arranged within the pharmacy team or using locum staff. The pharmacy had undergone significant staffing changes since the previous inspection. The pharmacy manager who had been in employment since June 2020, stated that since beginning their employment, several changes had been made which had allowed the pharmacy team to better manage its dispensing workload, as well as complete additional tasks. The team appeared to manage the workload adequately during the inspection.

Pharmacy team members were suitably qualified for their roles, or they were enrolled on appropriate training courses. The MCA was provided with training time during the working week to support the completion of her MCA training. Pharmacy team members had access to an e-Learning programme and had recently completed a module on oral health. Feedback was provided to team members on an ongoing basis. The pharmacy also said that as most of the team were new, there were plans for ongoing probation reviews which would also provide an opportunity to identify any development needs.

Pharmacy team members were observed to work within their roles and the MCA discussed the sale of medicines within the pharmacy. The MCA identified some medications which may be susceptible to abuse and discussed how a concern regarding frequent requests for one of these medications had been referred to the pharmacist.

The team were happy to discuss any issues and in recent weeks, they had begun to hold regular team meetings. In response to team discussions there had been a change to the pharmacy retrieval system, which the team felt had been effective in making this process more streamlined. A whistleblowing notice placed in the dispensary informed team members of some organisations which they could contact to raise a concern anonymously, if required. There were some targets in place for professional services, these were displayed on a whiteboard in the dispensary.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and suitably maintained for the provision of healthcare services. It has a consultation room to enable it to provide members of the public with access to a private area for discussions.

Inspector's evidence

The pharmacy, including the external fascia was in an appropriate state of repair. The pharmacist was responsible for arranging any necessary maintenance repairs and daily cleaning duties were completed by the pharmacy team. A rota was in place to assist with this. The pharmacy did not have air conditioning. The inspection took place on a warm day and the entrance door to the pharmacy was propped open to help regulate the air flow. The ambient temperature felt appropriate, but it was not monitored to make sure it remained within a suitable range. There was adequate lighting throughout.

The retail area appeared generally tidy on the day. The floor space was free from obstructions and chairs were available for use. The pharmacy had a one-way system in the retail area, which was indicated by markings on the floor. Two solid boxes were outlined to encourage social distancing and the retail area was limited to two patients at a time. Additional health promotion materials relating to the Covid-19 pandemic were also clearly displayed at the entrance.

The pharmacy sold an appropriate range of goods and pharmacy medicines were behind the medicine counter or behind a screen which advised people to ask for assistance. An enclosed consultation room was available off the retail area. The room was appropriately maintained and had a desk and seating to facilitate private and confidential discussions.

The dispensary was compact, which sometimes impacted on the amount of storage space available. There was a computer terminal which was used for labelling and prescription assembly, with a separate area reserved for checking. To increase storage space the pharmacy had two metal trolley's which were being used to store prescriptions which needed to be checked. The dispensary had a sink for the preparation of medicines which was equipped with appropriate hand sanitiser. And other staff facilities were reasonably well maintained.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are suitably managed so that people receive appropriate care. It obtains medicines from reputable sources and pharmacy team members make some checks to make sure medicines are suitable for supply. But it cannot clearly demonstrate that it stores and manages some of its higher risk medicines appropriately.

Inspector's evidence

The pharmacy was accessible from the street via a single step. No ramp facility was available, which may restrict access to people with mobility issues. But the pharmacy team members provided assistance as needed. The pharmacy advertised its services using a window display and a stand near to the main entrance offered some health promotion literature and leaflets advertising local services such as Shropdoc. Additional signposting resources were available from the internet and from a list of telephone numbers in the dispensary. Some records of signposting were maintained.

Prescriptions were dispensed using baskets to keep them separate and reduce the risk of medicines being mixed up. Team members signed 'dispensed' and 'checked' boxes as an audit trail to help identify those involved in the assembly process. The pharmacy had a procedure covering the supply of valproate-based medicines to people who may become pregnant. The pharmacy had access to the relevant safety literature and the pharmacist understood when it should be supplied. Audit trails for the supply of other high-risk medicines, such as INR readings for people on warfarin were not always routinely maintained.

The pharmacy was able to order repeat prescriptions for patients of one local surgery. The remaining surgeries had moved to a local Patient Ordering Direct (POD) system, meaning patients ordered their medicines directly. Requests were generally sent to the GP surgery using NHS email and an audit trail was maintained. The pharmacy manager ordered medicines for people using multi-compartment compliance aid packs. Each patient had a master list of medications, which was updated with the details of any changes. One patient received methotrexate in a compliance aid pack. The risks assessment surrounding this was discussed with the pharmacist and the pharmacy manager. Completed packs had patient identifying details to the front, descriptions were included to enable medicines to be identified and patient leaflets were supplied.

The pharmacy had recently moved to a courier delivery service. An SOP for the service was made available on the day and added to the SOP folder. Deliveries were booked with the courier and the delivery driver signed to confirm that successful delivery of medications. Additional records were kept for the delivery of CDs and medications from failed deliveries were returned to the pharmacy. An example of this was seen on the day.

The pharmacy sourced medicines from licensed wholesalers and specials from a licensed manufacturer. Stock medicines were stored in their original packaging and were generally well organised. Most dispensary stock had been date checked in June 2020 and medication due to expire up to the end of the calendar year had been highlighted and recorded. Records were checked each month and expiring medications were removed from the shelves. No expired medicines were identified from random checks. Out-of-date and returned medicines were placed in pharmaceutical waste bins. Several blisters

of tramadol were identified in a standard bin. These were removed and given to the pharmacist for denaturing prior to disposal. The pharmacist and pharmacy manager agreed to review schedule 3 and 4 CD denaturing requirements with members of the pharmacy team. The pharmacy was compliant with requirements as part of the European Falsified Medicines Directive (FMD). Medications were verified using an ATL systems database and were then decommissioned at the point of handout. Additional pharmacy procedures were in place to support this process. The pharmacy received alerts for the recall of faulty medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were printed and an audit trail was maintained indicating the action that had been taken in response.

CDs were stored appropriately but the cabinet was untidy. Returned and expired CDs were generally segregated from stock and CD denaturing kits were available. Random CD balance checks were found to be correct, but other issues were noted. The pharmacy fridge was fitted with a maximum and minimum thermometer and was within the recommended temperature range. The temperature was checked and recorded each day and no recent deviations were recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. The pharmacy team stores and maintains equipment appropriately.

Inspector's evidence

The pharmacy had several glass crown-stamped conical measures which were appropriately maintained and marked to indicate their use with different liquids. Counting triangles were clean and a separate triangle was marked for use with cytotoxic medicines. Access was available to paper pharmaceutical reference texts and internet access supported additional research.

Electrical equipment appeared to be in working order and any maintenance issues were referred to the pharmacist. Computer systems were password protected and screens were located out of public view. In response to the ongoing Covid-19 pandemic, the pharmacy had installed a protective Perspex screen at the medicine counter as an additional infection control measure. PPE equipment available included, mask, visors, gloves and aprons. Further supplies were sourced through wholesalers, and the new ordering portal was also discussed.

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.