

Registered pharmacy inspection report

Pharmacy Name: Well, Ashfields Primary Care Centre, Middlewich Road, SANDBACH, Cheshire, CW11 1DH

Pharmacy reference: 1088849

Type of pharmacy: Community

Date of inspection: 09/05/2019

Pharmacy context

This is a health centre pharmacy on the outskirts of a busy town centre. The pharmacy provides a range of services. NHS dispensing is the main activity, primarily for patients of the adjacent health centre. Other services include flu vaccination (seasonal), emergency hormonal contraception service, minor ailments service and smoking cessation. The pharmacy does not provide medicines in multi-compartment compliance aids, so any requests for this service are signposted to another local branch. A new pharmacy manager had taken over the branch about two months ago.

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	1.7	Good practice	All members of staff receive regular training to make sure that they know how to protect confidential information.
2. Staff	Standards met	2.2	Good practice	Members of the team are properly trained for the jobs they do. And they receive ongoing training to help keep their knowledge up to date and to learn new skills.
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 team follows written instructions to help it work safely and effectively. Members of the team record mistakes they make so that they can learn from them. But they do not always make the records straight away, and the records are not regularly reviewed. This means there may be delays before they identify any learning points and introduce changes that could help them to improve. The pharmacy is generally good at keeping the records that it must keep by law. And staff complete regular training so that they know how to keep people's private information safe.

Inspector's evidence

The pharmacy had a full range of electronic standard operating procedures (SOPs) in place, with an individual electronic training record available for each member of staff, showing which SOPs they had read. After reading the SOP a number of test questions had to be answered before the SOP could be marked as completed. Compliance was monitored by head office and emails were sent to advise if any SOP completion was outstanding. The manager said all completion was up to date.

Dispensing errors were recorded electronically on the intranet (Datix) and the medicines involved were kept in a drawer in the storeroom. There were also about a few prescription forms in the drawer with brief notes attached relating to errors. The manager explained that they had been left there waiting for her to enter details of the incidents on the Datix system, but she had not yet had time. She confirmed that the incidents had all been resolved with the patients.

Near miss incidents were supposed to be recorded similarly on the Datix system. But they were first recorded on a paper record sheet with the intention that the manager would enter them on the system later. The current sheet had nine incidents recorded, the first dated 11 April and the most recent dated 24 April.

The manager explained there should be a monthly review to identify learning points. But she admitted that she had not yet done a review since she had arrived. Staff were not aware of any reviews being done previously. A dispenser said they did take action when specific risks were identified e.g. by separating stock. She pointed out that domperidone and donepezil were kept separate and said this had been done after there had been an error involving the two products being mixed up.

A responsible pharmacist (RP) notice was displayed behind the medicines counter. It was not in a prominent position and was obscured by a stack of dispensing baskets. This meant it was difficult for people in the pharmacy to see who the RP was. Roles and responsibilities of staff were described in the SOPs.

All dispensing labels were initialled by the dispenser and checker to provide an audit trail.

A complaints procedure was in place. Practice leaflets were available and provided information about how to make complaints or give feedback.

Current professional indemnity insurance was in place.

RP records were properly maintained and up to date. Records of controlled drugs were maintained in accordance with requirements. Running balances were recorded, and audits were carried out weekly. A random balance was checked and found to be correct. Patient returned CDs were appropriately recorded in a separate register.

Records of private prescriptions and emergency supplies were in order.

Staff confirmed they had signed confidentiality agreements and had undertaken information governance training, which they were required to repeat annually. They had also completed General Data Protection Regulation (GDPR) training.

A dedicated bin was used for the disposal of confidential waste, to be collected by specialist company. The dispenser described confidential waste as anything with a name or address on it.

The pharmacist had completed level 2 safeguarding training. Staff did not remember doing any specific training but were aware there was a safeguarding policy and a flow chart on the staff room wall showing the local reporting procedure and contacts. They said that if they had any concerns they would speak to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough people working in the pharmacy to be able to safely manage the heavy workload. Members of the team are properly trained for the jobs they do. And they receive ongoing training to help keep their knowledge up to date and to learn new skills. They can share ideas and know how to raise concerns.

Inspector's evidence

The pharmacy employed one regular pharmacist who worked three and a half days. Relief pharmacists covered the other one and a half days. There were four dispensers, one of whom was the pharmacy manager. One of the dispensers was training to be a pharmacy technician and another was training to be an accuracy checker. There was one medicines counter assistant (MCA). All staff were full time so generally were all working during the busiest parts of the day, but staggered their hours to cover mornings, evenings and lunch times.

The manager said the staffing level was normally adequate. She said extra staff could be pulled in from other branches if necessary.

One dispenser was on annual leave at the time of inspection. Staff were kept constantly busy; but worked in a calm and orderly way so that they were able to manage the workload.

The pharmacist was the only person able to accuracy check dispensed medicines. This meant there was a potential 'bottle neck' that slowed down the dispensing operation. To address this one of the dispensers was being trained up as an accuracy checker.

Staff were required to complete electronic training packages on various topics relevant to their roles. Details of completion were recorded electronically, and these records were monitored by head office, who would chase up any outstanding training or SOP completion by sending an email to the manager. The manager said all staff were up to date with their training. She said the most recent training package she had done was about veterinary medicines.

'Share and learn' cases were available on the intranet, which were accounts of things that had gone wrong at other branches so that learning could be shared. The manager said she printed two examples off each week for staff to read. She said there were also occasional bulletins received by email which contained information about professional matters and company policy.

The dispensary team appeared to work well together. A dispenser said she would feel comfortable talking to the manager or the pharmacist if she wanted to raise a concern. Staff also had direct access to head office or the area manager. A whistle blowing policy was in place and an employee support helpline was available.

The MCA was observed asking questions and giving advice when selling medicines, to make sure they were appropriate for the patient.

The pharmacist said staff would refer to him if they were unsure whether a medicine was appropriate to sell. He said he would always refuse a sale if he felt it was inappropriate, in which case he would speak to the customer and explain his reasons. He said there were three or four patients who regularly tried to purchase codeine products, but sales were refused.

There were targets for MURs but the pharmacist said this did not cause any difficulty and he did not allow this to compromise patient care.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy and it is a suitable place to provide healthcare.

Inspector's evidence

The pharmacy was generally clean and tidy, fitted to a good standard and appeared to be well maintained. It was generally well organised and there was enough bench space available to allow safe dispensing. Lighting was good throughout. Air conditioning was available.

There was a dispensary sink for medicines preparation and a separate sink in the toilets. Both the sinks had hot and cold running water.

The toilet area was generally clean, but it was being used to store dispensary bags on open shelves and boxes of dispensing cartons, which is unhygienic. There were also two large step ladders present which cluttered the area and would make cleaning more difficult.

A staff room and canteen area was available, equipped with a sink. This area was also used to store medicinal waste bins.

The dispensary was well screened to provide privacy for the dispensing activity. A consultation room was available, which was clean and tidy and clearly identifiable with a prominent sign on the door. Access to the consultation room was restricted with a key code lock.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services and they are easy for people to access. Its services are generally delivered safely and effectively. And it sources, stores and manages its medicines appropriately, to help make sure that all the medicines it supplies are fit for purpose.

Inspector's evidence

The pharmacy could be entered either via the health centre or by an independent entrance. Both were level and suitable for wheelchairs. A hearing loop was available.

Practice leaflets and various leaflets were displayed in the retail area and inside the consultation room, providing information about pharmacy services and other healthcare matters.

Prescriptions were retained with dispensed medicines awaiting collection, filed separately in alphabetical order. Stickers were put on bags to indicate when a fridge line or CD needed to be added. Schedule 3 CDs were highlighted with a sticker and the prescription expiry date was written on, but this was not done for schedule 4 CDs, so it could be possible for them to be supplied after prescriptions had expired.

A dispenser said high risk medicines such as warfarin were normally highlighted with a therapy check sticker so that the patient could be counselled. INRs were checked where possible and recorded on the PMR.

The staff were aware of the risks associated with the use of valproate in pregnancy. An audit had been conducted and all people who may become pregnant had been identified and counselled. A dispenser said educational material was available, but she could not locate it. She was not aware that it needed to be provided every time valproate was supplied. This means patients may not always receive all of the required cautionary information.

Staff were heard asking patients to confirm their address when medicines were handed out, in order to check they were being given the correct medicines.

Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing. The baskets were colour coded to prioritise work flow.

Medicines were obtained from licensed wholesalers and specials were obtained from a specials manufacturer. No extemporaneous dispensing was carried out.

The pharmacy did not have the necessary equipment or software to comply with the Falsified Medicines Directive, therefore it was not yet meeting the requirements of this legislation.

Stock medicines were stored in an orderly fashion in the dispensary. Monthly expiry date checks were carried out in accordance with computer listings and recorded electronically. The new manager had

been in post for about eight weeks and said during that time she had been prioritising stock date checks because they had previously not been properly recorded. She was working through a list of dispensary stock and was now almost up to date. Use first stickers were attached to short dated stock.

Two medicines fridges were available, both equipped with maximum and minimum thermometers. Records were kept showing when temperatures had been checked. The records showed that temperatures were normally within the required range. Checks had been recorded most days but there were a few gaps where temperatures had not been checked, which would mean there could be a delay before any problems were identified.

Pharmacy medicines were stored behind the medicine counter and dummy packs of veterinary medicines were on display, so that sales could be controlled.

Appropriate arrangements were in place for the storage of controlled drugs, which were tidy and well organised.

Designated bins were used to collect waste medicines awaiting disposal. Resin kits were available for the disposal of CDs.

Drug alerts and recalls were received electronically, and records were kept showing what action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs and maintains it appropriately.

Inspector's evidence

Various reference books were available including a recent BNF. The pharmacist was also able to access the internet.

A range of crown stamped conical measures were available, with some marked to show they were only to be used for methadone mixture, to avoid cross contamination.

All Electrical equipment appeared to be in good working order and was regularly PAT tested. Stickers showed the last test was done in September 2018.

Prescriptions awaiting collection were stored behind the medicines counter. Those closest to the retail area were kept behind cupboard doors so that they were not visible from the medicines counter. Pharmacy computers were password protected and computer terminals were not visible to the public. The dispensary was clearly separated from the retail area and generally afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

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.