

Registered pharmacy inspection report

Pharmacy Name: Eggborough Pharmacy, 87 Selby Road, Eggborough, GOOLE, North Humberside, DN14 0LJ

Pharmacy reference: 1090750

Type of pharmacy: Community

Date of inspection: 03/09/2020

Pharmacy context

This community pharmacy is next door to a small GP surgery in the village of Eggborough. The pharmacy dispenses NHS prescriptions and it delivers medication to some people's homes. The pharmacy supplies some medicines in multi-compartment compliance packs to help people take their medicines. This 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 team generally identifies and manages the risks associated with its services and people using the pharmacy services can raise concerns and provide feedback. The team has training and guidance to respond to safeguarding concerns to protect the welfare of children and vulnerable adults. The team members respond appropriately when errors occur, they discuss what happened and they take appropriate action to prevent future mistakes. The pharmacy keeps most of the records it needs to by law. It has written procedures that the pharmacy team follows but the procedures have not been recently reviewed. This means team members may not be following up-to-date procedures.

Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. The team members had assessed their risk of catching the virus and the steps they needed to take to support social distancing and infection control. The pharmacy did not keep records of these assessments. As a result of the assessments the team members worked in separate sections of the dispensary to support social distancing. During the inspection the team mostly worked at the dedicated sections but occasionally moved closer to another team member. The team had access to Personal Protective Equipment (PPE) but were not wearing it at the time of the inspection. The pharmacy was supporting social distancing by only allowing one person into the pharmacy at a time. The team had moved the rope by the pharmacy counter used to prevent people accessing the dispensary into the main retail area so people were further away from the entrance to the dispensary. The pharmacy installed a clear plastic screen on the pharmacy counter to provide the team with additional protection. The pharmacy had COVID-19 information posters on the door and a separate poster reminding people to wear face coverings. The pharmacy had a policy of allowing one person in at a time, and the team discussed how it could continue this during the autumn and winter months. The team decided to advise people to wait in their cars when someone else was in the pharmacy or to telephone the pharmacy to inform the team they were outside in their car. This meant the team could direct the person to the rear car park where a team member could go out the back door to hand over the medicines to the person in their car. The team already provided this service during the pandemic to people who didn't want to come into the pharmacy. The team also asked for deliveries from the wholesalers to be left in the corridor leading from the back door. This meant the delivery drivers from the wholesalers did not come in the front door and restrict access to others.

The pharmacy had a range of standard operating procedures (SOPs). Most of the SOPs were last reviewed in January 2018 which meant the team may not know if they were following up-to-date procedures. The team had signed the SOPs signature sheets to say they'd read, understood and would follow the SOPs. An SOP covering information governance and the SOP on pharmacy intervention and problem solving were copies of SOPs produced by another pharmacy company. This meant there may be information in the SOPs that was not relevant to how this pharmacy operated. The team demonstrated a clear understanding of their roles and knew when to refer to the pharmacist.

Since the last inspection the team had started to record near miss errors identified by the pharmacist when completing the final check of the prescription. A sample of these records looked at found the team members sometimes recorded their learning from the error and actions they had taken to prevent the error happening again. Many records had the same actions to prevent a similar error, such as double checking the strength or the quantity picked. This meant there was little evidence of individual

reflection. The pharmacy did not review the near miss records so opportunities to spot patterns in order to prevent similar errors were missed. The team had separated some products with similar names or that looked alike (LASA) to reduce the risk of picking the wrong medicine. The team attached warning stickers to shelves holding LASA medicines such as amitriptyline and amlodipine. The stickers prompted the team to check the product selected. The team alerted each other to changes with pack sizes of a medicines. For example, when the quantity of medication in a pack changed from 28 to 56 but the box looked the same size. The team recorded dispensing errors that had been identified after the person had received their medicines. The team had recorded and discussed a recent dispensing incident involving the supply of the wrong strength of a diabetic medication. The team identified one of the causes was the strength the person was prescribed had never been supplied by the pharmacy so the usual strength had been picked and not identified at the final check. All team members were made aware of this. The team also identified that the pharmacist on duty had been helping the team catch-up with dispensing and had dispensed and checked this prescription. The team reminded the pharmacists to not dispense prescriptions. The pharmacy had a procedure for handling complaints raised by people using the pharmacy and it had a leaflet providing people with information on how to raise a concern. The pharmacy team used surveys to find out what people thought about the pharmacy and published these on the NHS.uk website. The latest survey results showed positive feedback about the team with comments that team members provided an efficient service.

The pharmacy had up-to-date indemnity insurance. A sample of controlled drug (CD) registers looked at met legal requirements. The pharmacy recorded CDs returned by people. A sample of Responsible Pharmacist (RP) records looked at mostly met legal requirements. On a couple of days in recent months the pharmacist on duty had not completed the record. The pharmacy had a paper version of the RP record and a computer version. Having one version of the RP record was discussed with the team and to consider using the paper version as it could be left in the section where the pharmacist worked to remind them to complete the record. The RP notice was incorrect at the start of the inspection, this was corrected during the inspection. In a sample of records of private prescription supplies some entries had incorrect prescriber's details. A sample of records for the receipt and supply of unlicensed products looked at met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA). Some of the team had received training on the General Data Protection Regulation (GDPR). The pharmacy displayed a privacy notice in line with the requirements of the GDPR. The team separated confidential waste for shredding offsite.

The pharmacist and pharmacy technician had completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team members had completed Dementia Friends training and they had access to contact numbers for local safeguarding teams. The team had not had the occasion to report a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support the pharmacy's services and its team members generally act to support the safe and efficient delivery of these services. Team members support each other in their day-to-day work and they share their learning from errors to help all team members deliver safe pharmacy services. The pharmacy team members do not regularly receive formal feedback on their performance and they have limited opportunities to complete ongoing training. This means they could find it harder to keep their knowledge and skills up to date.

Inspector's evidence

Locum pharmacists covered the opening hours. The pharmacy team consisted of a full-time pharmacy technician, a full-time qualified dispenser, a part-time qualified dispenser and three delivery drivers who worked between the three local pharmacies. The pharmacy technician had taken on some managerial duties after the full-time pharmacist left. The pharmacy technician got some support for this role from the company head office. At the time of the inspection one of the regular locum pharmacists, the pharmacy technician and one of the dispensers were on duty. The team members were observed competently completing their tasks and appropriately responding to queries.

There was some evidence that team members learned from dispensing mistakes when they occurred. But the pharmacy did not provide extra ongoing training for the team which meant they could find it harder to identify any training needs and maintain their knowledge and skills. The team members had not had formal feedback on their performance for some time and didn't have the chance to discuss their development needs.

Team members supported each other during the COVID-19 pandemic. They recognised that the small size of the team and the increased workload from the pandemic meant they had to work well together. No team member had taken any holiday time off since the start of the pandemic.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. It had separate sinks for the preparation of medicines and hand washing. The team members cleaned the pharmacy every evening and they regularly wiped the work surfaces and contact points such as the front door handle throughout the day. The pharmacy had enough storage space for stock, assembled medicines and medical devices and the team kept floor spaces clear to reduce the risk of trip hazards.

The pharmacy had a soundproof consultation room. The team used this for private conversations with people but had stopped using it during COVID-19. The team members were only allowing one person into the pharmacy at a time so they were able to speak privately with people without other people overhearing the conversation. The premises were secure and the retail area had a defined professional area where items for sale were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which support people's health needs and it manages its services well to help ensure people receive appropriate care. The pharmacy gets its stock from reputable sources and it stores medicines properly. The team carries out checks to make sure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy kept a small range of healthcare information leaflets for people to read or take away. There were two folders in the retail area containing healthcare information, one was specifically for the health needs and medical conditions amongst children. The team had access to the internet to direct people to other healthcare services. The team members provided people with clear advice on how to use their medicines and knew of the risks with high-risk medication. They were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP) and had the PPP pack available to provide people with information when required. The pharmacy did not have anyone who met the valproate criteria.

The pharmacy provided multi-compartment compliance packs to help around 32 people take their medicines. People received monthly or weekly supplies depending on their needs. The pharmacy technician managed the service with support from others in the team. To manage the workload the pharmacy technician divided the preparation of the packs across the month and usually ordered prescriptions two weeks before supply. This allowed time to deal with issues such as missing items and dispensing the medication into the packs. Each person had a record listing their current medication and dose times which the pharmacy technician used to check received prescriptions against. This helped to spot any changes or new medicines that were then confirmed with the prescriber. The pharmacy technician usually recorded the descriptions of the products within the packs and supplied the manufacturer's patient information leaflets. The team bagged the completed packs and wrote the date of supply on the bag label.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The pharmacy used controlled drug (CD) and fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample of completed prescriptions looked at found that the team completed both boxes. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. The team kept a separate slip with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. Due to COVID-19 the delivery driver did not ask people to sign for receipt of their medication. The driver left the medication on the person's doorstep before moving away to watch them pick up the medication.

The pharmacy obtained medication from several reputable sources. The pharmacy team completed checks of the expiry dates on stock and kept a record of this activity. The team used a coloured dot to highlight medicines with a short expiry date. No out-of-date stock was found. The team members

usually recorded the date of opening on liquids. This meant they could identify products with a short shelf life once opened and check they were safe to supply. The team checked and recorded fridge temperatures each day. A sample of the fridge temperature records looked at were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. The team stored out-of-date and patient-returned CDs separate from in-date stock in a legally compliant CD cabinet and used appropriate denaturing kits to destroy CDs. The team members used baskets in the CD cabinet to separate stock to help them easily locate a product when dispensing.

The pharmacy had no scanning equipment to meet the requirements of the Falsified Medicines Directive (FMD) and the team hadn't received any FMD training. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team printed off the alert, actioned it and kept a record.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and to protect people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used a range of CE equipment to accurately measure liquid medication including separate, marked measures for methadone. The pharmacy had a fridge to store medicines kept at these temperatures and it used baskets to separate medicine stock in the fridge. The pharmacy had cordless telephones to help the team ensure telephone conversations were not overheard by people in the retail area.

The computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent the disclosure of confidential information. The pharmacy stored completed prescriptions away from public view and it held other private information in the dispensary and rear areas, which had restricted access.

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. |