

# Registered pharmacy inspection report

**Pharmacy Name:** Stotfold Pharmacy, 1 Brook Street, Stotfold,  
HITCHIN, Hertfordshire, SG5 4LA

**Pharmacy reference:** 1090952

**Type of pharmacy:** Community

**Date of inspection:** 31/08/2022

## Pharmacy context

This pharmacy is the only pharmacy in the village. The pharmacy dispenses NHS and private prescriptions and it offers a prescription delivery service. Following a change of ownership in 2020, the pharmacy is now part of a slightly larger group of pharmacies. The pharmacy was undergoing a refit at the time of this inspection and it didn't have a consultation room. This limited the number of services it could offer for the time being.

## 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 identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information well and team members understand their role in protecting vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. Team members had signed to say that they had read them. The SOPs had not changed since the take-over of the company but some processes had. They were going to be updated by the new management. Team members were allocated SOPs depending on their job roles.

The pharmacy consistently recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were logged on a sheet displayed in the dispensary. The team analysed the data from the near misses to identify trends and patterns and these were discussed within the team. There was a list of medicines which looked or sounded alike. Warning labels were used on the shelves to highlight picking errors made in the past. Dispensing errors were investigated and reported to head office.

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and it displayed a notice informing people about the procedure. Complaints were dealt with by the pharmacy manager. Where the matter could not be resolved in store it was referred to head office.

Records about private prescriptions, emergency supplies, controlled drug (CD) registers and RP records were generally well maintained. Some prescriber details in private prescription records were not accurate. The team members said that they would do so in future. CDs that people had returned were recorded in a book as they were received. CD registers were kept. CD balance checks were carried out regularly.

Assembled prescriptions were stored behind the counter and people's private information was not visible to others using the pharmacy. The pharmacy had an information governance policy available. Relevant team members who accessed NHS systems had smartcards. Pharmacists had access to Summary Care Records; consent to access these was gained verbally. Confidential waste was kept in a designated bag and collected by a contractor for secure destruction. All team members had also completed online training about confidentiality. Team members had completed safeguarding training. Details were available for the local safeguarding boards.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy currently has just about enough team members for the services it provides though future expected changes to the team may make it harder for the team to cope with its workload effectively. The team members generally have the right training for their roles. They work effectively together, but there is little structured ongoing training. So it may be harder for them to keep their knowledge and skills up to date.

### Inspector's evidence

At the time of the inspection, the pharmacy team comprised of a pharmacist locum, a trainee technician, a dispenser who was about to leave the pharmacy, a company relief trainee dispenser and a counter assistant. The relief trainee dispenser said that her course was taking a long time as she was sent to different places to work and so did not have consistent support. The new pharmacist manager/superintendent pharmacist was due to start in post the week after the inspection and it was hoped that the trainee was going to complete her training at this pharmacy. Team members worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was managed. Team members counselled people about the use of over-the-counter medicines and asked appropriate questions before recommending treatment. It was said that eight staff members had left the pharmacy since the take-over, and had not been replaced. The staff present seemed to be just coping with the workload but there was another member of the team about to leave and this would cause a significant gap in the skills of the team.

The staff said that they were able to make suggestions about how the pharmacy was run. Recently they had had some errors inputting stock into the dispensing robot, and the pharmacist at head office had suggested that they did not use the multiple stock entry option. But this made the process very cumbersome, and the team found another way to use it, but more safely. Appraisal meetings were held annually with an interim review. Team members were also given on-the-spot feedback. There was no structured on-going training package available to the team, but they were given some ad hoc training on subjects such as data protection and safeguarding.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are currently undergoing a refit, but the premises are secure and generally provide an appropriate environment to deliver the pharmacy's services.

### Inspector's evidence

The pharmacy premises were large and generally clean, but the refit meant they were not well organised, or as clean as the team thought they should be. They were going to address this as soon as the refit was complete. The dispensing benches and other places where medicines were stored were clean. There was a dispensing robot in use. A sink was available for preparing medicines. Hand sanitiser was also available for team members to use. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services. There was no consultation room, but there would be once the refit was completed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services safely. It obtains its medicines from reputable sources. And it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

### Inspector's evidence

Access to the pharmacy was via a ramp or steps from the street. Team members used the internet to find details about other local services to help people. Services were advertised on the pharmacy's windows.

The pharmacy had an established workflow. Colour-coded baskets were used as part of the dispensing process to separate prescriptions. Dispensed and checked-by boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes. The pharmacy had a delivery driver; delivery records were kept. In the event that a person was not home, a note was left by the driver and the medicines were returned to the pharmacy.

The dispensing robot was filled manually. Each expiry date was entered, so that it was easy to identify when medicines were going out of date. There was a multiple load facility and this was used, but the staff were very careful when using this to ensure that the correct items were loaded. Part packs were re-loaded into the robot and would be supplied appropriately by the robot. Two staff were involved in the robot management, but one of these was the member of staff who was due to leave. This could result in a loss of understanding about how to use the robot safely and affect continuity of service.

Warning stickers were attached to some of the prescriptions by the RP during the checking process. Stickers were used if a person needed to be counselled by a pharmacist or if there was a fridge line or CD dispensed. However, their use was not consistent, and some prescriptions which should have had applicable stickers on did not. The RP and team members were aware of the guidance for dispensing sodium valproate. Posters were displayed in the dispensary. Where possible, sodium valproate was dispensed in its original packaging. Placement of the dispensing label on the container so as not to obscure important information was discussed with the team. The pharmacy did not often dispense warfarin but if they did it was confirmed that the person was having their INR checked routinely. Additional checks were carried out when people collected medicines which required ongoing monitoring, when the prescription was appropriately stickered.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. To help organise and manage the service people were allocated to different weeks. Team members contacted the surgery with any queries if the GP had not informed them about prescription changes. Assembled packs were labelled with product descriptions and mandatory warnings. Patient information leaflets (PILs) were supplied, meaning that people could easily access the information provided by the manufacturer about their medicines.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; the records showed these were within the required range for storing temperature-sensitive medicines. CDs were held securely. Expiry date checks were carried out by one of the dispensers. Out-

of-date and other waste medicines were separated from stock and then collected by licensed waste collectors. Drug recalls were received by email. The team printed these and checked against stock. If the affected batches were found these were quarantined and action was taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Equipment was mainly clean and ready for use. A separate tablet-counting triangle was used for cytotoxic medicines to avoid contamination. Two fridges of adequate size were available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

### 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.