

Registered pharmacy inspection report

Pharmacy Name: Rosehill Pharmacy, 299 Normanton Road, DERBY, Derbyshire, DE23 6UU

Pharmacy reference: 1091033

Type of pharmacy: Community

Date of inspection: 21/01/2020

Pharmacy context

This is a busy community pharmacy in the Normanton area of Derby. The pharmacy is open extended hours over seven days. The pharmacy services an ethnically diverse population and around 80% of patients are of Pakistani, Bangladeshi or Eastern European backgrounds. The pharmacy dispenses NHS prescriptions and provides other NHS funded services. Substance misuse services are available. The pharmacy team dispenses medicines into weekly packs for people that can sometimes forget to take their medicines.

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 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. SOPs had been reviewed in May 2018 but, it was not clear who had completed the review. Signature sheets were used to record staff training. Dispensary staff had signed SOPs relevant to their job role. The pre-registration trainees had not signed all of the SOPs but had started with the most common tasks. Roles and responsibilities of staff were highlighted within the SOPs.

A current near miss log was available, and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. A pre-registration trainee explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. The pharmacy technician gave examples of near misses that he had identified during his accuracy checking technician (ACT) course and how various products were separated and highlighted in the dispensary to reduce the risk of selecting the wrong product when dispensing. Previous dispensing incidents could be documented using a pharmacy template form and a review of the error was normally completed as part of the process. Previous near miss logs and dispensing incident forms could not be located during the inspection and the RP thought that the SI had them at home. A special device had been obtained to support methadone dispensing. This had been used for nearly 12-months and the RP believed there were safety benefits and efficiency benefits from using the device.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. The complaints, comments and feedback process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written and the annual NHS CPPQ survey. The branch team tried to resolve issues that were within their control and explained that feedback from people using the pharmacy was generally positive. The team gave examples of when they had used feedback to improve their service.

The pharmacy had professional indemnity insurance arrangements in place. The Responsible Pharmacist (RP) notice was prominently displayed and the RP record was seen to comply with requirements. Controlled drug (CD) registers were generally in order. The register for methadone liquid was recorded electronically using the software provided with the dispensing device and backed up to an external server. The balance check for methadone was done every week. A patient returned CD register was in use. Private prescriptions were recorded in a record book. A sample of entries was seen to comply with legal requirements. Specials records were maintained with an audit trail from source to

supply. NHS Medicine Use Review (MUR) consent forms were seen to have been signed by the person receiving the service.

Confidential waste was stored separately to normal waste and shredded for destruction. No confidential information could be seen from the customer area. One of the company directors had completed the 2019 NHS Data Security and Protection Toolkit. Pharmacy staff had their own NHS Smartcards and confirmed that passcodes were not shared. One smartcard had the pin code attached so this should be removed. Verbal consent was gained for summary care record (SCR) access and this was recorded on the patient medication record (PMR) system. The pharmacists had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding. Local safeguarding contacts were displayed in the dispensary. Staff answered hypothetical questions about safeguarding correctly and gave an example of a safeguarding referral they had previously made.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. Pharmacy team members complete the training they need to do their jobs. The team members try to plan absences, so they always have enough cover to provide the services.

Inspector's evidence

The pharmacy team comprised of five pharmacists, two pre-registration trainees, a pharmacy technician, a trainee dispensing assistant, two trainee medicine counter assistants and a home delivery driver. The five pharmacists were directors of the company and one was also the superintendent (SI). The SI had changed since the last inspection.

The pre-registration trainees received regular training days and due to the working patterns of the pharmacists they worked with their tutor every few weeks. The pharmacy technician worked full-time and was working towards an accuracy checking technician qualification. The pharmacy technician was being upskilled by the pharmacists to take on a leadership role within the pharmacy as his working pattern meant that he was there more often than the pharmacist, and so he could offer consistency and ensure tasks were followed through.

Staffing levels were reviewed by the pharmacists and the RP felt that the current staffing level met the workload. Pharmacy staff managed the workload well throughout the inspection and prioritised various tasks throughout the day. The methadone dispensing device had dramatically reduced workload. Annual leave was requested in advance and the pharmacists approved holiday requests to ensure that adequate cover was available. Staff covered for each other's holiday and pharmacists swapped their shifts to reduce the need to book locum cover.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. Pharmacy staff had regular discussions in the dispensary to communicate messages and updates. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the pharmacy manager and would speak to the pharmacists, pre-registration trainees, superintendent or GPhC if they had any concerns. The RP 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. It has basic consultation facilities to allow people to have access to a private area.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to local contractors. The pharmacy was cleaned by pharmacy staff and was generally clean and tidy with no slip or trip hazards evident. The sinks in the dispensary and staff areas had hot and cold running water, and hand towels and hand soap were available.

The dispensary was compact and additional equipment and storage units had reduced the space available. An efficient workflow was seen to be in place which made the best use of the limited space available. Dispensing and checking activities took place on separate areas of the worktops. The checking area overlooked the counter so that trainees could be closely supervised. A small backroom was used to store excess stock and pharmacy consumables.

There was a private consultation room which was signposted and accessible from the retail area. The consultation room contained cardboard boxes of consumables for the needle exchange service which reduced the professional appearance of the room. The door to the consultation room remained closed when not in use.

At the time of the inspection the pharmacy felt at a comfortable temperature. It was heated and cooled by floor level heaters and air conditioning. Lighting was adequate for the services provided. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily for people to access. It 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 receive advice about their medicines when collecting their prescriptions. And the pharmacy team supports members of the public that may forget to take their medicines by placing these into weekly multi-compartment compliance packs.

Inspector's evidence

The pharmacy had a small step from the pavement and a push/pull front door. A member of staff was based in the shop and the pharmacist was positioned to clearly see the front door so that people could be assisted if required. A home delivery service was available for people that could not access the pharmacy. The pharmacy opened for longer hours than many other pharmacies which included late nights, Saturday and Sunday. Pharmacy staff could communicate with people in a range of languages including English, Punjabi and Urdu, Bengali, Mirpuri, Gujarati, Mandarin, Cantonese and Malay. A range of pharmacy leaflets explaining each of the services was available for customer. The pharmacy staff used local knowledge and the internet to refer patients to other providers for services the pharmacy did not offer. The pharmacy did not have a practice leaflet containing information such as the complaints procedure, how the pharmacy stores confidential information or the services available.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. A range of stamps were used to assist counselling and hand-out messages, such as eligibility for a service, specific counselling or fridge item. The RP was aware of the MHRA and GPhC alerts about valproate and had counselling information available.

Weekly compliance packs were dispensed for around 40 people. Prescriptions were ordered 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 weekly packs were seen to have been labelled with descriptions of medication, and an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets were supplied monthly. A prescription collection service was in operation. The pharmacy had audit trails in place for the prescription collection service and prescriptions collected were routinely checked against requests and discrepancies followed up. The pharmacy offered different services dependent on what the persons preference and what the surgery allowed.

No out-of-date stock was seen in the dispensary during the inspection. The dispensary was regularly date checked and short dated products were marked. Date checking records were available. Medicines were obtained from a range of licensed wholesalers. Medicines were stored in their original packaging in an organised manner on the dispensary shelves. Split liquid medicines with limited stability once opened were marked with a date of opening. The pharmacy team were aware of Falsified Medicines Directive (FMD) requirement, but the pharmacy was not yet compliant. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts by email from gov.uk and these were stored in a folder once actioned.

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.

There was a medical fridge used to hold stock and assembled medicines. The medicines in the fridges 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 the equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean measures were available. Separate measures were available for preparation of methadone. Measures were not all Crown/EU equivalent stamped. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines. The methadone device was re-calibrated every morning before it was used. There was a separate, marked triangle used for cytotoxic medicines. 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.