

Registered pharmacy inspection report

Pharmacy Name: Avon Pharmacy, Arden Street, STRATFORD-UPON-AVON, Warwickshire, CV37 6HJ

Pharmacy reference: 1091159

Type of pharmacy: Community

Date of inspection: 15/01/2020

Pharmacy context

This community pharmacy is in a large health centre in Stratford-Upon-Avon. It has extended opening hours and mainly dispenses NHS prescriptions which it receives from a GP surgery inside the health centre. It supplies some medicines in multi-compartment compliance packs to help people organise their medicines. And it supplies and supervises some treatment for substance misuse.

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	1.2	Good practice	The pharmacy manages its risks well. It keeps records about near misses and errors which it uses to make improvements to safety.
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 its risks well. It keeps records about near misses and errors which it uses to make improvements to safety. The pharmacy's team members know how to protect vulnerable people. And they manage people's personal information well. The pharmacy keeps the legal records it needs to and generally makes sure these are accurate.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were regularly reviewed by the superintendent pharmacist to keep them up to date. The SOPs were signed by the pharmacy's team members to show that they had read them. The responsible pharmacist's name and registration number were displayed on a notice, but the notice's location made it difficult to see from the pharmacy counter. This may have made it more difficult for people to identify the pharmacist on duty.

The pharmacy used a template to record near misses. Dispensers generally recorded their own mistakes on the record. Monthly reviews were completed to identify trends and share learning points. The latest review was dated in November 2019 and discussed improvements to reduce the chance of dispensed medicines being supplied to the wrong person. Team members had read and signed a briefing to show that they had understood it. The pharmacy had separated losartan tablets because there were recurrent mistakes involving similar-sounding or co-located medicines, like levothyroxine. The team highlighted particular medicines on prescriptions to make sure they were selected correctly.

The pharmacy's team members had received training about safeguarding vulnerable adults and children. Training was undertaken through the Centre for Pharmacy Postgraduate Education (CPPE) and provided in the pharmacy's SOPs. The pharmacy had contact details for local safeguarding organisations which made it easier to escalate concerns. Team members said that there had been no previous safeguarding concerns and said they would refer their concerns to the pharmacist.

The pharmacy regularly asked people visiting the pharmacy to complete annual satisfaction surveys. The previous survey's results were positive. Team members also received verbal feedback. Complaints would be escalated to the pharmacist and superintendent pharmacist. The pharmacy had a SOP about managing complaints. Information about the pharmacy's complaints process was in its practice leaflet.

The pharmacy had SOPs about information governance and confidentiality. It had provided additional training to its team members about the General Data Protection Regulation (GDPR). Team members received training during their induction, and they received regular updates. Confidential waste was separated so that it could be appropriately destroyed. Team members had their own NHS smartcards to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS code of conduct on confidentiality was in its practice leaflet.



Certificates were displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept required records about controlled drugs (CDs). The records included running balances which were checked regularly to keep them accurate. Three CDs were chosen at random and the physical stock matched the recorded running balances. Other records about the responsible pharmacist and CDs returned by people were maintained adequately. The pharmacy's private prescription records were generally accurate however there were some occasions where prescription dates or prescribers were not recorded accurately. The records were highlighted to the pharmacist so they could be corrected.



Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Its team members are competent in their roles. They share information with each other, so tasks are efficiently completed. The pharmacy's team members have appropriate pharmacy qualifications and they receive some ongoing training to keep their knowledge up to date.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (regular pharmacist), the superintendent pharmacist, one accuracy-checking dispenser and three dispensing assistants present. There were two team members absent who would normally be working in the pharmacy. The pharmacy generally managed absences with overtime. The staffing level was adequate to comfortably manage the workload. The pharmacy dispensed a large volume of prescription items and people visiting it were generally served efficiently.

There were several certificates displayed which showed that team members had pharmacy qualifications appropriate to their roles. The superintendent pharmacist supervised the completion of NVQ dispensing courses that team members had enrolled onto. Ongoing training was not always regular. Team members completed CPPE modules or other training to meet funding requirements. The pharmacists shared other information with the team through informal discussions. A diary was used to follow-up key tasks. There was an overlapping period when the pharmacists worked together during the day and this helped to share messages across the extended opening hours. There were no formal targets for the pharmacy's team members. Team members said that the company's directors were approachable and understanding.



Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. It has enough space for people who visit the pharmacy and to dispense its medicines. The pharmacy has appropriate security arrangements for its premises.

Inspector's evidence

The pharmacy was clean and tidy. The layout of the pharmacy's retail area had been re-organised to make it easier for people to know where to queue. There were several seats available in its waiting area. The dispensary was large and there was enough space to store the pharmacy's stock. The pharmacy's team members kept workbenches tidy so that there was enough space to complete tasks safely. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a suitably-sized consultation room which was used for private consultations and conversations. A separate area was used to supervise treatment for substance misuse. It provided privacy to people who received treatment. The pharmacy had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services well. Its workload is organised, so that people receive an efficient service. It sources its medicines from reputable suppliers, and it makes sure that they are safe for people to use. The pharmacy's team members identify most higher-risk medicines, so they can provide appropriate advice.

Inspector's evidence


The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. The pharmacy had leaflets that provided information about its services. The pharmacy had a large display near its entrance which was used to promote healthy living campaigns.

The pharmacy ordered prescriptions for some people. It kept records about prescription orders it had made so that its team members could check the prescriptions included all the required medicines. The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used a fridge to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates regularly. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. The latest records dated from January 2020 and December 2019. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were first opened. This helped the team members to know that the medicine was suitable if they needed to use it again. Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used for cytotoxic and other hazardous medicines. The pharmacy did not have a list to help identify these medicines and separate them into the bins.

The pharmacy had equipment and software to help verify the authenticity of its medicines and to comply with the Falsified Medicines Directive. The pharmacy received information about medicine recalls. It kept records about the recalls it had received and the actions that had been taken. This included a recent recall that had been emailed to the pharmacy about ranitidine and adrenaline autoinjectors.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacists recorded their initials on prescriptions that had been clinically checked to show accuracy checkers and to provide an audit trail. The pharmacists generally labelled most prescriptions which helped them to identify and manage any interactions or clinical queries. Prescriptions were kept with checked medicines awaiting collection. Team members said they would check prescription dates to make sure medicines were supplied while prescriptions remained valid. The pharmacy used stickers and notes to highlight



dispensed medicines that needed more counselling. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The pharmacy had up-to-date guidance materials to support this advice. The pharmacy didn't always receive relevant information about blood tests when people were supplied warfarin, and this may have made it harder for the team to monitor this information. The pharmacists said that the GP surgery monitored this information when they supplied the medicine. The pharmacy delivered some people's medicines. It kept appropriate records about these deliveries which included recipient signatures.

The pharmacy supplied medication in multi-compartment compliance packs to several people to help them organise their medicines. The workload was arranged across four weeks which helped it to be more management. Some people received their packs on a weekly basis. The frequency that the packs were supplied was generally decided the by the prescriber. The pharmacy could make suggestions to the prescriber if they had concerns about the number of packs supplied. The pharmacy kept records about medicines included in the packs, their administration times and changes to medicines. Patient information leaflets were supplied with the packs so that people could access up-to-date information about their medicines. The pharmacy kept records about prescription ordering and assembly of the packs. Assembled packs included descriptions which helped people to identify individual medicines.

The pharmacy used an electronic pump to help measure medicines supplied through the substance misuse service and pack them in advance. The pump was calibrated every day to keep its measurements accurate. The pharmacists kept records when they supervised people's treatment. The workload was organised, so it was clear to see which medicines were supplied to people receiving the service.



Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know how to report maintenance issues to be resolved. They use up-to-date reference sources when they provide the pharmacy's services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order. Team members referred maintenance issues to the building's helpdesk to be resolved. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had appropriate equipment to measure liquids and to count loose tablets. The pharmacy's team members accessed up-to-date reference sources on the internet and on paper.

What do the summary findings for each principle mean?

✓ 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.