

Registered pharmacy inspection report

Pharmacy Name: Woodside Pharmacy, Park Lane Centre, Park Lane, Telford, TF7 5QZ

Pharmacy reference: 1091289

Type of pharmacy: Community

Date of inspection: 24/02/2020

Pharmacy context

This busy community pharmacy is located in the heart of a community centre, in a residential area of Telford. Most people who use the pharmacy are from the local area and there is a GP surgery next door. The pharmacy dispenses prescriptions and sells a range of over-the-counter (OTC) medicines, along with other household goods. It supplies some medicines in multi-compartment compliance aid packs, to help make sure people take them at the right time. And it provides additional services including Medicines Use Reviews (MURs), emergency hormonal contraception (EHC) and vaccinations for travel and flu. A substance misuse treatment service is also available.

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 keeps the records it needs to by law and it protects people's private information. Its team members understand how to raise concerns to help protect the wellbeing of vulnerable people and they are clear about their roles. Team members manage risks adequately and they have access to written procedures to help make sure they complete tasks safely. But the procedures are not always regularly reviewed. So, the pharmacy's team members may not have the most up to date information.

Inspector's evidence

The pharmacy had some standard operating procedures (SOPs) available, covering the main tasks and activities in the pharmacy. It was unclear when some of the procedures had last been updated as version controls were incomplete and some of the procedures contained some outdated information. For example, referring to the previous superintendent pharmacist (SI) as a point of contact, despite a change in ownership of the pharmacy approximately one-year ago. Team members confirmed that they had read the procedures but records confirming this were unavailable. The team discussed their responsibilities in the pharmacy and worked within their defined roles throughout the inspection. A medicine counter assistant (MCA) was also able to discuss the activities which were permissible in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity and public liability insurance provided by Numark, and a displayed certificate was valid until January 2021.

A near miss log was available and some entries had been recorded for February 2020. The last available archived records were dated May 2019. The team confirmed that near miss entries had been logged between these dates, but records could not be located on the day. Team members said that they were comfortable discussing when things go wrong. They believed that the near miss logs were reviewed by the SI, but feedback was limited, so they may miss additional opportunities to learn and improve. And the team were unable to recall any trends or changes that had been made in response to previous issues. The pharmacist discussed how dispensing incidents would be recorded and he did not believe that any recent incidents had occurred. Previously completed reports were filed for reference and provided a description of the incident and the actions that had been taken in response.

The pharmacy had a complaint procedure. The way in which concerns could be raised were outlined on a poster behind the medicine counter, and also on the pharmacy's website. People could provide feedback verbally and concerns were referred to the pharmacist. The pharmacy also participated in a Community Pharmacy Patient Questionnaire (CPPQ). Results of a recent survey were not seen, but the team reported that feedback was usually positive.

The correct RP notice was displayed behind the medicine counter. The RP log was maintained but was not fully compliant, as there were instances where the time at which RP duties ceased had not been recorded. Records for emergency supplies were in order, but details of private prescriptions were less clear, entries recorded on an electronic log appeared in order, but there were some records which were missing and could not be fully reconciled on the day. So, team members may not always be able to clearly show what has happened in the event of a query. This was discussed with the pharmacist on the

day, who agreed to take the necessary action. Records for the procurement of specials provided an audit trail from source to supply. Controlled drugs (CD) registers kept a running balance and balance checks were conducted with each receipt and supply. A patient returns CD destruction register was available, and previous entries had been signed and witnessed.

The team discussed confidentiality in the pharmacy and said that they had been made aware of changes following the introduction of the General Data Protection Regulation (GDPR). They described some the ways that they would help to make sure people's private information was protected. Their personal NHS smartcards were kept secure and used suitably during the inspection, completed prescriptions were filed out of public view and all confidential waste was shredded on the premises.

The pharmacist had attended a safeguarding training event within the last two-years. He discussed some of the types of concerns that might be identified and explained how a previous safeguarding issue had been managed by the pharmacy team. The pharmacist also discussed a 'safe place' scheme which was part of an initiative operating in the local area, where vulnerable young people could attend the pharmacy for assistance. A sticker promoting the service was displayed on the entrance door. And the contact details of local safeguarding agencies were available to support escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members are suitably trained for their roles. They work in an open culture and get some feedback on their development. But they have limited access to protected training time, which may restrict the ability of some individuals to keep their knowledge up to date.

Inspector's evidence

On the day of the inspection a regular pharmacist was working alongside three dispensing assistants and two MCAs. The pharmacist worked approximately two and half days a week at the pharmacy, with cover for the remaining days provided by the SI and locum pharmacists. All of the other team members worked full-time, and the team managed the workload adequately throughout the inspection. There was no backlog in dispensing and deliveries were being made on time. Requests for planned leave were escalated to the SI, who restricted leave to one team member at a time, to help maintain suitable staffing levels. During periods of leave, the dispensing workload was still manageable and the team divided tasks to make sure that all urgent tasks were still completed on time, but they sometimes found it more difficult to complete non-urgent tasks.

An MCA discussed the sale of medication in the pharmacy. She demonstrated an understanding of medications, including codeine-based preparations which may be susceptible to abuse, and concerns were referred to the pharmacist. The questions that were asked to help make sure sales were suitable were also discussed and examples of this were seen during the inspection.

Pharmacy team members held suitable qualifications for the roles in which they were working, and their training certificates were displayed on a wall next to the consultation room. Two of the dispensers were trained to NVQ3 level but were not currently registered with the GPhC. One of the dispensers discussed plans for registration in the future. There had been limited ongoing training since the change of ownership in January 2019. The team reported that training had been discussed in a recent appraisal and the SI had informed the team that training magazines could be utilised for ongoing learning. One team member had completed a module in a training magazine covering the management of skin conditions. But protected learning time was not available and other team members had yet to complete any additional training. Two development reviews had been undertaken with the new SI since the change of ownership to help review their development.

The team members had worked together for a number of years, they worked together closely and supported one another well to manage the workload. There was an open dialogue amongst the team. The team were happy to approach the pharmacist in charge and the SI of the pharmacy. But they were unaware of how anonymous concerns could be raised, or whether there was a whistleblowing policy in place. The need to raise an anonymous concern had not previously occurred. The pharmacist confirmed that there were no targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is well maintained, clean and secure. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy was well maintained and portrayed a professional appearance. A maintenance contract was in place with the adjacent community centre, who arranged for any necessary repair work to be carried out. Pharmacy team members completed cleaning duties and the premises were clean and tidy on the day. Air conditioning was fitted to help maintain a temperature which was suitable for the storage of medicines and there was adequate lighting throughout.

The retail area was spacious and suitably maintained. The walkways were free from obstructions and chairs were available near to the medicine counter for use by people who were waiting for their medicines. There were some health promotion posters displayed on the entrance windows to the pharmacy. The pharmacy stocked a range of household goods and in recent weeks, due to the short-term closure of a local shop, it had started to stock a range of groceries. This included cakes, biscuits, chocolates and carbonated drinks, which were not in keeping with a healthcare-based business. The local shop reopened on the day of the inspection and the inspector was informed that the sale of the above products had been a temporary measure. Pharmacy restricted medicines were secured from self-selection behind the medicine counter.

The main consultation room was located at the rear of the pharmacy, the room was enclosed and suitably signposted. It contained a desk and seating to facilitate private and confidential discussions. The pharmacy also had a second area which could be used for consultation. This was also accessible from the retail area, but it was not fully enclosed, as it opened into the dispensary, so there was a risk that conversations could be overheard. Due to this, the team reported that the area was only used when the main consultation room was unavailable.

The dispensary had adequate space for the current dispensing workload. A main work bench had separate areas for dispensing and checking and two further work benches were available for additional dispensing and the assembly of multi-compartment compliance aid packs. Medicines were stored on large shelving units and there were no obstructions on the floor. Additional staff areas including WC facilities and storage areas were suitably maintained.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible and suitably managed, so people receive the information they need about their medicines. It generally sources and manages its medicines appropriately. But audit trails for some of its systems and processes are lacking, which may mean that team members cannot always clearly show what has happened in the event of a query.

Inspector's evidence

The pharmacy had step-free access. A manual push/pull door was fitted, and team members provided help to anyone that needed it. Further adjustments were made to help people with different needs, the pharmacy computer system could produce large print labels to assist people with visual impairment and the pharmacist said they had also previously helped people by providing things such as additional written dosage sheets.

There were some health promotion posters displayed on the pharmacy entrance window, along with the opening hours. Further health promotion literature was available from the consultation room, including a practice leaflet, which stated the pharmacy's services, but it had not been updated with the details of the new pharmacy owner, so it was misleading. The pharmacy team had internet access to support signposting, but records of signposting were not routinely maintained.

Prescriptions were dispensed using coloured baskets to keep them separate and prioritise the workload. Team members utilised 'dispensed' and 'checked' boxes on dispensing labels as an audit trail, but this was not always consistent. So, it may not always be able to reliably identify people involved in dispensing processes. During dispensing, records were reviewed to identify new medications and dose changes and 'speak to pharmacist' cards were used to identify prescriptions where additional counselling was required. Prescriptions for high-risk medications were not always identified and records of monitoring were not consistently maintained. The pharmacist said that a record would be made, if a patient presented the information at the time of collection. He discussed the use of valproate-based medicines in people who may become pregnant and said that counselling had been provided to some 'at-risk' patients, but records of this had not been kept. The pharmacy had access to the necessary safety literature. The pharmacy also had cards to highlight prescriptions for CDs, but they were not always utilised, and an expired prescription for pregabalin was identified. This may increase the risk of a supply being made beyond the valid 28-day expiry date.

The pharmacy could request repeat prescriptions for the local GP surgery, but a patient ordering direct (POD) system was in place elsewhere in the area. Patients contacted the pharmacy to request repeat medications and pharmacy team members kept an audit trail to reconcile repeat prescription requests. The pharmacy also had a number of patients on repeat dispensing. After a supply was made, the next repeat prescription from the batch was downloaded from the NHS spine and filed in alphabetical order. People contacted the pharmacy to advise them when their medication was needed, and the pharmacy processed the repeat prescription accordingly.

Medications for people using compliance aid packs were managed using a four-week cycle and pharmacy team members kept an audit trail to track the ordering and dispensing process. A basic audit trail was kept of medication changes using the patient medication record (PMR) system, but master record sheets were not maintained for each patient. No high-risk medications were placed into compliance packs. Completed packs were supplied with a tablet description sheet, which was updated with each supply and patient leaflets. One set of completed packs did not have an audit trail for dispensing or checking. Signatures were not routinely obtained for deliveries, so the team members may not always be able to confirm what has happened in the event of a query. Medications from failed deliveries were usually returned to the pharmacy.

The pharmacist had completed training through the Centre for Pharmacy Postgraduate Education (CPPE) for MURs and the supply of EHC. Other services were unavailable on the day and were only provided by the SI and designated locum pharmacists, who had completed the necessary training.

Stock medications were sourced through licensed wholesalers and specials from a licensed manufacturer. Medications were stored in an organised manner and were kept in the original packaging that had been provided by the manufacturer. Liquid preparations were marked with the date of opening. A date checking system was in place, but checks were a few weeks behind, following recent planned leave. Short-dated medicines were highlighted, and no expired medicines were found during random checks of the dispensary shelves. Obsolete medicines were stored in medicines waste bins. The pharmacy was not fully compliant with the requirements of the European Falsified Medicines Directive (FMD). Scanners had been purchased to enable compliance, but the team reported that they had not been advised on when to use them and were unsure of plans for the implementation of FMD in the pharmacy. Alerts for the recall of faulty medicines and medical devices were received via email, which was checked daily. An audit trail was usually maintained recording the action that had been taken in response.

CDs were stored securely. Random balance checks were found to be correct and patient returned, and obsolete CDs were clearly segregated from stock. A CD denaturing kit was available for use. The pharmacy had two refrigerators, which were both within the recommended temperature range on the day. Temperature records indicated that there had been several recent instances where the temperature had either fallen below or exceeded the recommended temperature range. A dispenser explained that in response, the fridge temperature was adjusted, and the thermometers were reset and re-checked, but no record of this was kept. So, the pharmacy may not always be able to clearly demonstrate that suitable action has been taken to ensure medicines are stored appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is suitably maintained, and team members use the equipment and facilities in a way that protects people's privacy.

Inspector's evidence

The pharmacy had some paper-based reference materials available, including a British National Formulary (BNF). The computer systems also had general internet access to support additional research. A large range of glass crown-stamped measures were available for measuring liquids. Separate measures were not segregated for use with CDs. The pharmacist reported that measures were thoroughly washed after each use. All measures seen appeared clean and suitably maintained. The pharmacy also had counting triangles for loose tablets which were clean and in good order.

Electrical equipment was marked with PAT test stickers indicating a next test date of January 2019. Equipment appeared to be in working order and computer systems were password protected to help prevent unauthorised access. Computer screens were located out of public view and a cordless phone enabled conversations to be conducted in private.

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.