

Registered pharmacy inspection report

Pharmacy Name: Rufford Pharmacy, 124 Liverpool Road, Rufford, ORMSKIRK, Lancashire, L40 1SB

Pharmacy reference: 1092406

Type of pharmacy: Community

Date of inspection: 20/04/2021

Pharmacy context

This is a community pharmacy situated on a major road between Liverpool and Preston. It is located in the rural village of Rufford, in West Lancashire. The pharmacy dispenses NHS prescriptions, private prescriptions, sells over-the-counter medicines, and provides seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time. The 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 follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team understand how to keep private information safe. And they discuss things that go wrong to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of Standard Operating Procedures (SOPs) which had been issued in June 2020. Members of the pharmacy team said they had begun to read the new SOPs. But there were no training sheets to indicate whether members of the pharmacy team had read and understood the procedures.

A 'COVID-19 folder' was available and contained variations to SOPs, due to the coronavirus pandemic, risk assessments and individual staff risk assessments. It also contained further information about where to find up to date guidance. The folder was available to members of the pharmacy team for reference.

Members of the pharmacy team said the pharmacist would inform them about any errors, but they were unaware of where records were kept related to near miss errors or dispensing incidents. Following the inspection, the pharmacist manager said any dispensing errors were recorded on a standardised form. The pharmacist explained that he would record and investigate when an error occurred. He said he used a paper log to record near miss incidents. He would review errors to identify any common patterns and discuss this with members of the pharmacy team. Examples were seen of action which had been taken following errors, including the use of baskets to segregate stock of different strengths of pregabalin to help prevent a picking error.

Roles and responsibilities of the pharmacy team were documented on a matrix. A trainee dispenser was able to describe what her responsibilities were and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Any complaints would be recorded to be followed up by the pharmacist or SI. A current certificate of professional indemnity insurance was available.

Controlled Drugs (CDs) registers were maintained with running balances recorded and these were last audited in April 2021 and November 2020. Members of the pharmacy team said the running balance was usually checked each month, but they had fallen behind. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register. Records for private prescriptions, emergency supplies and unlicensed specials appeared to be in order. The RP was signed into the RP register. But on a number of occasions the time that responsibility finished was not recorded. So the pharmacy may not be able to always demonstrate who the RP was at a specific point in time.

An information governance (IG) policy was available. This was updated in June 2020 and some staff had signed to say they had read and understood the policy, but some had not. A trainee dispenser was able to describe how confidential waste was segregated and destroyed using a shredder. A privacy notice

was on display and provided details about how people's data was handled and stored.

Safeguarding procedures were available. Members of the pharmacy team had in-house training and pharmacy professionals had completed level 2 safeguarding training. Contact details of the local safeguarding board were available. A trainee dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the workload. Members of the pharmacy team receive the training they need for the jobs they do. And they complete training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist manager, three dispensers – one of whom was trained and the other two in training, and a driver. The normal staffing level was a pharmacist, two to three assistants in the morning and one or two assistants in the afternoon. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff could also be requested from another branch if necessary. Members of the pharmacy team completed additional training packages when they had opportunity. Recently, the trainee dispenser said she had completed antibiotic stewardship and suicide prevention training.

A trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales she felt were inappropriate and refer people to the pharmacist if needed. The locum pharmacist said she felt able to exercise her professional judgment and this was respected by members of the pharmacy team. The team were seen to work well together and supported each other through any queries from patients. Staff were aware of the whistle blowing policy and said that they would be comfortable reporting any concerns to the pharmacy manager or SI. There were no targets set for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. And steps have been taken to make the premises COVID secure.

Inspector's evidence

The pharmacy had re-arranged the retail area to help people adhere to current COVID guidance. A sign on the door requested only one patient to enter the retail area at any one time. There were screens to help protect the staff at the medicines counter. Rope barriers and bollards were used to encourage people to remain at the medicines counter, and staff would assist customers in picking any items they wished to purchase. Hand sanitiser was available to use. A makeshift consultation room had been created in the corner of the retail area, which provided privacy whilst creating an area with better ventilation than the main consultation room. Staff were completing twice a week lateral flow COVID tests to help identify anyone with an asymptomatic infection.

The pharmacy was adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled in the pharmacy by the use of electric heaters and fans. Lighting was sufficient. The staff had access to a kettle, microwave, separate staff fridge, and WC facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. Pharmacy practice leaflets gave information about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using signposting information. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service which had been adapted in response to the current COVID guidance. The delivery driver would leave the patient's bag of medicines at the door, knock, and stand back to allow social distancing whilst the patient picked up the bag. If a patient was not at home the medicines would be taken back to the pharmacy. But there was no audit trail to show when medicines had been delivered so this information may not be available in the event of a query or concern.

Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patients' prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Prescription forms were not retained. So the pharmacy team may not always have all of the information they need when medicines are handed out. Stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

A member of the pharmacy team said prescriptions for schedule 3 and 4 CDs were kept in a separate location so that staff were aware a CD was inside the bag. They also said high-risk medicines (such as warfarin, lithium and methotrexate) were highlighted with a sticker. But there no were examples of this available. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist manager had previously said he would speak to any patients who were at risk to make sure they were aware of the pregnancy prevention programme, which would be recorded on their PMR. The pharmacy team said they were not aware of any current patients who met the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would refer them to their GP to complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

The pharmacy dispensed medicines for a number of patients who were residents of care homes. A re-order sheet was provided to the pharmacy and it contained details about the medicines required, medicine changes and any handover notes for the pharmacy. When prescriptions were received from the GP surgery, they would be compared to the re-order sheet to confirm all medicines were received back. Any queries were written onto a query sheet for the care home to chase up with the GP surgery. Some of the medicines were dispensed into disposable compliance aids and a dispensing and checking signature was written onto the seal.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a special's manufacturer. Members of the pharmacy team said they would check the expiry dates of stock from a section of the pharmacy each month. But this was not recorded. So it was unclear when stock had last been checked and there was a risk some sections could be overlooked. Stickers were attached to medicines which were short dated to alert staff and liquid medication had the date of opening written on. A spot check of the dispensary stock did not find any expired medicines.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were two clean fridges, each with a thermometer. The minimum and maximum temperatures were being recorded each day for one of the fridges. But temperatures for the other fridge were not recorded. So the pharmacy could not demonstrate whether the temperature had remained appropriate. Patient returned medication was disposed of in DOOP bins located away from the dispensary. Drug alerts were received electronically by email from MHRA. Staff said the pharmacist would print these out to show them. But examples of the records kept could not be found so they were not able to show whether appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy.

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.