

Registered pharmacy inspection report

Pharmacy Name: Waterloo Pharmacy, 159 Waterloo Road, Cobridge, STOKE-ON-TRENT, Staffordshire, ST6 2ER

Pharmacy reference: 1092737

Type of pharmacy: Community

Date of inspection: 12/02/2020

Pharmacy context

This community pharmacy is open 100-hours each week. It is situated in a residential area of Stoke-on-Trent. It dispenses prescriptions and sells a range of over-the-counter (OTC) medicines. The pharmacy dispenses some prescriptions in multi-compartment compliance aid packs, to help make sure people take them correctly and it offers a home delivery service. Several other NHS services are available including Medicines Use Reviews (MURs) and emergency hormonal contraception (EHC). A substance misuse treatment service is also available.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 suitably identifies and manages any risks. It maintains the records it needs to by law and its team members are clear about their roles and responsibilities. They complete training to help make sure they keep people's private information safe and they understand how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering operational tasks and activities. The procedures had been produced in January 2018, so were due for review to ensure that they reflected current practice. The procedures defined the responsibilities of the pharmacy team and team members had signed to confirm their acknowledgement and understanding. Through discussion, team members demonstrated an understanding of the pharmacy procedures and their roles. A dispenser also clearly discussed the activities which were permissible in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance provided by the National Pharmacy Association (NPA) and the displayed certificate was valid until October 2020.

Near misses were discussed at the time of the event and were then documented in a book. Consistent records had been seen since the previous inspection and the log had been periodically signed by the pharmacist, to confirm that a near miss review had been completed. The team discussed laminated alert cards, which were used to identify prescriptions for medications which were a 'look alike, sound alike' risk. The alert cards were also placed on shelf edges to encourage care with selection. The pharmacist and a dispenser discussed the information that would be captured in response to a dispensing incident. Forms to record dispensing incidents were available in the pharmacy SOP folder. The team were unaware of any recent errors.

The pharmacy had a complaint procedure, which was documented in a pharmacy practice leaflet. Feedback was usually provided verbally, and a dispenser said any concerns would be escalated to the pharmacist in charge. Additional feedback was provided through a Community Pharmacy Patient Questionnaire (CPPQ), which was completed annually.

The correct RP notice was displayed by the medicine counter and the RP log was in order. As were records for private prescriptions and emergency supplies. And specials procurement records provided an audit trail from source to supply. Controlled drugs (CD) registers kept a running balance and regular balance checks were carried out. A patient returns CD register was available and previous entries had been signed and witnessed.

Pharmacy team members had completed some training on the General Data Protection Regulation (GDPR) and records of this were seen. The pharmacy was registered with the Information Commissioner's Office (ICO) and team members explained how they would keep people's private information secure. Completed prescriptions were filed out of public view and confidential waste was segregated into a separate waste bin, which was removed and taken for suitable disposal by an external

contractor. Pharmacy team members had their own NHS smartcards and appropriate use was seen during the inspection.

The pharmacist had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). The team discussed several scenarios which might raise a concern and were aware that concerns should be escalated to local safeguarding agencies. The contact details for agencies were accessible via the internet, but a dispenser said that he would ensure these were also clearly displayed in the dispensary. The pharmacy had a chaperone policy on the desk in the consultation room. But due to other literature in the room, the policy was not clearly visible.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members can raise concerns and provide feedback on pharmacy services. They are suitably trained for their roles and generally manage the workload effectively. And they get some feedback on their development to help them learn and improve.

Inspector's evidence

On the day of the inspection, a regular pharmacist was working alongside two trained dispensers. The pharmacy employed additional team members, including two further dispensers, one of whom was said to be completing training and two delivery drivers. Planned leave was authorised by the superintendent pharmacist, who restricted leave to help make sure that suitable cover was maintained. Where necessary, cover was arranged amongst team members, who worked additional or amended hours, as needed. The team managed the workload adequately throughout the inspection and there was no backlog in dispensing.

Team members were suitably trained for their roles and they completed some ongoing training. Some records demonstrated that in recent months training had been provided on GDPR, near miss reporting and other pharmacy procedures. Some team members had also completed training modules through CPPE. Team members said that further training would be arranged by the superintendent pharmacist, if it was felt that there were learning needs. Discussions on development took place on a regular basis and some team members said that they had completed an appraisal approximately six months ago, with the superintendent pharmacist. Records for this were not seen.

The sale of medication was discussed with a dispenser, who identified the questions that she would ask to help make sure that sales were safe and suitable. Concerns were referred to the pharmacist and the dispenser discussed instances where concerns had been voiced regarding frequent requests for co-codamol. Inappropriate requests had been refused and the dispenser was comfortable managing those situations. The dispenser also provided an appropriate response to a question regarding the sale of pseudoephedrine-based medicines.

The pharmacy team had an open culture. Team members were comfortable discussing issues amongst themselves and they were happy to escalate concerns to the pharmacist and the superintendent pharmacist, who also worked regularly at the pharmacy. A whistleblowing policy was available and team members had completed training on this in recent months. There were no formal targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate environment for the provision of pharmacy services. But it lacks space in some areas which impacts on organisation and could restrict some people's ability to access the consultation room for private and confidential discussions.

Inspector's evidence

The pharmacy premises were in a reasonable state of repair. But the building was old and some interior fixtures and fittings appeared worn and dated, which may detract from the overall professional appearance. Repairs for any maintenance concerns were addressed by the superintendent pharmacist and team members completed daily cleaning duties. There was suitable lighting throughout the premises and the temperature was appropriate for the storage of medicines.

The retail area was generally tidy and there were chairs available for use by people who were waiting for their medicines. But some tote boxes were stored near to the front window, which may cause a trip hazard. The pharmacy stocked a suitable range of medicines, but some restricted lidocaine-based teething gels were available on the pharmacy shelves. These were immediately removed and given to the pharmacist, who secured them from self-selection. He agreed to review the relevant guidance from the Medicine and Healthcare products Regulatory Agency (MHRA), to make sure that all team members were up to date. Other pharmacy restricted medicines were suitably secured. Off the retail area was a consultation room, which had a table and chairs to facilitate private and confidential discussions. The room was small, narrow and restricted for space, which may create some difficulty with access for some individuals.

The dispensary was compact, with a limited amount of workbench space available, but there were segregated areas for dispensing and checking. The dispensary also had a separate sink for the preparation of medicines, which had suitable hand sanitisers.

Further areas of the pharmacy were used for staff facilities and additional storage. A dispenser said that some refurbishment work was due to be completed, consequently the storage areas were unorganised and could cause certain health and safety hazards for pharmacy team members.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources and stores its medicines appropriately. Its services are generally accessible and suitably managed so that people receive appropriate care and get the information they need about their medicines.

Inspector's evidence

The services available from the pharmacy were listed in a practice leaflet and the opening hours were displayed at the front entrance. The retail area had some health promotion literature available and team members had access to resources to support signposting. The pharmacy had step-free access to assist people with mobility issues and the patient medication record (PMR) system could produce large print labels to help people with visual impairment. Several team members were bilingual and used their skills to help provide counselling and resolve queries.

Prescriptions were segregated using baskets to keep them separate and team members signed 'dispensed' and 'checked' boxes on dispensing labels as an audit trail for dispensing. The pharmacy had stickers to identify prescriptions for high-risk medicines and team members said records of monitoring parameters were recorded using the PMR system. Examples of this were not seen on the day. The team were aware of the risks of the use of valproate-based medicines in people who may become pregnant and the necessary resources were available for supply. The pharmacy used stickers to highlight prescriptions for CDs, but this was not always done consistently. The pharmacist agreed to review this with the team, to help reduce the risk of a supply being made after the valid 28-day expiry date.

People contacted the pharmacy to request their repeat medications and a diary was used to reconcile requests. Unreturned requests were followed-up with the GP surgery. Requests for medications for people using multi-compartment compliance aid packs were managed and tracked in the same way. The pharmacy had a four-week schedule to manage supplies and examples were seen where they had kept records of medication changes using the PMR system. No high-risk medications were placed into compliance packs and the team discussed other medicines which would be unsuitable for a compliance pack. Completed packs contained patient details, but in one example seen the backing sheet was not properly secured to the pack, which increased the likelihood of it becoming detached. This was discussed with the team on the day, who agreed to ensure that this was actioned moving forward. Descriptions of individual medicines were recorded on backing sheets, and patient leaflets were supplied. Signatures were obtained to confirm the delivery of medicines and medications from failed deliveries were returned to the pharmacy.

Other NHS services such as MURs and the EHC via PGD were not available on the day, as the pharmacist was in the process of completing the necessary training requirements. The services were therefore only available when the superintendent pharmacist was present.

Stock medications were sourced through licensed wholesalers and specials from a licensed manufacturer. Stock medicines were stored in the original packaging provided by the manufacturer and they were stored in an organised manner on the pharmacy's shelves. The pharmacy had a date checking schedule in place. Checks were approximately two-weeks behind and a dispenser discussed plans that were in place to bring this up to date. One expired medicine was identified from random

checks of the pharmacy shelves. This was immediately removed and placed for disposal in a suitable medicines waste bin. The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD) and the team said that this would be escalated. The pharmacy received alerts for the recall of faulty medicines and medical devices via email. The system was checked daily and the pharmacy were keeping an associated audit trail. A dispenser discussed how some ranitidine affected by a recent product recall had been quarantined and returned.

The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded each day and it was within the recommended temperature range. CDs were stored appropriately with expired medicines separated from stock. Random balance checks were found to be correct and CD denaturing kits were available.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy team had access to an up-to-date paper edition of the British National Formulary (BNF) and internet access was also available to support further research. A range of glass ISO approved, and crown-stamped conical measures were available. The measures were suitably maintained and clearly marked to indicate their use. Counting triangles for loose tablets were also available and were in a good state of repair.

The pharmacy's electrical equipment was in working order and concerns with equipment were referred to the superintendent pharmacist. The computer systems were password protected and screens were positioned out of public view to protect people's privacy. A cordless phone was available to enable confidential conversations.

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.