

# Registered pharmacy inspection report

**Pharmacy Name:** Swan Pharmacy, 5 Clayton Parade, Turners Hill, Cheshunt, WALTHAM CROSS, Hertfordshire, EN8 8NQ

**Pharmacy reference:** 1093206

**Type of pharmacy:** Community

**Date of inspection:** 13/06/2019

## Pharmacy context

The community pharmacy is in a parade of shops that also includes two other pharmacies. It dispenses NHS prescriptions from several local GP surgeries. The pharmacy supplies some medicines in multi-compartment compliance packs to help people take their medicines safely. And it provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy regularly provides ongoing training to its team members. And it sets time aside for them to complete it. This helps them keep their knowledge and skills up to date.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy manages its risks well. Its team members monitor its dispensing service and use this to make improvements. The pharmacy keeps the records that it needs to and generally makes sure that they are accurate. Its team members manage people's personal information properly. And they know how to protect vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were kept up to date and were signed by the pharmacy's team members every year. The pharmacy kept records about near misses and errors. The pre-registration pharmacy student said that recording near misses had allowed her to make improvements to her practice. She said that the pharmacy team had discussed different pack sizes to make sure the correct quantity was dispensed. Some medicines had been clearly separated to prevent mistakes. Rivaroxaban tablets had been separated from similar sounding medicines. Near misses were reviewed monthly by a team member so that trends could be discussed and addressed.

Certificates were displayed which indicated that there were current arrangements for employer's liability, public liability and professional indemnity insurance. Controlled drug (CD) records were kept. These records complied with requirements and included running balances. Two CDs were chosen at random and matched the recorded running balances.

The pharmacy kept electronic records about emergency supplies given to people who were without their medicines. There were several records about prescriber-requested emergency supplies. The pharmacist said that he usually received faxed prescriptions from local surgeries when these supplies were made. He described some instances where there had not been direct contact from the prescriber or faxed prescriptions. And these were sometimes also recorded as prescriber-requested emergency supplies. The inspector provided advice about making sure patient-requested emergency supplies were correctly recorded in the register, so there was an accurate audit trail about these medicine supplies. Other records about the responsible pharmacist, returned CDs, specials and private prescriptions were kept and maintained adequately.

The pharmacy asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. Team members said that they received additional feedback verbally. The pharmacy had a SOP about managing complaints. Information about the pharmacy's complaints process was in its practice leaflet.

A team member said that they had received training about safeguarding vulnerable people. They said that training had been provided in the pharmacy's SOPs. Some team members had completed additional training from the Centre for Pharmacy Postgraduate Education (CPPE). Team members said that they would escalate their concerns to the responsible pharmacist to be appropriately managed. The pharmacy had contact details to refer its concerns to local safeguarding organisations.

The pharmacy had SOPs about information governance and confidentiality. 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.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough, suitably qualified staff to safely provide its services. It regularly provides ongoing training and team members get time set aside to complete it. The pharmacy's team members communicate openly with another and know when to refer to the pharmacist.

### Inspector's evidence

At the time of the inspection there was the responsible pharmacist (superintendent pharmacist), one pre-registration pharmacy student, one accuracy checking technician (ACT), one pharmacy technician, one dispenser and one medicines counter assistant present. This staffing level appeared adequate to comfortably manage the workload. The pharmacist said that the workload was manageable. He said that he would use overtime to complete work when needed.

Staff absences were generally planned. The pharmacist said that he used overtime to provide cover if needed. Team members were clear about their roles and issues that would need to be referred to the pharmacist. The team said that it used informal discussions to share messages. Team members said that they felt comfortable about raising any concerns or making suggestions. The pharmacy had regular staff meetings about current issues such as prescription numbers and MURs. It kept records about its meetings.

Training certificates were available which indicated that the team members had completed appropriate pharmacy qualifications for their role. The team completed additional training on CPPE to learn more about specific topics and to meet contractual funding requirements. The pharmacy kept training materials to help its team members keep their skills and knowledge up to date. It kept records about completed ongoing training that had been completed by its team members and provided time for them to complete their training.

The pharmacy provided annual appraisals to its team members. These were recorded on templates and involved self-assessments and discussions. The pre-registration pharmacy student had appraisals every 13 weeks. The pharmacy did not have formal targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy safely provides its services from suitable premises.

### Inspector's evidence

The pharmacy was clean and tidy. Its 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 consultation room which was suitable for private consultations and conversations. And it had appropriate security arrangements to protect its premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally manages its services well. It stores its medicines appropriately and makes sure they are safe to use. The pharmacy's team members identify higher-risk medicines and generally provide people with appropriate advice to help them take their medicines safely.

### Inspector's evidence

The layout of the pharmacy and step-free access meant it was wheelchair accessible. Leaflets in the retail area provided information about the pharmacy and its services.

The pharmacy supplied medicines in multi-compartment compliance packs to around 135 people. The pharmacy kept records about medicines included in the packs, their administration times and changes to medicines. The packs were generally checked by the ACT. Records about the pharmacist's clinical check were also kept. Team members said that patient information leaflets were not always sent with the packs. So, people receiving the packs may find it harder to access to up-to-date information about their medicines.

The pharmacy kept records about people's prescriptions it ordered from local GP surgeries. This helped its team members to make sure all required medicines were prescribed. The pharmacy kept invoices which indicated that its medicines were obtained from licenced wholesalers.

Stock that required cold storage was kept at the right temperatures. The pharmacy kept fridge temperature records, so it could monitor storage conditions for these medicines. CDs were stored appropriately. Expired CDs were segregated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates every six months. It kept records about checks that it completed and expired medicines. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy marked the date onto medication bottles when they were opened. This helped the team members to know that the medicine was suitable if they needed to use it again.

Expired and returned medicines were segregated and placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used to segregate hazardous medicines. A list was displayed to help identify these medicines.

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 pharmacy's dispensing software highlighted interactions to the team. Team members said that they verbally informed the pharmacist about interactions or printed warning labels when needed.

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 did not highlight prescriptions for Schedule 4 CDs which were valid for 28 days. This could increase the chance of these medicines being handed out when the prescription was no longer valid. The ACT said that notes were sometimes attached to checked medicines to make sure counselling

points were provided to people. He said that this had previously been used to highlight paracetamol and co-codamol doses with people.

The pharmacy's team members said that local GP surgeries did not issue warfarin prescriptions unless relevant blood tests had been completed. It kept records about blood tests for people who were supplied with warfarin and made sure that they knew their dose. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. But, it had outdated guidance materials which may not have reflected recent advice. The inspector provided information to the team about where to find up-to-date guidance material to provide to people.

The pharmacy delivered some people's medicines. It kept records about these deliveries which included the recipient's signature. The pharmacy had scanners to help verify its medicines' authenticity in line with the Falsified Medicines Directive. It had arrangements with a software provider to help its team perform the processes it needed. The pharmacy received communications about medicine recalls. It kept records about recalls it had received and the actions that had been taken. This included a recent recall about apixaban tablets.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right suitable equipment and facilities to provide its services safely.

### Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Maintenance issues were referred to and managed by the superintendent pharmacist. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records.

Sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy to accurately measure liquids. The pharmacy had suitable equipment to count loose tablets. The pharmacy accessed up-to-date reference sources on the internet.

### 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.