

Registered pharmacy inspection report

Pharmacy Name: Areley Kings Pharmacy, 38 Areley Common, Areley Kings, STOURPORT-ON-SEVERN, Worcestershire, DY13 0NQ

Pharmacy reference: 1093384

Type of pharmacy: Community

Date of inspection: 06/08/2019

Pharmacy context

This is a community pharmacy in the main street of a parade of shops in a small village on the outskirts of Stourport-on-Severn. Most people using the pharmacy are elderly. The pharmacy dispenses NHS prescriptions and private prescriptions and sells over-the-counter medicines. It supplies medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines.

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's working practices are safe and effective. It generally keeps the up-to-date records that it must by law. The pharmacy is appropriately insured to protect people if things go wrong. The team members know how to protect vulnerable people. The team protects people's private information but they could do more to protect their privacy.

Inspector's evidence

The pharmacy team identified and managed most risks. Dispensing errors and incidents were recorded, reviewed and appropriately managed. The last error had been a hand-out error. Because of this, the staff now checked that the name, address and postcode on the bag matched that on the prescription. Near misses were recorded but insufficient information was documented to allow any useful analysis, such as, as a recent mistake with bendroflumethiazide and bisoprolol. No other information was recorded. No learning points or actions taken to reduce the likelihood of similar recurrences were recorded. General trends could however be identified.

The dispensary was tidy and organised with labelling, assembly, waiting to be checked and checking areas. But, a small area of bench, immediately adjacent to the sink, was used for the unsealed multi-compartment compliance aids, waiting to be checked. These were moved to the central checking bench for checking. A separate room was used to store the assembled compliance aids, but best use of the available space was not made. The dispensary areas could easily be enlarged to provide better work space. There was a clear audit trail of the dispensing process and all the 'dispensed by and checked by' boxes on the labels examined had been initialled.

Up-to-date and signed standard operating procedures (SOPs), including SOPs for services provided under patient group directions were in place and these were reviewed every two years by the superintendent pharmacist. But, the SOPs were generic with few local additions. The roles and responsibilities were set out in the SOPs and the staff were clear about their roles. There was no displayed sales protocol but the questions to be asked of customers requesting to buy medicines was displayed. A NVQ2 qualified dispenser said that she would refer all requests for people also on prescribed medicines to the pharmacist. The staff were aware of 'prescription only medicines' (POM) to 'pharmacy only' (P) or 'general sales list' (GSL) such as Nexium and would refer requests for these to the pharmacist.

The staff were clear about the complaints procedure and reported that feedback on all concerns was actively encouraged. The pharmacy did an annual customer satisfaction survey. In the 2019 survey, over 90% of customers who completed the questionnaire rated the pharmacy as excellent or very good overall. 8% of customers had commented on the comfort and convenience of the seating areas. Because of this, the pharmacy endeavoured to always have two chairs available for customers who were waiting.

Public liability and indemnity insurance provided by Numark and valid until 30 September 2019 was in place. The responsible pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records, fridge temperature records and date checking records

were in order. Some of the specials records did not include the patient details.

There was an information governance procedure and the staff had also recently completed training on the new data protection regulations. The computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Confidential waste paper information was disposed of appropriately. No conversations could be overheard in the consultation room. But, the door to the room contained some clear glass and so patient confidentiality could not be maintained in here.

The staff understood safeguarding issues and had read the guidance on safeguarding. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. Local telephone numbers were available to escalate any concerns relating to both children and adults. All the staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are encouraged to keep their skills up to date and they do this in work time. Those members who are in training are well supported. The pharmacy team are comfortable about providing feedback to their manager and this is acted on.

Inspector's evidence

The pharmacy was situated in the main street of a parade of shops in a small village on the outskirts of Stourport-on-Severn. They dispensed approximately 6,000 NHS prescription items each month with the majority of these being repeats. 80 patients in their own homes received their medicines in multi-compartment compliance aids. Few private prescriptions were dispensed.

The current staffing profile was one pharmacist, one full-time NVQ2 trained dispenser, one full-time NVQ2 trainee dispenser, one part-time NVQ2 trainee dispenser and one full-time medicine counter assistant (not seen). There were also two part-time drivers.

The part-time staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of the dispensary staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

The staff clearly worked well together as a team. Staff performance was monitored, reviewed and discussed informally throughout the year. There was an annual performance appraisal where any learning needs could be identified. Review dates would be set to achieve this. The staff were encouraged with learning and development and completed monthly Alphega e-Learning, such as, recently on bedwetting and pregnancy. The staff reported that they spent about 30 minutes each month of protected time learning. Staff enrolled on accredited courses, such as the NVQ2 dispensing assistant course, were allocated further time for learning, generally during quiet periods. All the staff reported that they were supported to learn from errors. The pharmacist said that all learning was documented on her continuing professional development (CPD) records.

The staff knew how to raise a concern and reported that this was encouraged and acted on. The had weekly staff meetings and felt able to raise any issues which were acted on. The staff had recently raised that one person was always doing the cleaning. Because of this, a cleaning rota had been introduced.

The pharmacist reported that she was set overall targets, such as 400 annual medicine use reviews (MURs). She said that she only did clinically appropriate reviews and did not feel unduly pressured by the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally looks professional. There is good signposting to the consultation room so it is clear to people that there is somewhere private for them to talk. But, better use of the overall available space could be made to ensure that there is a clear dedicated work area for the assembly of multi-compartment compliance aids.

Inspector's evidence

The pharmacy was well laid out and presented a professional image. The dispensing benches were largely uncluttered and the floors were clear. But, a small area of bench, immediately adjacent to the sink, was used for multi-compartment compliance aids that were waiting to be checked. Best use of the available space was not made. The dispensary could easily be enlarged to allow more workspace and a better dedicated area for the compliance aids. The premises were clean and mainly well maintained. There was a soiled ceiling tile from a leak with the air conditioning unit. All the chairs for use by customers in the pharmacy were covered with fabric. Some of these needed cleaning which did not present a professional image.

The consultation room was spacious and well signposted. It contained a computer and a sink. Conversations in the consultation room could not be overheard. The computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

There was air conditioning and the temperature in the pharmacy was below 25 degrees Celsius. There was good lighting throughout. Most items for sale were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

Most people can access the services that the pharmacy offers. But, some people with specific mobility needs may have difficulty entering the pharmacy. The services are generally effectively managed to make sure that they are provided safely. The pharmacy team usually make sure that people have the information that they need to use their medicines safely and effectively. But, they could have better procedures for some controlled medicines to make sure that they are correct and also, not diverted. The pharmacy generally obtains its medicines from appropriate sources. The team make sure that people only get medicines or devices that are safe.

Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room but no bell on the front door alerting staff to any such people who may need assistance. There was access to Google translate on the pharmacy computers for use by non-English speakers. The pharmacy could print large labels for sight-impaired patients.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews (MURs), New Medicine Service (NMS), supervised consumption of substance misuse treatments (currently 2 patients) and seasonal flu vaccinations. The latter was also provided under a private scheme. The services were well displayed and the staff were aware of the services offered.

The pharmacist had completed suitable training for the provision of seasonal flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis. She completed a risk assessment prior to the commencement of the annual service.

There were 10 substance misuse patients (2 supervised). There was no dedicated folder for these patients. Any concerns were not routinely recorded and the pharmacy did not have the client's key worker telephone numbers. The supervised consumption patients were not routinely offered water to reduce the likelihood of diversion. Other controlled drugs (CDs) were not checked with the patient on hand-out.

80 patients in their own homes received their medicines in multi-compartment compliance aids. The compliance aids were assembled on a four-week rolling basis and evenly distributed throughout the week to manage the workload. There were dedicated folders for these patients where all the relevant information such as hospital discharge sheets and changes in dose were kept. These were referred to at the checking stage. The assembled compliance aids were stored tidily in a separate area but as mentioned under principle 3, there was no dedicated area for the assembly of the compliance aids.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy and for all items dispensed by the pharmacy. Green 'see the pharmacist' stickers were used, such as, one seen for a change in product because the item usually prescribed was subject to a manufacturing delay. The pharmacist had contacted the patient's doctor and the prescription was changed. The pharmacist routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. INR levels were asked about. She also counselled patients prescribed, amongst others, antibiotics, new drugs and any changes. All the staff were aware of the new sodium valproate guidance.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients. Potential non-adherence or other issues were sometimes identified at labelling and ordering but mainly by the pharmacist during MURs. The pharmacist reported that she frequently identified side effects during MURs, such as, with the statins or dizziness with patients prescribed anti-hypertensive medicines. She contacted the doctors and the medicines were changed.

Medicines and medical devices were obtained from AAH, Alliance Healthcare, Lexon, Ethigen and Phoenix. Specials were obtained from Ethigen Specials. Invoices for all these suppliers were available. The pharmacy had a scanner to check for falsified medicines and this was being used. There were several unlicensed medicines on the shelves, including, thiamine 100mg, folic acid 400mcg and vitamin B compound strong. CDs were stored tidily in accordance with the regulations and access to the cabinet was appropriate. There were several patient-returned and out-of-date CDs. These were clearly labelled and separated from usable stock but they were taking up valuable space in the cabinet. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with signed records. Date checking procedures were in place with signatures recording who had undertaken the task. Bins were available for waste medicines and used. There was a separate bin for cytotoxic and cytostatic waste and a list of the substances that should be treated as hazardous for waste purposes.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts were received electronically, printed off and the stock checked. They were signed and dated by the person checking the alert. Any required actions were recorded. The pharmacy had received recent advice about Emerade 300mcg and 500mcg. They currently had no patients prescribed this and this was recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures and an ISO stamped straight measure. There were several tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 76 and the 2018/2019 Children's BNF. There was access to the internet.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential information was disposed of appropriately. The door was always closed when the consultation room was in use and no conversations could be overheard.

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. |