

Registered pharmacy inspection report

Pharmacy Name: Headley Pharmacy, Mill Lane, Headley, BORDON,
Hampshire, GU35 8LH

Pharmacy reference: 1097404

Type of pharmacy: Community

Date of inspection: 23/07/2019

Pharmacy context

An independently owned pharmacy. One of two owned by the same company. The pharmacy occupies the same building as the medical centre next door in a residential area of the village of Headley. As well as NHS essential services it provides medicines in multi-compartment compliance aids for six people. Other services include: Medicines Use Reviews (MURs), New Medicines Service (NMS) and seasonal flu vaccinations.

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. Its team members understand their roles and responsibilities. They listen to people's concerns and keep people's information safe. They discuss any mistakes they make and share information on what could go wrong to help reduce the chance of making mistakes in future.

Inspector's evidence

Staff worked under the supervision of the responsible pharmacist (RP), whose sign was displayed for the public to see. Staff had standard operating procedures (SOPs) to follow. There was a procedure in place for managing risks in the dispensing process, whereby all incidents, including near misses, were discussed at the time and recorded. The pharmacist then reviewed the records each month, to help prevent the same mistakes being repeated. She then produced a monthly report. Near miss records indicated that mistakes had occurred because of similar packaging or similar sounding names, commonly known as look-alike-sound-alike drugs (LASAs). Follow up action was for staff to check the item against the prescription as part of the dispensing process.

But, it was clear that the team identified risk and made changes to prevent reoccurrence in other ways. This included the separation of sertraline and sildenafil products, bendroflumethiazide and bisoprolol 2.5mg tablets following several near misses between the two. Staff also described how they put dispensed packs upside down in their basket for checking to encourage the pharmacist to check the item against the prescription before turning it over to check the label.

The pharmacy team had a positive approach to customer feedback. The RP described how they had introduced more seats into the waiting area after a customer survey revealed that they may not have enough. The team described how they ordered the same brands of medicines for certain people to help with compliance. Customer preferences included the Teva brand of ramipril 10mg preferred by one patient and the Accord brand of letrozole 2.5mg preferred by another. The Teva brand of topiramate 50mg was kept for a patient allergic to soya as it was soya free. Teva amlodipine 5mg was scored and therefore could be halved so this was also kept in stock for a particular patient. Notes had been added to the relevant patient medication records (PMRs) and details were printed on patients' labels as an additional prompt for staff.

The pharmacy had a documented complaints procedure. A standard operating procedure (SOP) for the full procedure was available for staff to refer to. Customer concerns were generally dealt with at the time and recorded for the attention of the superintendent. Details of the local NHS complaints advocacy service and PALs could be provided on request. The pharmacy had professional indemnity and public liability arrangements, so they could provide insurance protection for staff and customers. Insurance arrangements were in place until 30th November 2019 when they would be renewed for the following year.

All the necessary records were kept and were generally in order including controlled drug (CD) registers, and records for, private prescriptions, unlicensed 'Specials' and the responsible pharmacist. The pharmacy had records for patient returned CDs. Records of returned CDs were kept for audit trail and to account for all the non-stock CDs which RPs had under their control. Records for emergency supplies were generally in order although some supplies were not always clearly explained. Staff used sticky

labels to make records in the emergency supply register, but these could become unstuck and the print could fade. This means that the record may not stay intact for the period required. CD registers were generally in order, but the running balance total for Zomorph 10mg did not include the 60 which had expired, and CD registers had the headers missing on several pages.

Staff understood the importance of safeguarding people's private information. They had received information governance training and GDPR training through a Numark training package. Discarded labels and prescription tokens were collected for disposal by a licensed waste contractor. The regular pharmacist had completed level 2 CPPE safeguarding training. Staff had also completed training and dementia friends training, through Numark, but had not had any concerns to report.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload safely and effectively. Team members work well together and support one another. They are comfortable about providing feedback to employers and are involved in improving the pharmacy's services.

Inspector's evidence

In general, pharmacy services were managed by the regular RP, who worked full-time, and regular part-time locums who provided double cover two to three mornings per week and alternate Saturday mornings. Double pharmacist cover was provided to help pharmacists provide advanced services such as MURs. Remaining team members consisted of three part-time dispensers, a full-time trainee dispenser and three part-time medicines counter assistants (MCA)s. On the day of the inspection the team consisted of the regular RP, two part-time dispensers the trainee dispenser and an MCA. The inspection took place at the start of the school summer holidays when the pharmacy was relatively quiet.

The team was up-to-date with the daily workload of prescriptions and customers were attended to promptly. The dispenser said felt supported in her role and could raise concerns. She described having regular informal discussions with the team and between them they would discuss how things could be improved. She said she could make suggestions as to how things could be improved. She said that she and her colleagues constantly tried to improve stock management procedures. She did this by ensuring that the stock storage area for fast moving lines was kept up to date. The MCA kept her training up to date through reading regular articles in pharmacy magazines.

The pharmacist was not set targets for Medicines Use Reviews (MUR)s. She said that as a team they tried to offer an MUR to everyone who needed one. It was possible to target patients during periods of double pharmacist cover. Therefore, the team was able to provide MURs for people who needed one without compromising attention to the remaining workload. She aimed to provide a good service by ensuring that people's medicines were dispensed on time and the day's workload completed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and organised. They provide a safe, secure and professional environment for people to receive healthcare services.

Inspector's evidence

The pharmacy was in a residential area out of town. It had a spacious shop floor and dispensary and a consultation room for private consultations such as flu vaccinations and MURs. Customer areas were clean and tidy. The pharmacy had a bright modern appearance. It shared a common entrance with the medical centre at the front, for customers, and at the rear, via the staff room, for staff. The surgery was closed at the weekend when the pharmacy was open and open two nights per week when the pharmacy was closed. Lockable shutters were pulled into position between the surgery and pharmacy when required. The staff room was used by both pharmacy and surgery staff.

The pharmacy was bright and well ventilated with temperature control systems in place. It had a professional appearance and stocked a range of items for health and personal care. The dispensary was situated behind the counter and staff could access it easily from the counter. Prescriptions were stored in a bay area in the dispensary where they could not be viewed by the public. The dispensary had clearly defined areas for dispensing and accuracy checking and for making up multi-compartment compliance aids. The front of the dispensary was where the majority of dispensing and checking took place. There were additional dispensing surfaces in the back- shop area as well as storage facilities, a staffroom and toilet. Staff toilet facilities were clean and had hand washing facilities.

The pharmacy had a spacious dispensary with dispensing benches to all sides. There was a clear work flow with separate areas of dispensing bench used for different tasks. It had an additional island and central stock storage area which was used for dispensing and storing multi-compartment compliance aids. The dispensary was generally clean, tidy and maintained although at the time of the inspection surfaces were well used with many prescriptions awaiting a check. The inspection took place on a Tuesday. Staff said that Tuesdays were generally busy due to prescription requests coming onto their system from the weekend.

The pharmacy had a fire door at the rear. At the time of the inspection, the weather was warm, but the pharmacy was air-conditioned so all doors remained closed. Staff from the surgery were observed to come into the dispensary via the staff room to drop off prescriptions and to talk to staff. Staff said that they had given surgery staff authority to come into the dispensary that way. They felt that the risk to patient confidential information was low as the majority of their prescriptions came from the same surgery. However, there were also a small number of prescriptions from other surgeries and private prescriptions from elsewhere.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services safely and makes its services available to everyone. Staff give people the advice and support they need to help them use their medicines safely and properly. In general, the pharmacy manages its medicines safely and effectively. The pharmacy generally stores its medicines safely. And it carries out checks to help make sure that its medicines are fit for purpose. But it doesn't carry out all of its checks as thoroughly as it could. And, it does not always properly label medicines which are not in their original packs.

Inspector's evidence

The pharmacy had an automatic door and wide step free access to enable wheelchair access. Services were advertised at the front window for people to see and there was a variety of information leaflets available for customer selection. Information leaflets were placed in a rack near the waiting area and HLP display.

The shop floor area was uncluttered and wide enough for wheelchair users to move around. The pharmacy had a prescription ordering service for a small number of patients who needed help to manage their prescriptions. And non-electronic prescriptions were brought in regularly by surgery staff.

In general services were delivered in accordance with SOPs. Dispensing labels were initialled by the person dispensing and the person checking, to provide a dispensing audit trail. This was as per the SOP. But, CDs were audited when dispensed and not every four weeks as per the SOP. This meant that slower moving stock was audited infrequently. A random sample of CD stock was checked during the inspection (Zomorph 10mg capsules) and the quantity stated in the register did not include date expired stock.

Multi-compartment compliance aids were provided for patients who needed them. Patient information leaflets (PILs) were offered with new medicines and on a regular basis thereafter. The medication in compliance aids was given a description, including colour and shape, to help people to identify them. The labelling directions on trays gave the required BNF advisory information to help people take their medicines properly. Medicines summary sheets were created for each person and checked against prescriptions each time.

The pharmacy had procedures for targeting and counselling all at-risk patients taking sodium valproate. The pharmacist described including valproate warning cards and leaflets with relevant prescriptions and referred to the guidance sheet for pharmacists which was on display on the wall. Patients in the at-risk group had been counselled and given a leaflet and warning card. Packs of sodium valproate in stock bore the updated warning label and additional warning stickers were available for split packs.

Medicines and Medical equipment were obtained from: AAH, Alliance Healthcare, Phoenix and DE South Pharmaceuticals. Unlicensed 'specials' were obtained from Quantum, Temag and Martindale. All suppliers held the appropriate licences and stock was generally stored in a tidy, organised fashion. A CD cabinet and fridge were available for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read, recorded and monitored to ensure that the medication inside was kept within the correct temperature range. However, there was some stock of oxycodone 15mg MR tablets in the CD cabinet which had been removed from their original packaging and the new pack

did not show a product licence number, batch number or expiry date. There was also a pack containing mixed batches of Zomorph 10mg capsules. It included strips of capsules with varying expiry dates. Storing medicines in this way means they could be missed if subject to a product recall or could be accidentally dispensed after their expiry date. The pharmacy team were not yet scanning products with a unique barcode in accordance with the European Falsified Medicines Directive (FMD).

Stock was regularly date checked. In general, short-dated stock was identified and highlighted using a red dot sticker. It was then listed so that it could be removed easily when the time came. Waste medicines were disposed of in the appropriate containers for collection by a licensed waste contractor. A list of Hazardous waste had been placed near the waste containers for staff to refer to, so that they could dispose of medicines properly. Drug recalls and safety alerts were responded to promptly and records were kept. The pharmacy had not had any of the affected batches of the recently recalled Emerade injections.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And, it uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had the measures, tablet and capsule counting equipment it needed. Measures were of the appropriate BS standard and clean. Amber dispensing bottles were stored with their caps on to prevent contamination with dust and debris.

The team had access to up- to- date information sources in the form of a BNF, a BNF for children, the MEP and the drug tariff. The pharmacist said he also used the NPA advice line service. Pharmacists also had access to a range of reputable online information sources such as the NHS websites, EMC, BNF online, NICE, the Drug Tariff and the SPS specialist pharmacist services (SPS).

The pharmacy had five computer terminals. One at the counter, three in the dispensary and one in the consultation room. All computers had a patient medication record (PMR) facility. They were password protected and were out of view of patients and the public. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was collected. The pharmacy also had a confidentiality hatch where conversations could be held with a greater degree of privacy than on the counter. In general, staff were using their own smart cards when accessing PMRs. Staff use their own smart cards to maintain an accurate audit trail and to ensure that access to patient records is appropriate and secure.

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.