# Registered pharmacy inspection report

**Pharmacy Name:** Wansford Health, Old Hill Farm, Yarwell Road, Wansford, PETERBOROUGH, Cambridgeshire, PE8 6PL

**Pharmacy reference:** 1099284

**Type of pharmacy:** Community

**Date of inspection:** 30/08/2019

## Pharmacy context

This community pharmacy is in GP surgery. It dispenses a high volume of NHS prescriptions which it mostly receives from this surgery. The pharmacy uses a robot to help store and select some of its medicines. The pharmacy provides Medicines Use Review (MURs) and New Medicine Service (NMS) consultations to help people organise 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 | 1.4 | Good practice | The pharmacy uses feedback to make its services are more suited to people's needs. |
| **2. Staff** | Standards met | 2.2 | Good practice | The pharmacy's team members have the right qualifications for their roles, and they get time set aside to keep their knowledge up to date. |
| | | 2.3 | Good practice | The pharmacy's team members use their professional judgement to make sure people receive the treatment they need. |
| **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 generally manages its risks well. Its team members complete regular reviews to improve the safety of its dispensing service. The pharmacy uses feedback to make its services are more suited to people's needs. It keeps the legal records that it needs to and generally makes sure that these are accurate. The pharmacy's team members manage people's personal information properly. And they know how to protect vulnerable people.

### Inspector's evidence

A notice was displayed so that people using the pharmacy would know who the responsible pharmacist on duty was. The responsible pharmacist notice did not display the correct details. This was highlighted to the responsible pharmacist so that the notice could be changed.

The pharmacy had standard operating procedures (SOPs) which covered its services. The review dates were written on SOPs, so they could be kept up to date. Some SOPs had passed their review date which meant that they may not have represented the pharmacy's current practice. This included the SOP about checking the expiry dates of stock. Other SOPs had been recently reviewed or were due to be reviewed in 2020. The pharmacy's team members had signed records which showed they had read SOPs that were relevant to their roles.

The pharmacy used templates to record near misses and errors during the dispensing process. It used templates to help record monthly reviews and to improve safety. Previous records included information about medicine recalls and other information about higher-risk medicines. The pharmacy's team members had not been recorded some near misses recently because of recent staffing changes. This meant that some trends and learning points may have been missed. The pharmacy used a robot to store its medicines. This made it easier for its team members to dispense the right medicine.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. The pharmacy's retail area was small, and it had received some feedback about restricted space when people waited for prescriptions. The pharmacy's team members directed people to chairs that were available in the pharmacy and in a corridor leading to the surgery. Team members also received verbal feedback from people using the pharmacy. Complaints were escalated to the responsible pharmacist and superintendent pharmacist. The pharmacy had received thank-you cards from people who used its services. The pharmacy had received a 'GP partnership of the year' award from a pharmacy trade magazine. This was because the pharmacy's team members regularly shared information with the GP surgery's staff to help people get the care they needed. Pharmacists had received training to access people's medical records and they could send messages directly to the GP surgery's staff. The pharmacy had begun selling vitamin D tablets for a relatively affordable price after being informed about people who could no longer obtain this medicine on NHS prescriptions.

The pharmacy had contact details for local safeguarding organisations which made it easier to escalate concerns. Its team members had received safeguarding training in the SOPs and from the Centre for Pharmacy Postgraduate Education (CPPE). Team members said that there hadn't been any previous safeguarding concerns. The pharmacy had a panic alarm to alert staff in the building about medical

emergencies or security incidents. There was access to a defibrillator.

The pharmacy had SOPs about information governance and confidentiality. Confidential waste was separated from other waste so that it could be appropriately destroyed by a contractor. 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.

The pharmacy had certificates displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy's private prescription records were generally made accurately. There were some private prescriptions that hadn't been recorded in the register. These were highlighted to the superintendent pharmacist, so these could be recorded. The pharmacy usually referred requests for emergency supplies of medicines to the GP surgery. The pharmacy kept required records about controlled drugs (CDs). The records included running balances which were regularly checked to make sure the records were accurate. Two CDs were chosen at random and their physical balances matched the pharmacy's records. Other records about the responsible pharmacist, unlicensed medicines and CDs returned by people were kept and maintained adequately.

## Principle 2 - Staffing   ✔ **Standards met**

### Summary findings

The pharmacy's team members have the right qualifications for their roles, and they get time set aside to keep their knowledge up to date. The pharmacy's team members use their professional judgement to make sure people receive the treatment they need. The pharmacy has enough staff to provide its services, but it sometimes struggles to complete some non-urgent tasks.

### Inspector's evidence

During the inspection there were two dispensers who were absent. One dispenser had recently ceased employment at the pharmacy. The superintendent pharmacist had arranged additional cover with part-time and zero-hour staff members. A second pharmacist was also on duty which helped services to be delivered more efficiently. There was one accuracy checking technician who was soon finishing their employment at the pharmacy. A new staff member was starting her training. The superintendent pharmacist described her plans to make sure a safe staffing level was maintained.

The pharmacy had an induction plan for new team members and provided appropriate supervision, so that tasks could be completed safely. There were some certificates displayed which showed the pharmacy qualifications that had been completed by team members. The pharmacy kept training records about learning that had been completed by team members. This included training about hygiene, safeguarding and children's oral health. The team had monthly team meeting which were used to share information. This included information about medicines. The pharmacy's team members had recently received training about anti-diabetic medicines. Team members had time set aside to complete training every week.

The pharmacy professionals who worked at the pharmacy had received training to use the adjacent GP surgery's electronic medical records. The access helped the pharmacists to read and write notes on patient medical records. Pharmacists and technicians could also instant message GPs to efficiently resolve urgent queries such as interactions between medicines. The superintendent pharmacist had used the software to highlight repeated supplies of the same medicine to a vulnerable person. The pharmacy professionals had received appropriate training to use the system and had signed confidentiality agreements. The pharmacy's team members worked closely with the adjacent GP surgery and had made an urgent referral for a person with an infected leg.

The superintendent pharmacist had regular meetings with the company directors. The pharmacy had targets for some services, such as MURs. The superintendent pharmacist said that she was adequately supported in her role and said that she did not feel undue pressure to achieve any targets. Annual appraisals were used to provide feedback to the pharmacy's team members.

# Principle 3 - Premises ✔ Standards met

## Summary findings

The pharmacy provides its services from suitable premises. It has enough space in its dispensary to safely dispense and store people's medicines, and it has an appropriate consultation room. The pharmacy has appropriate security arrangements to protect its 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 suitably-sized consultation room which was appropriate for private consultations and conversations. And it had appropriate security arrangements to protect its premises.

## Principle 4 - Services  ✔ Standards met

### Summary findings

The pharmacy organises its services, so they are efficiently delivered to people. It makes sure that its medicines are stored properly and are safe for people to use. The pharmacy's team members highlight higher-risk medicines so that people get the right advice.

### Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. The pharmacy had leaflets that provided information about its services. People ordered their prescriptions through the internet and in person. The pharmacy provided a managed repeat prescription service which helped people to receive their medicines on time. It kept records about prescription orders it had made so that its team members could check the prescriptions included all the required medicines.

The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used a fridge to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were segregated from other stock to prevent them being mixed up.

The pharmacy had equipment and software to help verify the authenticity of its medicines and to comply with the Falsified Medicines Directive. The software was not currently operational, and this was been raised to the software supplier by the superintendent pharmacist. The pharmacy received information about medicine recalls. It kept records about the recalls it had received and the actions that had been taken.

The pharmacy used a robot to store most medicines. Barcodes on medicines were scanned when the medicines entered the robot. Information about the expiry dates was also loaded into the robot's software. The storage location was automatically assigned by the robot. The medicine was automatically selected when the dispensers entered prescription information on the dispensing software. This reduced the chance of the incorrect medicine being dispensed. The robot automatically highlighted medicines that had gone past their 'use-by' dates. The robot was serviced annually to keep it in good condition. Team members had contact details for maintenance issues, and medicines could manually select if the robot was not working. The location of the required medicine was displayed on the robot's display panel.

The pharmacy checked its stock's expiry dates regularly. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. Medicines that were approaching their expiry date were highlighted to the team. Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used to segregate cytotoxic and other hazardous medicines. There was no list displayed to help team members identify cytotoxic or hazardous medicines, so it may have been harder for the team to 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 verbally informed the pharmacist about interactions. Prescriptions were kept with checked medicines awaiting collection. Team members highlighted prescription dates, so medicines were supplied while prescriptions remained valid.

The pharmacy kept a folder of up-to-date guidance materials which should be provided to people who were supplied with higher-risk medicines. This included information and advice about sodium valproate, EpiPens and retinoids. The pharmacists accessed people's medical records to see blood test results of people being supplied with higher-risk medicines like methotrexate and warfarin. The pharmacy delivered some people's medicines. It kept appropriate records about these deliveries and they included recipient signatures.

The pharmacy supplied medication to a care home. The pharmacy kept records about medicines supplied, their administration times and changes to medicines. The medicines were supplied in their original packaging and included patient information leaflets.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know how to keep equipment appropriately maintained. And they use up-to-date reference sources when they provide services.

### Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Team members said that they referred maintenance issues to the superintendent pharmacist. They made records about urgent maintenance issues, and they had contact details for contractors who could carry out work.

Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had suitable measures to accurately measure liquids, and it had the necessary equipment to count loose tablets. The pharmacy's team members 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. |