

Registered pharmacy inspection report

Pharmacy Name: Anstice Pharmacy, 7 Anstice Square, Madeley, TELFORD, Shropshire, TF7 5BD

Pharmacy reference: 1100144

Type of pharmacy: Community

Date of inspection: 27/08/2019

Pharmacy context

This is a busy community pharmacy located in the heart of Madeley town centre. There are several other retail units and a large supermarket in close proximity and most people who use the pharmacy are from the local area. The pharmacy dispenses prescriptions, provides medicines in multi-compartment compliance aid packs to help people take them at the right time and it offers a delivery service four days a week for housebound patients. A wide variety of other services are also available including Medicines Use Reviews (MURs) and sexual health services such as emergency contraception and chlamydia screening. And the pharmacy provides a substance misuse treatment service, needle exchange programme and flu vaccines during the relevant season.

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	2.2	Good practice	The pharmacy team members complete regular structured training to help maintain their knowledge and skills.
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 effectively identifies and manages risks. It explains how it uses and processes personal data and it keeps the records it needs to by law. The pharmacy team members are clear on their roles and how to raise concerns to help protect the wellbeing of vulnerable people. They follow written procedures to help make sure they complete tasks safely. And they learn from incidents and act to help prevent the same mistakes from happening again.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) covering tasks and operational activities. Most of the procedures had been updated within the last two years. A small number primarily covering the supply of high-risk medicines had surpassed their review date. A master record sheet indicated that these procedures were reviewed locally. But it was not clear whether this had been done recently; examples seen included procedures for the supply of warfarin and methotrexate which were due for review in 2017 and the sale of pseudoephedrine-based products which was due for review in 2015. This may mean that the procedures do not always reflect current practice. Team members signed to confirm that they had read and acknowledged the procedures and they demonstrated a clear understanding of their roles and responsibilities. A medicine counter assistant (MCA) was able to discuss the activities which were permissible in the absence of a responsible pharmacist (RP). And the pharmacy had indemnity insurance covering services provided through the National Pharmacy Association (NPA).

Pharmacy team members consistently recorded their near misses. Records were reviewed by a dispenser to identify trends and the pharmacy took preventative action to help make sure the same mistakes did not happen again. This included the separation of medications such as prochlorperazine and procyclidine, following a previous incident and the use of shelf edge labels and warning cards to encourage care when selecting common 'look alike, sound alike' medicines. The details of dispensing incidents were reported, and a record was kept alongside any associated evidence. Incidents were discussed amongst the team as part of a monthly briefing to help team members learn from mistakes. Near miss and incident reports were also sent to the company's head office where they were reviewed by the superintendent pharmacist and any trends detected throughout the company were cascaded to staff via a regular bulletin.

People using pharmacy services could provide feedback verbally through online reviews and through a Community Pharmacy Patient Questionnaire (CPPQ). A questionnaire for the current year was ongoing and previous results were positive. The MCA said that the number of chairs in the retail area had been increased in response to previous feedback. The pharmacy had a complaint procedure which was advertised on a poster by the medicine counter and in a pharmacy practice leaflet which was available for selection.

The correct RP notice was conspicuously displayed. The RP log and records for emergency supplies and private prescriptions were all compliant. And specials procurement records provided an audit trail from source to supply. The pharmacy's controlled drug (CD) registers were in order, they included a running

balance and regular balance checks were conducted. Patient returned CDs were recorded and previous destructions were signed and witnessed.

The pharmacy was registered with the Information Commissioner's Office and its privacy notice was displayed. Several information governance procedures had been read by staff who were able to discuss how they would protect people's privacy. Confidential waste was segregated and shredded on the premises and completed prescriptions were stored out of view of the medicine counter. The appropriate use of NHS smartcards was seen on the day.

The pharmacist and other members of the pharmacy team had completed safeguarding training and the pharmacy had a safeguarding procedure. The pharmacist discussed a previous social concern which had been escalated regarding a vulnerable elderly patient and other team members discussed some of the types of concerning behaviours which might be identified. Concerns were referred to the pharmacist and the contact details of local safeguarding agencies were available to support escalation, along with additional guidance documents. The pharmacy had a chaperone policy which was displayed on the door to the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together to effectively deliver pharmacy services. They use their professional judgement to make decisions in the best interest of patients and they can raise concerns and provide feedback. Team members hold the appropriate qualifications for their roles and complete regular ongoing training to keep their knowledge up to date. They receive regular feedback on their performance to help identify and address any development needs.

Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside three trained dispensers and a trained MCA. The pharmacy also employed two additional dispensers, one of whom was the delivery driver, but neither were present. It was confirmed that this was the usual staffing level for the day and the pharmacist felt that it was appropriate for the workload. Dispensing activities were being completed on time and there were no delays to supplies. Leave was planned in advance and cover was usually arranged amongst the regular team members, with additional support from locum pharmacists and dispensers when required.

Pharmacy team members asked suitable questions to help make sure that sales were safe and appropriate. The questions were reinforced on a prompt sheet which was displayed near to the medicine counter. A dispenser discussed the questions and said that concerns were referred to the pharmacist. She showed an understanding of some common high-risk medications and was aware of other restrictions of the sale of medications. Such as age-related restrictions on Canestan products. The team were heard to provide appropriate counselling and regularly approached the pharmacist for additional support and further advice, when required.

Pharmacy team members were appropriately trained for their roles. Copies of some training certificates were displayed in the dispensary for reference. They completed regular ongoing training using two e-Learning platforms. Modules were completed each month and recent topics included eczema, insomnia, child dental health and sepsis. Modules were usually completed outside of working hours. This was said to be personal preference for most staff members who said that time for training would be provided in branch if required. Once complete, training certificates were filed in personal training folders as a record and a dispenser tracked progress with training modules using a record sheet in the dispensary. Team development was reviewed through annual appraisals, which were now due. Feedback was also provided on an ongoing basis and the pharmacist provided examples of how this had recently been managed with a newly employed member of the team who was going through an induction process.

An open culture was observed amongst the team. They held regular meetings where they discussed any issues which arose within the branch, as well as information that may have been received from head office. They were keen to learn from mistakes and make changes to improve their practice. Concerns were escalated to the pharmacist and the company had a whistleblowing policy to help staff raise concerns anonymously, if the need occurred. The pharmacist confirmed that there were some targets in place for professional services such as MURs but stated that she did not feel the company pushed

targets as they were aware that the pharmacy was busy, and safety was a priority.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment which is suitable for the delivery of healthcare. The pharmacy is clean and tidy and it has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy, including the external fascia was well maintained. It was finished to a professional standard and was clean and tidy throughout. Maintenance issues were escalated to the company's head office who arranged for any necessary repair work and pharmacy staff carried out day to day cleaning duties, which were recorded on a log. There was adequate lighting throughout the premises and air conditioning maintained a temperature which was suitable for the storage of medicines.

There was a spacious retail area which was organised and offered a range of suitable healthcare-based goods for sale. Pharmacy restricted medicines were secured from self-selection behind the long medicine counter, which was stocked with a range of health promotion leaflets and posters. A separate carousel with additional information materials was also situated near to several chairs which were available for use by people less able to stand. And a health promotion zone was being produced to promote the upcoming flu season. Off the retail area was an enclosed consultation room. The room was fitted with a key coded lock but remained unlocked throughout the visit, which did not cause an issue as no confidential information was on display. It was appropriately maintained and had a desk and seating to enable private and confidential discussions. The room was used several times during the inspection to provide people with some privacy.

The dispensary was suitably sized for the provision of pharmacy services. A large front work bench had a dispensing terminal and was used for processing walk-in prescriptions, which were then checked on a separate part of the bench. A further large work area was available at the rear of the dispensary. This space was used for the assembly of compliance aid packs and general repeat dispensing. Large shelving units provided adequate storage for medicines and the dispensary had a sink for the preparation of medicines, which was equipped with appropriate hand sanitiser. Additional storage areas and staff facilities were also suitably maintained.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, and it provides them safely and effectively so that people receive appropriate care. It proactively identifies people on high-risk medicines to help make sure people get the information they need to take their medicines properly. The pharmacy sources and stores medicines appropriately and it carries out regular checks to make sure that they are suitable for supply.

Inspector's evidence

The pharmacy had step-free access and a manual door, which was visible from the medicine counter, so those requiring assistance could be identified. Additional adjustments could be made for people with disabilities. The pharmacy had a hearing loop and the computer system could generate large print labels to assist people with visual impairment.

Pharmacy services were clearly advertised. Several posters were displayed at the pharmacy entrance, as well as in the retail area, and a practice leaflet was also available. Team members were heard to routinely signpost people to other healthcare providers. Internet resources supported signposting and the team had previously kept some records of this.

Prescriptions were separated using coloured baskets during the dispensing process, to help prioritise the workload and reduce the risk of medicines being mixed up. Team member signed 'dispensed' and 'checked' boxes as an audit trail. A dispenser explained a sticker and stamp system which was used to highlight prescriptions for CDs, to help make sure supplies were made within a valid 28-day expiry date. During dispensing, team members identified any changes to medicines, such as newly prescribed medicines, dose alterations or any other additional messages. They used paper forms to record these details and attached them to the prescription, to bring it to the attention of the pharmacist during accuracy checking. Additional stickers were used to highlight prescriptions for high-risk medicines and where possible team members recorded the details of monitoring parameters such as INR readings. The pharmacist was aware of the risks of the use of valproate-based medicines in people who may become pregnant. An audit had identified some people in the at-risk category. These patients had been counselled and a corresponding record made on their patient medication record (PMR). One example was seen where Epilim was being repacked into white dispensing boxes, which were not over labelled with a warning sticker. The pharmacy did not have access to the resource pack provided by the manufacturer, but some copies of the cards were available on branded packs of medicines. The requirements for supply were discussed with the pharmacist, and they were advised how additional copies of the safety literature could be obtained.

The pharmacy ordered some repeat medications for patients. They kept a log to help identify unreturned requests, which were then escalated to the GP surgery. Medications for people who received multi-compartment compliance aid packs were automatically ordered each month by the pharmacy team. Record sheets were used to identify when compliance aid packs were required and to track ordering and assembly processes. The date of delivery or collection was also documented so it could be checked that trays were being used correctly. People were assessed for their suitability for a

compliance aid by the pharmacist prior to any initiation and the pharmacy kept patient records which documented any changes to medicines. Completed compliance packs had patient identifying labels, descriptions of individual medicines and an audit trail for dispensing. The team reported that patient leaflets were supplied monthly, but they were not present for a set of packs which were checked at random. This was rectified by a dispenser on the day.

Signatures were obtained to confirm the delivery of medication. The team had recently implemented a new system at the direction of the company head office. A card was left for any person not in at the time of delivery and medications were returned to the pharmacy.

The pharmacist had completed training for the provision of other services. Copies of in-date patient group directives (PGDs) were available for services such as the emergency hormonal contraceptive and the pharmacist used consultations to highlight other services which may be beneficial such as chlamydia screening and condom supply. Several other new services were being considered including participation in a new atrial fibrillation pilot service. Some training had been provided and the pharmacy had obtained the correct equipment, but the service had not yet been rolled out due to a problem detected with the equipment. The pharmacy provided a needle exchange service, with supplies of pre-packed kits recorded. A sharps bin was available for returns. Some members of staff had received a hepatitis b vaccination for personal protection.

Stock medicines were sourced from suitable suppliers and specials from a licensed manufacturer. Medications were stored in an organised manner and in the original packaging provided by the manufacturer. The team carried out regular date checks to help make sure that medicines were suitable for supply. Short dated medicines were highlighted so that they were identified during dispensing and checking, and no out-of-date medicines were identified during random checks. Expired and returned medicines were stored in appropriate waste containers and a cytotoxic bin was available for the segregation of hazardous materials. The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD). They had registered with SecurMed and a scanner was in place. The pharmacist reported that several other branches were piloting the system, but it was yet to be rolled out throughout the company. SOPs had also not yet been updated to reflect any changes in processes. Alerts for faulty medicines and medical devices were received electronically and an alert system was present on the computers. The pharmacy kept an audit trail to demonstrate the action which was taken in response to any alerts received.

CDs were stored appropriately with expired CDs clearly marked and segregated from stock. Random balance checks were found to be correct and CD denaturing kits were available. Substance misuse prescriptions were dispensed in advance of collection and were stored in a secure and organised manner. Both pharmacy refrigerators were fitted with a maximum and minimum thermometer. The temperature was checked and recorded daily and both were within the recommended range on the day.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely and team members use the equipment in a way that protects privacy.

Inspector's evidence

The pharmacy had access to paper reference materials such as the British National Formulary and Drug Tariff. Internet resources were also available as were support materials provided by the NPA. The pharmacy had approved glass measures with separate measures marked for use with CDs. The counting triangles were clean and appropriately maintained.

Electrical equipment was in working order. Systems were individually password protected and screens were out of public view to help protect privacy. Screen savers automatically activated if a computer was left idle for a short period of time. Several cordless phones enabled conversations to take place in private, if required.

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.