

# Registered pharmacy inspection report

**Pharmacy Name:** Ash Grove Pharmacy, Ash Grove Medical Centre,  
England Lane, KNOTTINGLEY, West Yorkshire, WF11 0JA

**Pharmacy reference:** 1100147

**Type of pharmacy:** Community

**Date of inspection:** 09/09/2020

## Pharmacy context

This community pharmacy is in a large medical centre in the small town of Knottingley. The pharmacy's main activities are dispensing NHS and delivering medication to some people's homes. The pharmacy supplies some medicines in multi-compartment compliance packs to help people take their medicines. The pharmacy was inspected during the COVID-19 pandemic.

## 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	N/A	N/A	N/A
<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 team generally identifies and manages the risks associated with its services and people using the pharmacy services can raise concerns and provide feedback. The team has training and guidance to respond to safeguarding concerns to protect the welfare of children and vulnerable adults. The team members respond adequately when errors occur, they discuss what happened and they take action to prevent future mistakes. But they don't regularly record all errors which means they may miss opportunities to help identify patterns and reduce errors. The pharmacy keeps most of the records it needs to by law. The pharmacy has written procedures that the pharmacy team follows but there is no evidence that the procedures have been recently reviewed. This means there is a risk that team members may not be following up-to-date procedures.

### Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. The pharmacy had not completed risk assessments for the team members to identify their personal risk of catching the virus and the steps needed to support social distancing and infection control. The pharmacy manager stated that he planned to complete the risk assessments in the days following the inspection. The manager regularly spoke with the team to ask if anyone was concerned about COVID-19 and whether their personal circumstances related to the pandemic had changed. These conversations became more frequent as the number of local and national cases increased and the team prepared for winter. The team members had access to Personal Protective Equipment (PPE) but were not wearing the masks during the inspection. The pharmacy was large and provided plenty of space for team members to work at separate stations. During the inspection the team mostly worked at the dedicated sections but occasionally moved closer to another team member. The pharmacy had installed clear plastic screens on the pharmacy counter to provide some protection for the team. The pharmacy had COVID-19 information posters on the entrance door and a separate poster on the door reminded people to wear face coverings. The team reported that most people complied with the requirement to wear face coverings. The pharmacy restricted the number of people entering the pharmacy to two at a time. The pharmacy displayed a notice informing people that the pharmacists were not providing face-to-face consultations and asked people to ring the pharmacy if they wanted to speak to a pharmacist.

The pharmacy had a range of standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of services. A statement printed on the SOPs indicated the SOPs were reviewed every two years but the date of the review was not recorded to show this had happened. Some SOPs were produced in 2017 whilst others were dated 2015. This meant there was a risk that some SOPs may not reflect current practice and legal requirements. The pharmacy manager had received notification from the Superintendent Pharmacist that a review of the SOPs was taking place. Most of the team, except the pharmacy manager had signed to say they'd read, understood and would follow the SOPs. The team demonstrated a clear understanding of their roles and knew when to refer to the pharmacist.

On some occasions the pharmacist when checking prescriptions and spotting an error asked the team member involved to find and correct the mistake. The pharmacy kept records of these errors, known as near miss errors, but the last record was in July 2019. A blank near miss record was kept on the dispensing bench behind the pharmacist's checking area. A sample of the near miss error records

completed found that the team did not record details of what had been prescribed and dispensed to help spot patterns. The team usually recorded what caused the error and their learning from it. The pharmacy team recorded dispensing incidents and discussed the incident with all the team members. This meant everyone in the team was aware of the error and could learn from it. The pharmacy manager reported that no dispensing incidents had occurred since the last inspection in November 2019. In response to a dispensing incident involving a product that came in three strengths the team had introduced a process of attaching a label to the product on receipt from the wholesaler highlighting the strength. The label also acted as a prompt for the team members to check what they had selected. The pharmacy had a procedure for handling complaints raised by people using the pharmacy and a poster provided people with information on how to raise a concern about the NHS services provided by the pharmacy. The pharmacy team used surveys to find out what people thought about the pharmacy and pharmacy published the results on the NHS.uk website. Positive comments from a recent survey included an efficient service provided by the team members who took time to listen to what people wanted.

The pharmacy had up-to-date indemnity insurance. A sample of controlled drug (CD) registers looked at mostly met the legal requirements. The pharmacy recorded CDs returned by people. A sample of Responsible Pharmacist (RP) records looked at found they met legal requirements. Some of the records of private prescription supplies did not have the correct prescriber's details. A sample of records for the receipt and supply of unlicensed products looked at met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA). The team had received training on the General Data Protection Regulation (GDPR). The pharmacy displayed details on the confidential data kept and how it complied with legal requirements. The pharmacy displayed a privacy notice in line with the requirements of the GDPR. Since the last inspection the team had sent several bags of confidential waste that were in the consultation room to be shredded offsite. The manager had bought three shredders and placed them in different areas of the pharmacy to ensure confidential waste was promptly destroyed.

The pharmacist and pharmacy technician had completed level 2 training in 2018 from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team had completed Dementia Friends training in 2017 and had access to contact numbers for local safeguarding teams. The team had not had the occasion to report a safeguarding concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with the qualifications and skills to support its services. The pharmacy provides opportunities for team members to develop their careers and it supports team members during their training. Team members support each other in their day-to-day work. They regularly discuss what they can improve on and agree new processes to help deliver efficient pharmacy services.

### Inspector's evidence

Regular locum pharmacists covered the opening hours. The pharmacy team consisted of a full-time accuracy checking technician (ACT) who was also the pharmacy manager, three full-time dispensers, a part-time trainee dispenser, a full-time medicines counter assistant (MCA), one full-time delivery driver and three part-time delivery drivers. The pharmacy had a vacancy for a full-time dispenser and for several months had been trying to recruit. This meant the pharmacy manager sometimes used locum dispensers to support the team. At the time of the inspection one of the regular locum pharmacists, the pharmacy manager, one dispenser and the trainee dispenser were on duty. The pharmacy manager held morning huddles with the team to plan the day and delegate tasks to team members. The pharmacy manager regularly met with the surgery team to discuss issues.

The pharmacy provided the trainees with some protected time to do their training and it provided some extra training for all the team such as a module on children's oral health. The pharmacy did not provide formal performance reviews for the team members but the manager encouraged team members who wanted to develop their career to enrol on to the relevant training course. One of the dispensers had spoken to the manager about training to be pharmacy technician and was in the process of applying for the course.

Team members could suggest changes to processes or new ideas of working. The team members identified a factor contributing to their increased workload was the number of acute prescriptions sent electronically from the surgery next door. The pharmacy manager spoke to the team at the surgery and asked the prescribers when generating acute prescriptions to advise the person to allow the pharmacy two to three hours to process the prescription before presenting at the pharmacy or to call the pharmacy to check if the prescription was ready. This was agreed and the manager reported that people understood why this request was made and were happy to wait. The manager explained the team regularly checked the electronic prescriptions waiting to be downloaded and identified those marked as acute rather than repeat prescriptions. This meant the team could focus on dispensing these prescriptions. The team members found that the implementation of this process had helped them manage their workload.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, secure and suitable for the services provided. It has facilities to meet the needs of people requiring privacy when using the pharmacy services.

### Inspector's evidence

The pharmacy was clean, tidy and hygienic. It had separate sinks for the preparation of medicines and hand washing. As part of the actions taken to reduce the risk of infection from the COVID-19 virus the team regularly cleaned the pharmacy throughout the day. The pharmacy had enough storage space for stock and the team kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had a large, soundproof consultation room. The team usually used this room for private conversations with people but during the pandemic the team limited its use to a few people who had to have their medicine doses supervised by a team member. The team also used the room as an office. Since the last inspection the team had tidied and de-cluttered the room and the bags of confidential waste that were in the room had been sent for shredding offsite. The premises were secure. The pharmacy had restricted access to the dispensary during the opening hours. The team closed the door into the pharmacy of an evening when the medical centre was closed and used a hatch to serve people. The window displays detailed the opening times and the services offered. The pharmacy had a defined professional area and items for sale in this area were healthcare related.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services which support people's health needs and it manages these services well. The pharmacy identifies the risks to the delivery of pharmacy services during a pandemic and it makes changes to ensure people receive their medicines safely and efficiently. The pharmacy gets its medicines from reputable sources and it stores and manages medicines correctly. The team carries out appropriate checks to make sure medicines are in good condition and suitable to supply.

### Inspector's evidence

People accessed the pharmacy via a step-free entrance from the car park. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. The team had access to the internet to direct people to other healthcare services. The pharmacy usually supplied some medicines as supervised and unsupervised doses but due to the COVID-19 pandemic some people had changed to only collecting their doses. The pharmacy prepared the doses in advance before supply to reduce the workload pressure of dispensing at the time of supply. For the supervised doses the person was invited into the consultation room and their name and expected dose confirmed before the bottle with their dose in was handed over. The person was observed taking their dose and then placing the empty bottle directly into a dedicated medicine waste bin which was sealed after use. This meant the team members were not handling the medicine bottles after the person had taken their dose. The pharmacy team were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP). The pharmacy did not have anyone prescribed valproate who met the PPP criteria. The pharmacists asked people on high-risk medicines such as warfarin for information about their latest blood test results and doses. This information was recorded on the person's electronic patient record (PMR).

The pharmacy provided multi-compartment compliance packs to help around 90 people take their medicines. One of the full-time dispensers managed the service with some support from others team members. The pharmacy manager recognised this could be a problem if the dispenser was off and had planned training for all the dispensers to manage the service. The team worked two weeks in advance of supply to allow time to deal with issues such as missing items and the dispensing of the medication into the packs. Each person had a record listing their current medication and dose times which the team checked against received prescriptions. The team used a room off the main dispensary to dispense and check the packs. This was away from the distractions of the retail area and provided plenty of space for the team to work. The team labelled the packs, picked the stock and placed the items into baskets before dispensing the medication into the packs. The team added notes to the baskets highlighting any missing items so the team member dispensing the packs was aware. The team recorded the descriptions of the products within the packs and supplied the manufacturer's patient information leaflets. The team placed completed packs in bags with the date of supply written on. The completed packs were stored on dedicated shelves before transferring them to tote boxes labelled with the date of delivery. The team prepared the weekly supplies as four weeks together and stored completed packs in baskets labelled with the person's name.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The pharmacy had checked by and dispensed by boxes on dispensing labels to record who in the team had dispensed and

checked the prescription. A sample of dispensed prescriptions looked at found that the team completed both boxes. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. It kept a separate slip with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy used controlled drug (CD) and fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. The pharmacy kept a record of the delivery of medicines to people. This usually included a signature from the person receiving the medication. Due to COVID-19 the delivery drivers were not asking people to sign for the prescriptions. The delivery driver knocked on the person's door, left the medicine bag on the doorstep and moved away to watch the person collect the medication. The driver placed a note through the person's door when they were not at home advising that another attempt to deliver would be made. After a second failed delivery the driver left another note asking the person to collect their medicine from the pharmacy. The pharmacy had seen an increase in requests for deliveries during the pandemic so this helped to manage the workload.

The pharmacy obtained medication from several reputable sources. The pharmacy team checked the expiry dates on stock and kept a record of this activity. The team highlighted medicines with a short expiry date. No out-of-date stock was found. The team members recorded the date of opening on liquids. This meant they could identify products with a short shelf life once opened and check they were safe to supply. For example, melatonin 1mg/1ml oral solution with two months use once opened had a date of opening of 20 August 2020. The team recorded fridge temperatures each day. A sample looked at found they were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. The team members stored out-of-date and patient returned CDs separate from in-date stock in a CD cabinet that met legal requirements and they used appropriate denaturing kits to destroy CDs.

The pharmacy had no procedures or equipment to meet the requirements of the Falsified Medicines Directive (FMD). The team hadn't been informed when the pharmacy computer system would be updated to meet FMD requirements. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team printed off the alert and actioned it but didn't keep a record of the actions taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services and to protect people's private information.

### Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used a range of CE equipment to accurately measure liquid medication and the team used separate, marked measures for specific liquids. The pharmacy had two fridges to store medicines kept at these temperatures. The large fridge in the main dispensary had a glass door to allow stock to be viewed without prolong opening of the door. The team members stored completed prescriptions for fridge lines in baskets in alphabetical order to help them easily locate the prescription.

The computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The team used cordless telephones to make sure telephone conversations were held in private. The pharmacy stored completed prescriptions away from public view. Since the last inspection the pharmacy had sent the large amount of confidential information that was in the consultation room to be shredded. The team had tidied up the consultation room and removed the large bundles of prescriptions and delivery sheets with people's addresses on that were on open display in the room.

### 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.