

Registered pharmacy inspection report

Pharmacy Name: Vantage Pharmacy, 18 Wolverhampton Street,
WILLENHALL, West Midlands, WV13 2NF

Pharmacy reference: 1100824

Type of pharmacy: Community

Date of inspection: 12/12/2019

Pharmacy context

This is a community pharmacy located on the edge of Willenhall town centre. There are three branches of the same chain in Willenhall and each branch specialises in different pharmacy services; this branch specialises in the supplying medicines in multi-compartment compliance packs to people in their own homes. People using the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions and provides other NHS funded services.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. But the pharmacy's team members do not always review and record their mistakes. So, they may be missing opportunities to learn and prevent the same errors happening again.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs had been issued in June 2016 and reviewed in June 2018. Pharmacy staff had signed SOP training logs to show they had received training on the SOPs relevant to their job role. Roles and responsibilities of staff were highlighted in a SOP. The older SOP folder with obsolete versions was initially provided as it was more accessible than the current folder. This could cause confusion if pharmacy staff wanted to refer to the SOPs.

A near miss log was available and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. A dispenser explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. A dispenser gave some specific examples of near misses that she had made and how she had incorporated the learning into her dispensing process. A pharmacy team member explained that she thought that the pharmacy manager reviewed the near miss logs for patterns, but evidence of near miss reviews was not available for inspection and the team could not remember any improvements that had been identified during the last review. The pharmacy team were unclear about dispensing incident reviews and said they were recorded on the near miss log. This was not the process explained in the SOPs and, the team could not locate evidence of dispensing incident reviews in the absence of the pharmacy manager.

Members of the team were knowledgeable about their roles and discussed these during the inspection. A member of staff explained the additional checks she made when a member of the public requested over-the-counter high-risk medicines such as co-codamol or sleeping aids.

People could give feedback to the pharmacy team in several different ways; verbal, written, on the NHS website and the annual NHS CPPQ survey. The pharmacy team tried to resolve any issues raised that were within their control and made improvements based on the feedback.

The pharmacy had professional indemnity insurance in place. The RP notice was clearly displayed, and the RP log was seen to be compliant with requirements. The entries in the controlled drug (CD) registers were generally in order but there were some technical issues; such as, page headers not being completed and not every row on the page being used before using the next page. A random balance check matched the balance recorded in the register. The patient returned CD register was used. A sample of private prescriptions records were seen to comply with the requirements. Consent forms for NHS services were seen to have been signed by the person receiving the service. Prescription deliveries

were made by the delivery driver and signatures were obtained as proof of delivery.

Confidential waste was stored separately to normal waste and sent offsite for destruction. The information governance policy was included in the SOPs. Computers were password protected. The RP had an NHS Smartcard, the dispenser did not have a Smartcard so used the RP's card. The RP had access to NHS Summary Care Records (SCRs) and, as her card was being used in a different room there was a risk of unauthorised access to SCR's. Pharmacy staff answered hypothetical safeguarding questions correctly and had completed online safeguarding training. Local safeguarding contacts were available. The RP had completed the Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Pharmacy team members complete the training they need to do their jobs. But they do not have formal training plans or protected time to complete ongoing training, so they may not always keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team comprised of the pharmacy manager, two dispensing assistants and three medicine counter assistants. A locum pharmacist was present for the inspection as the pharmacy manager was on annual leave. Certificates of training completion were on display for the medicines counter assistants. The pharmacy was located around 100 meters from the two other branches and dispensing staff worked between the different branches based on workload. A pharmacy technician came into the pharmacy during the inspection to ask how many compliance packs were still to be dispensed and she was planning to co-ordinate staffing for that day.

The pharmacy team had all completed accredited training courses for their roles. They had completed some online training for NHS QPS and said that the SI had mentioned ongoing training, but this had not started. The team explained that they had not had a performance review for several years. Various tasks, such as payroll, banking and prescription administration, were delegated to the medicine counter assistants to support the dispensing assistants and pharmacy manager.

Requests for annual leave were made in advance and the medicines counter assistants provided cover for each other. The dispensers requested annual leave in advance and cover was co-ordinated with the other branches. The dispensers planned compliance pack dispensing ensured as much administration was done in advance of annual leave or busy periods, such as Christmas.

The pharmacy team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. Pharmacy staff had regular discussions in the dispensary to communicate messages and updates. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the superintendent or pharmacist and would contact the GPhC if they had any concerns. The owners and superintendent were based at the other branch and they were available if there were any concerns.

The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. No formal targets for services were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. 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 was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the SI or head office. The dispensary was an ample size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops and compliance packs were dispensed in a separate area to the rear of the dispensary. Prepared medicines were held securely within the dispensary and pharmacy medicines were stored behind the medicines counter.

There was a private consultation room which was clearly signposted. The consultation room was professional in appearance. A cellar was used for storing needle exchange packs and there were lots of empty cardboard boxes. These could be a fire or pest hazard so should be disposed of.

The pharmacy was clean and tidy with no slip or trip hazards evident. It was cleaned by pharmacy staff. The sinks in the dispensary and staff areas had running water, hand towels and hand soap were available. The pharmacy had central heating and portable fans and heaters. The temperature in the dispensary felt quite cool during the inspection which may create an uncomfortable working environment for staff. Lighting was adequate for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. And the pharmacy team supports members of the public that may forget to take their medicines by placing them into weekly multi-compartment compliance packs.

Inspector's evidence

The pharmacy had a small step from the pavement and a home delivery service available for people that could not access the pharmacy. A range of health promotion leaflets were available and posters signposted people to services available locally. The pharmacy staff referred patients to local services, such as smoking cessation services, when necessary. The pharmacy did not have a practice leaflet readily available containing information such as the complaints procedure or the services available which may be useful for people.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Notes were attached to completed prescriptions to assist counselling and hand-out messages, such as eligibility for a service, specific advice or fridge item. The RP was aware of the MHRA and GPhC alerts about valproate and had counselling information available. The materials to support valproate counselling could not be located during the inspection which may increase the chance of people not being provided with the information that they should be given.

Multi-compartment compliance packs were dispensed for people in the community. Prescriptions were ordered in advance to allow for any missing items or prescription changes to be queried with the surgery ahead of the intended date of supply. The pharmacy ordered medication to be dispensed into the tray and the person usually ordered their acute external items to avoid over-ordering. Each person had a patient record to log where they wanted each medicine packed and which external items they required. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication, an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets (PILs) were not routinely supplied so people may not be provided with all of the information they require about their medicines.

A prescription collection service was offered, and various options were available dependent on what the person preferred. The pharmacy kept a list containing the items that the patient had requested and chased any outstanding items ahead of the person returning to pick up their prescription.

Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Split liquid medicines with limited stability once opened were marked with a date of opening. No out of date medicines were seen but the date checking records could not be located. The pharmacy team were aware of Falsified Medicines Directive (FMD) requirements, but the

team were not aware of the company's plan to start scanning and decommissioning medicines. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts by email from gov.uk.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day were in place. There was a medical fridge used to hold stock and assembled medicines. The medicines in the fridges were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team uses the equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were used for preparation of methadone. Counting triangles were available and there was a separate, marked triangle used for cytotoxic medicines. It was unclear when electrical equipment had been tested as the equipment was not marked with a date of the last test. Screens were not visible to the public as they were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.