

Registered pharmacy inspection report

Pharmacy Name: Stroud Family Pharmacy, Rowcroft Medical Centre,
STROUD, Gloucestershire, GL5 3BE

Pharmacy reference: 1101248

Type of pharmacy: Community

Date of inspection: 29/05/2024

Pharmacy context

This is a community pharmacy located next to a Medical Centre in Stroud, Gloucestershire. The pharmacy dispenses NHS and private prescriptions. It sells over the counter (OTC) medicines and offers a few services such as the New Medicines Service (NMS), local deliveries, Pharmacy First. Its team members also provide medicines inside multi-compartment compliance packs for people who find it difficult to manage their medicines at home.

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 largely has appropriate systems in place to identify and manage the risks associated with its services. Members of the pharmacy team deal with their mistakes responsibly. But they are not always recording all the details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. And the pharmacy does not have the full range of standard operating procedures to provide guidance to its team. But team members understand their roles well. They know how to protect the welfare of vulnerable people. And the pharmacy protects people's confidential information appropriately.

Inspector's evidence

The pharmacy had some systems in place to identify and manage risks associated with its services but there were also some areas for improvement noted. The pharmacy was clean and tidy. The team processed and assembled prescriptions in different areas to the responsible pharmacist (RP). Dispensary benches were kept clear of clutter. One person's prescription was dealt with at a time. If a second dispensing assistant was available, they processed prescriptions in batches. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. Once staff generated the dispensing labels, there was no facility on them to help identify who had been involved in the dispensing process. However, the pharmacy's internal dispensing system recorded who had processed each prescription. Staff explained that the pharmacy's patient medication record (PMR) system also required the barcodes of medicines to be scanned during the dispensing process. This helped ensure the correct medicine was being dispensed as it prompted or alerted dispensing staff that they had selected an incorrect medicine. Medicines which had no bar code were manually processed and kept separate. Prescriptions for controlled drugs (CDs), including Schedule 4 CDs were also kept separate and processed differently.

Incidents were managed by the pharmacist and the RP's process was suitable. However, team members were not formally recording or reviewing their near-miss mistakes. The RP informed staff about their mistakes and the root cause was identified at the time. The team separated certain medicines and common mistakes, or medicines were highlighted. This included look-alike and sound-alike (LASA) medicines. Staff emphasised that the pharmacy's PMR also highlighted mistakes.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. They could recognise signs of concern and knew who to refer to in the event of a concern. The RP had been trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). Details about local safeguarding agencies were on display and easily accessible. Confidential material was stored and disposed of appropriately. Sensitive details could not be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were mostly compliant with statutory requirements or best practice. This included records of CDs, the RP record, records of unlicensed medicines, emergency supplies and records verifying whether fridge storage temperatures had remained within the required range. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the

pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. However, a few supplies made against private prescriptions had not always been documented within the private prescription register. This was discussed at the time.

The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display although this was hidden behind a tall unit and not clearly visible from the retail space. Moving this to a more prominent area was advised during the inspection. Some concerns, however, were noted with the pharmacy's standard operating procedures (SOPs). The pharmacy had changed ownership in the past year. Some staff said that they had not read or seen any SOPs, others said that they had seen them and that they were present on the pharmacy's PMR. On checking them however, they only related to processing prescriptions or stock management and there was no way to verify who had read them. The full range of SOPs required to provide guidance for the team to carry out tasks correctly were therefore missing. This was discussed at the time and assurances given that they would be implemented as soon as possible. This included SOPs for managing incidents, RP absence, and safeguarding. However, team members understood their roles and responsibilities well.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Team members are suitably qualified. And they are provided with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

The pharmacy had enough staff to support the workload and the team was up to date with this. Staff present during the inspection included a regular pharmacist, three trained dispensers, one of whom was a locum dispenser and a dual-trained dispensing assistant who predominantly worked on the medicines counter. The team's certificates of qualifications obtained were seen. Staff knew which activities could take place in the absence of the RP and they referred appropriately. Members of the pharmacy team were provided with resources for ongoing training. This helped ensure they continually learnt and kept their knowledge up to date. They communicated verbally and through an electronic messaging application. Staff described receiving regular updates through emails, via the owners and team meetings. Informal performance reviews were described although this involved a sit-down process which covered relevant points.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure, and provide an appropriate environment to deliver services from. The pharmacy also has a separate space where confidential conversations or services can take place.

Inspector's evidence

The pharmacy premises were professional in appearance and presented well. The premises consisted of a medium sized retail space and dispensary behind with ample space to one side, consisting of stock and staff areas. The back areas, however, were underutilised and fixtures and fittings here were dated and worn. The pharmacy had an adequate amount of bench space to ensure dispensing activity could be carried out safely. The pharmacy was bright, suitably ventilated, and clean. It was also secure from unauthorised access. A signposted consultation room was available for private conversations and services. The room was unlocked, there were lockable cabinets here, and no confidential information was present or readily accessible. Conversations in the consultation room could not be overheard.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services appropriately and efficiently. It's team members help ensure that people with different needs can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers and stores its medicines suitably. But the pharmacy does not always manage its medicines in the most effective way. The pharmacy has some checks in place to ensure that medicines are not supplied beyond their expiry date. But records to help verify this are missing. And the pharmacy's team members are not always identifying people who receive higher-risk medicines or making the relevant checks. This makes it difficult for them to show that people are provided with appropriate advice when these medicines are supplied.

Inspector's evidence

The pharmacy's opening hours were on display. People could enter the pharmacy through automatic doors and the pharmacy's retail area consisted of clear, open space. The automatic function on the front door was out of order but a notice was present indicating this and asking people to push the door. Once pushed, the automatic function applied, so the door could be easily opened. This allowed people with wheelchairs or restricted mobility to access the pharmacy's services. There was also a lower counter available to further assist this group. Staff described making reasonable adjustments for some people with diverse needs if this was required. This included using the consultation room, providing people with written details, communicating verbally, or using carers and representatives where possible.

The service specification, SOPs, and Patient Group Directions (PGDs) to authorise and allow supplies to be made under Pharmacy First were readily accessible. The pharmacists had signed them. Suitable equipment was present which helped ensure that the service was provided safely and effectively, and the RP had been trained on how to use them

The pharmacy supplied some people's medicines inside multi-compartment compliance packs once the person's GP or the team had identified a need for this. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. All medicines were removed from their packaging before being placed inside them. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied.

The pharmacy provided local deliveries on certain days and the team kept records about this service. CDs and fridge items were highlighted. Failed deliveries were brought back to the pharmacy and staff telephoned people to inform them about the attempt made. Medicines were described as left unattended occasionally when this was requested. Relevant checks were made to determine the suitability of this practice, but no details were documented. This made it harder for the team to show that the risks associated with this situation had been mitigated.

Staff were aware of the risks associated with valproates. Relevant checks had been completed about this but no-one at risk was currently receiving this medicine from the pharmacy. Appropriate literature was available to provide to people if needed. The RP said that people newly prescribed other higher-risk medicines were counselled. However, the team did not routinely identify people prescribed these

medicines, details about relevant parameters, such as blood test results, were not repeatedly asked about, details were not obtained nor appropriate records kept.

The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. CDs were stored under safe custody. Dispensed medicines requiring refrigeration and CDs were stored within clear bags which helped easily identify the contents upon hand-out. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were within appropriate containers. A list identifying hazardous and cytotoxic medicines was also on display which helped staff to separate these medicines before disposal. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

Staff said that medicines were date-checked for expiry regularly, but appropriate records had not been kept verifying when this had taken place. This made it difficult for the team to show that this process had been routinely occurring. However, short-dated medicines were seen to be identified and there were no date-expired medicines seen. The team also described checking the expiry date during the dispensing process. In addition, the pharmacy's PMR required bar codes on packs of medicines to be scanned when prescriptions were processed which highlighted expiry dates. Hence some risks with the pharmacy's practice of not keeping any records were mitigated.

Principle 5 - Equipment and facilities Standards met




Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And its equipment ensures people's confidential information is secure.

Inspector's evidence

The pharmacy held an appropriate range of equipment for its services. This included current reference sources, standardised conical measures for liquid medicines and counting triangles. The CD cabinets were secured suitably, and the medical fridge was operating appropriately. There was hand wash and hot as well as cold running water available. The blood pressure machine was described as new. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Cordless phones were available to provide conversations in private if needed and team members held their own NHS smart cards to access electronic prescriptions.

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.