

# Registered pharmacy inspection report

**Pharmacy Name:** Heritage Pharmacy, 6 Heritage Court, Rotherham Road, Dinnington, SHEFFIELD, South Yorkshire, S25 3SA

**Pharmacy reference:** 1101424

**Type of pharmacy:** Community

**Date of inspection:** 20/02/2020

## Pharmacy context

This is a community pharmacy on the outskirts of Dinnington, a town situated between Sheffield and Rotherham in South Yorkshire. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. It offers advice on the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. The pharmacy offers a delivery service to people's homes one day each week.

## 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	2.5	Good practice	The pharmacy promotes how its team members can provide feedback. It is good at listening to their feedback. And uses it to inform changes to the way it manages its services.
<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 identifies and manages the risks associated with its services. It keeps people's private information secure. And it advertises and responds to feedback about its services appropriately. Pharmacy team members understand how to recognise, and report concerns to protect the wellbeing of vulnerable people. They act openly and honestly by sharing information when mistakes during the dispensing process happen. And they act to reduce risk following these types of concerns. The pharmacy team members keep the records they must by law up to date. But they do not complete regular audits of the quantities for some of these records. And the pharmacy hasn't updated its procedures for managing these medicines for some time. This may make it more difficult for the pharmacy to show how it is managing these medicines in accordance with best practice.

### Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs). The latest review of the SOPs was recorded as being due in 2019. But the review was not signed to show it had been completed. Team members on duty could recall details of a review being completed by the superintendent pharmacist. And some new SOPs had been added to the folder within the last year. For example, a SOP relating to the Community Pharmacist Consultation Service (CPCS). Some SOPs did require review, such as those for managing controlled drugs (CDs). Some of the information within these SOPs was historic. For example, details of the NHS CD accountable officer were not updated. The roles and responsibilities of pharmacy team members were included within SOPs. And team members on duty were observed working in accordance with dispensary SOPs. A team member explained clearly what tasks could not be completed if the responsible pharmacist (RP) took absence from the pharmacy.

A locum guide and 'new starter' guide was available to team members to support them in providing the pharmacy's services. Workflow in the dispensary was managed well. There were separate areas for labelling, assembling and accuracy checking medicines. And a room off the dispensary was used for managing tasks associated with the supply of medicines in multi-compartment compliance packs. This provided a relatively distraction free environment for managing the service.

The pharmacy had a near-miss error reporting procedure. A pharmacy team member explained how she would correct her own mistakes following feedback from the pharmacist. And team members recorded their own near misses which assisted them in learning from their mistakes. The pharmacy had a procedure in place for reporting dispensing incidents. And the RP discussed how she would manage, record and investigate an incident. There had been no recent incidents. Evidence of historic reporting was available.

The RP on duty reviewed near miss records on a monthly basis and had completed an annual patient safety report. A discussion took place following the monthly review process. But the outcomes from these discussions were not recorded. This meant it was more difficult for the pharmacy to monitor the effectiveness of the actions it took to reduce risk. Pharmacy team members demonstrated some recent actions taken to reduce risk. For example, they had started to use white boxes to separate some 'look-alike and sound alike' medicines on the dispensary shelves. And these medicines were also highlighted with warning labels on shelf edges. A near miss involving pregabalin had let the team to highlight each

strength of the medicine clearly on the dispensary shelves. And the RP had introduced a new checking process for cold chain medicines following an event which had seen a pharmacy team member select the wrong bag out of the fridge. The team member had recognised her own mistake prior to hand out of the medicine. But the pharmacy had taken steps to improve its management of cold chain medicines through ensuring the RP checked all assembled cold chain medicines again prior to hand out.

The pharmacy had a complaints procedure. This was clearly advertised in its practice leaflet which was available at the medicine counter. A pharmacy team member explained how she would manage a concern and refer details of the concern to the RP if she could not resolve the matter. The pharmacy also advertised feedback through its annual 'Community Pharmacy Patient Questionnaire'. It published the results of this questionnaire for people using the pharmacy to see. Pharmacy team members demonstrated how they used notes on people's medication records to help ensure the pharmacy supplied their preferred brand of medicine when requests for a certain brand were made. And a cupboard inside the dispensary held these medicines in baskets to avoid the risk of the pharmacy running out of stock.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice contained the correct details of the RP on duty. A sample of entries in the RP record complied with legal requirements. The Prescription Only Medicine (POM) register complied with legal requirements. But it was held in two parts as private prescription records were maintained in a manually written register. And emergency supply records were held electronically. The pharmacy kept records for unlicensed medicines in accordance with the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA). The pharmacy maintained running balances in its CD register. A pharmacist checked running balances of CDs upon receipt and supply. But there were no regular full balance checks of all CDs against the register taking place. This could make it more difficult for the pharmacy to investigate and resolve a query or discrepancy should one occur. The pharmacy did occasionally perform a balance check of its methadone oral solution and methadone sugar free oral solution against the register. Physical balance checks of several morphine preparations conformed to balances recorded in the CD register. The register was generally held in accordance with legal requirements. But the pharmacy did not routinely record the wholesalers address when entering a CD. The pharmacy kept a patient returned CD register. And pharmacy team members entered returns in the register on the date of receipt.

The pharmacy stored people's personal information in staff only areas of the pharmacy. And pharmacy team members demonstrated how their working processes kept people's information safe and secure. All team members had completed some learning relating to confidentiality requirements. The pharmacy had submitted its annual NHS Data Security and Protection toolkit as required. Pharmacy team members disposed of confidential waste by using a cross shredder.

The pharmacy had procedures and information relating to safeguarding vulnerable people. Contact information for safeguarding teams was readily available for its team members to refer to. The RP had completed level two safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). Another team member recalled completing safeguarding learning some years ago. And the RP confirmed the pharmacy was in the process of ensuring all team members completed refresher training. Pharmacy team members on duty provided examples of how they had noticed concerns and had escalated them to prescribers. The RP provided an example of documentation relating to a concern which had been made appropriately on a person's medication record.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough skilled and knowledgeable people working to provide its services effectively. The pharmacy promotes how its team members can provide feedback. It is good at listening to this feedback. And uses it to inform changes to the way the pharmacy manages its services. Pharmacy team members engage in conversations relating to managing their work load and patient safety. And they receive some support for ongoing learning at work.

### Inspector's evidence

On duty during the inspection was the RP (a regular locum pharmacist) and a qualified dispenser. The RP generally worked five days a week at the pharmacy. And the superintendent pharmacist worked one day each week. The pharmacy also employed a medicine counter assistant, another dispenser and a delivery driver. There was flexibility amongst the team for covering both planned and unplanned leave. The prescription delivery service was offered to people one day each week. Prescription collection runs on non-delivery days were managed between other team members. There was no lone working in the pharmacy. But the RP explained how in some cases she completed the labelling, assembly and accuracy check of a medicine. She explained how she managed the risk of self-checking her work by taking mental breaks between each task.

The pharmacy supported its team members in completing learning associated with their roles. And certificates of team member's pharmacy qualifications were displayed. Pharmacy team members were encouraged to complete regular learning associated with their roles through e-learning modules provided by Numark. There was no protected learning time provided for this training. But team members could take time during quiet periods. They were also supported through a structured appraisal process. But the last appraisal was reported to be over a year ago.

Pharmacy team members were observed working well together throughout the inspection. Requests for information were referred appropriately to the RP. And the RP was observed taking people into the consultation room when providing healthcare advice. The pharmacy worked towards meeting the NHS figures for services such as Medicines Use Reviews (MURs). The RP provided several examples of how she applied her professional judgement when delivering services. And clearly enjoyed speaking to people about their health and wellbeing.

The pharmacy team shared information relating to workload management and patient safety informally, through conversation and team meetings. But the outcomes of these meetings were not recorded. This meant there could be some missed opportunities for sharing learning when team members were not on duty. Team members used a pharmacy diary to help manage workload and to pass on information relating to tasks requiring completion.

The pharmacy had a whistleblowing policy in place. Pharmacy team members were confident at explaining how they would share concerns at work and bring them to the attention of the superintendent pharmacist. And they were aware of how to escalate concerns if required. Pharmacy team members had access to supporting information for raising concerns at work. GPhC guidance on a number of matters, including raised concerns was available in a folder in the dispensary. A team

member provided an example of a historic concern she had brought to the superintendent's direct attention. And the superintendent had acted to resolve the matter. The RP felt well supported in implementing changes in the pharmacy and provided examples of how she had applied her ideas. For example, introducing changes to support record keeping associated with the multi-compartment compliance pack service.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is secure and maintained to the standards required. People using the pharmacy can speak with a member of the pharmacy team in confidence in a private consultation room.

### Inspector's evidence

The pharmacy was secure and clean. Floor spaces in the dispensary and public area were clear. And work benches were free of clutter. Pharmacy team members reported maintenance concerns to the superintendent pharmacist. And team members reported that concerns were managed in a timely manner. There was one outstanding maintenance concern on the day of inspection. This was due to a light in the dispensary not working. Team members demonstrated how they applied caution when checking details on assembled bags of medication held in this area of the dispensary by ensuring they moved to a well-lit area of the dispensary. Lighting throughout the rest of the premises was sufficient. And the pharmacy had appropriate heating arrangements in place. Its hand washing sinks were equipped with antibacterial soap and towels. And team members used a rota to ensure cleaning tasks were completed regularly.

The public area was accessible to people using wheelchairs and pushchairs. It had wide-spaced aisles and stocked medicines and health related products. There was a clearly sign-posted consultation room. The room was a sufficient size. It was professional in appearance and offered a suitable space to hold private conversations with people. Another consultation room was fully-equipped as a podiatry suite. This room was kept to a clinical standard. And the room was rented to a podiatrist. Pharmacy team members did not manage any aspects of this service. But would provide people with a business card for the podiatrist.

The dispensary was an appropriate size for the level of activity carried out. Workspace was managed well. A room to the side of the dispensary provided protected space for tasks associated with assembling multi-compartment compliance packs. There was some clutter held at floor level in this room which would have benefitted from some organising. But team members did not routinely access the side of the room where the clutter was seen. To the other side of the dispensary was some space for holding stock and staff facilities.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy advertises its services and it makes them accessible to people. It has procedures to support the pharmacy team in delivering its services. And its team members follow these procedures. The pharmacy obtains its medicines from reputable suppliers. And it stores and manages its medicines safely and securely. Pharmacy team members take opportunities to speak to people about their health and wellbeing. But they don't always supply information leaflets with medicines to help people take their medicines safely.

### Inspector's evidence

The pharmacy was accessible from street level through a push/pull door. And there was a designated car park for the parade of shops. Designated seating was available for people waiting for prescriptions or pharmacy services. The pharmacy displayed details of its opening times and services prominently. Some information in the pharmacy window on the day of inspection was out of date. For example the pharmacy was advertising a Pharmacy First minor ailments scheme. But the scheme had been discontinued in 2019. A team member acted to remove the irrelevant information during the inspection. It had a wealth of information relating to healthy living campaigns both in the public area and consultation room. The pharmacy promoted national healthy living campaigns through leaflets at the medicine counter. And it was prominently advertising the GPhC's poster informing people what they could expect from the pharmacy. The RP explained how she found the poster helpful as it clearly set out to people the standards they should expect when accessing pharmacies for services.

Pharmacy team members explained how they engaged people in conversation about their health and wellbeing regularly. And examples of this engagement were seen during the inspection. For example, the RP was heard asking a person how they were finding their new medication. And was observed providing some further information to the person about the brand supplied. Pharmacy team members also provided several examples of how they worked with prescribers if they had concerns about compliance issues with medicine regimens. Or in some cases the overuse of prescription only medicines. The RP discussed benefits people reported after taking part in advanced services such as MURs. For example, people improving the way they used their inhalers to maximise the benefit they received from them.

A pharmacy team member explained the types of medication which would require referral to the pharmacist. And was aware of the risks of valproate use in people who may become pregnant. The pharmacy had information and guidance to support it in managing the supply of valproate to people in the high-risk group who required a pregnancy prevention plan. It had valproate warning cards available to issue to people, in accordance with the requirements of the valproate pregnancy prevention programme (PPP). And it had engaged in several recent medication audits through the NHS Pharmacy Quality Scheme (PQS). Pharmacists verbally counselled people taking high-risk medicines such as warfarin and methotrexate. But the pharmacy did not record details of this counselling or any associated monitoring checks on people's medication records.

The pharmacy used baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped to inform workload priority. Pharmacy team members signed the



'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy kept original prescriptions for medicines owing to people. The team used the prescription throughout the dispensing process when the medicine was later supplied. It maintained delivery audit trails for the prescription delivery service. People signed for their medication. But delivery sheets contained multiple people's details and signatures. The risk of unintentionally sharing somebody's details with other people on the delivery service was discussed. And common methods for obtaining signatures which reduced this risk were shared with the team. The pharmacy offered a text notification service to people. And it sent text messages to people to let them know their medication was ready for collection once their medicines were assembled and ready for collection.

The pharmacy had individual profile sheets in place for each person receiving their medicines in multi-compartment compliance packs. The information kept with these records had been reviewed and updated to include a clinical notes section. This section of the profile was used well to record changes in medication regimens. The pharmacy monitored workload they received for this service vigilantly as they were not able to order prescriptions on people's behalf. A team member demonstrated how team members checked receipt of prescriptions due and would contact people to prompt them in ordering should a prescription not arrive in good time. A sample of assembled packs included full dispensing audit trails. The pharmacy provided patient information leaflets for medicines in the packs for new medicines only. A discussion took place about the requirement to supply a patient information leaflet each time a medicine was supplied. The pharmacy provided descriptions of the medicines inside the pack on a backing sheet. This helped people recognise their medication. But backing sheets did not contain mandatory adverse warnings for some of the medicines in each pack. Pharmacy team members began investigating the reason for the warnings not being printed. And the RP provided confirmation following the visit that the matter had been resolved.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. The RP could recall a conversation with the superintendent pharmacist about the Falsified Medicines Directive (FMD) some time ago. But she was not aware of any plans the pharmacy had made to comply with the directive. Team members had segregated a packet of medicine after it was found with only 27 tablets inside instead of 28. The medicine was packaged in FMD compliant packaging with a tamper proof seal. A discussion took place about reporting the medicine to the manufacturer for further investigation.

The pharmacy stored Pharmacy (P) medicines behind the medicine counter. This meant the RP had supervision of sales taking place and was able to intervene if necessary. It stored medicines in the dispensary in an organised manner and within their original packaging. The pharmacy had a secure cabinet for the storage of its CDs. Medicines inside the cabinet were stored in an orderly manner. It highlighted CD prescriptions to prompt additional safety and security checks during the dispensing process. The pharmacy's fridge was clean and stock inside was stored in an organised manner. The team checked the temperature of the fridge daily. Temperature records confirmed that it was operating between two and eight degrees Celsius as required.

The pharmacy team followed a date checking rota which showed date checking tasks were completed across all stock quarterly. A random check of dispensary stock found short-dated medicines were highlighted. And no out-of-date medicines were found. No open bottles of liquid medicines were observed on dispensary shelves. But a team member demonstrated an annotated opening date on a packet of dipyridamole capsules. This was due to the medicine having a shortened expiry date once opened.

The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It received drug alerts by email. Details of alerts were checked and

acted upon in a timely manner. And the pharmacy maintained an audit trail of the alerts it had actioned.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. And pharmacy team members manage and use equipment in a way which protects people's confidentiality.

### Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. Pharmacy team members also had access to the internet which provided them with further resources. Information on the pharmacy's computer screens was protected from unauthorised access through the layout of the dispensary. And computers were password protected. All dispensary team members had NHS smart cards. But one team member reported her card was not currently working. The team member was aware of the arrangements for updating the card. The pharmacy held assembled bags of medicines within the dispensary. This protected people's private information on prescriptions and bag labels from unauthorised view. The pharmacy had a cordless telephone handset. This helped team members to protect the privacy of the caller by taking the call out of ear-shot of the public area.

The pharmacy had a blood pressure machine available for screening purposes. And it had equipment to support pharmacists in delivering the seasonal flu vaccination service. It had counting equipment for tablets and capsules. This included separate equipment for use when cytotoxic medicines. Some of the pharmacy's measuring cylinders for measuring water to reconstitute antibiotic liquids were plastic. And the measures had no identifying marks to show they conformed to British Standard. A discussion took place about the risks of using equipment which did not conform to British Standard. And the RP provided information following the inspection of these measures being replaced with measures which were stamped to confirm they met British standard. The pharmacy's electrical equipment was annotated with details of portable appliance testing. The stickers indicated the last checks had taken place in 2014. Electrical plugs and cables were visually free from wear and tear.

## What do the summary findings for each principle mean?

Finding	Meaning
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.