

Registered pharmacy inspection report

Pharmacy Name: Oakwood Pharmacy, 14 Church Street, Mansfield Woodhouse, MANSFIELD, Nottinghamshire, NG19 8AH

Pharmacy reference: 1104625

Type of pharmacy: Community

Date of inspection: 08/10/2019

Pharmacy context

This is a community pharmacy in the centre of a large village on the outskirts of Mansfield in Nottinghamshire. The pharmacy sells over-the-counter medicines and it dispenses NHS and private prescriptions. The pharmacy provides substance misuse services to local people. It also provides advice on the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartmental compliance packs, designed to help people remember to take their medicines. And it delivers medicines to people's homes.

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 identifies and manages the risks associated with its services. It keeps people's private information secure. And it responds appropriately to feedback it receives. The pharmacy generally keeps all records it must by law. Pharmacy team members demonstrate a sound understanding of how to recognise and report concerns relating to vulnerable people. They discuss mistakes they make during dispensing and can identify the actions they have taken to reduce risk. But they do not always record these mistakes. This may mean there are some missed learning opportunities.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs). These included responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. The SOPs also contained details relating to the Falsified Medicines Directive (FMD). The latest version of SOPs had been implemented in July 2019. And contained details of a two-year review date. But there was no indication that the superintendent pharmacist had authorised the procedures. The SOPs included the roles and responsibilities of pharmacy team members. And most members of the team had signed the procedures relating to their roles. But there were some missing signatures. For example, not all regular pharmacists had signed the SOPs.

The pharmacy had benefitted from a partial re-fit in March 2018. This had extended storage space in the dispensary and had closed access behind the medicine counter. The pharmacy team managed space effectively. It prioritised acute workload on a front work bench in the dispensary. And the remaining space was used to complete tasks associated with the prescription collection service and the pharmacy's managed repeat collection service. The pharmacy team members used a separate room to complete tasks associated with the multi-compartmental compliance pack service. Pharmacy team members used a daily task sheet to help ensure they kept up to date with key tasks such as record keeping, filing and cleanliness.

The pharmacy had a near-miss error reporting process in place. There were some entries in the near-miss error record. But pharmacy team members agreed they managed some near-miss errors informally through feedback from the pharmacist and correction of the mistake. This meant there was the potential for the team to miss some shared learning opportunities. But the pharmacy did act to reduce risk when trends were identified. For example, sildenafil tablets were stored in baskets on the dispensary shelves. The RP explained this was due to picking errors which had occurred with similar sounding medicines.

The pharmacy had an incident reporting procedure. And copies of formal incident reporting forms were readily available to the team. Evidence of incident reporting was seen. And historic records from 2018 provided details of regular patient safety reports being completed by a pharmacy technician. Recent safety reports could not be found during the inspection visit. It was reported this was due to the member of staff who had taken over this role not being on duty. A discussion took place about the advantages of ensuring these records were accessible to the whole team to help prompt shared learning experiences.

The pharmacy had a complaints policy. And it advertised this through its practice leaflet. But some details on the practice leaflet required updating. For example, the website address of the pharmacy was not up to date. Pharmacy team members explained how they would manage a concern and escalate feedback to a pharmacist. The team had recently taken some feedback on board and demonstrated how they had used the feedback to improve the checks they made when delivering its services. The pharmacy also engaged people in feedback through its annual 'Community Pharmacy Patient Questionnaire'. Copies of the current questionnaire were attached to a clipboard in the designated waiting area. And the pharmacy displayed the results of its most recently published questionnaire.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice was updated to reflect the details of the RP on duty as the inspection process began. The notice which was originally on display belonged to a pharmacist which had assumed the role on 05 October 2019. There had been several other pharmacists assume the role between 06 October 2019 and 08 October 2019. A discussion took place about the requirement to display an up-to-date notice. Entries in the responsible pharmacist record complied with legal requirements. The sample of the CD register examined showed entries were generally compliant with legal requirements. But the pharmacy did not routinely record the wholesalers address when entering a CD. The pharmacy maintained running balances in the register. And it checked these balances against physical stock weekly. A physical balance check of several morphine preparations complied with the balances in the register. The pharmacy maintained a CD destruction register for patient returned medicines. And pharmacy team members entered returns in the register on the date of receipt. There were several pages of returns requiring destruction. The pharmacy kept records for private prescriptions and emergency supplies within an electronic Prescription Only Medicine (POM) register. The sample of the record examined generally met legal requirements. But private prescription records did not always contain an accurate date of prescribing. The pharmacy retained completed audit trails for unlicensed medicines in accordance with the requirements of the Medicines & Healthcare products Regulatory Agency.

The pharmacy displayed a privacy notice. It had thorough information governance procedures for its team members to refer to. And it had carried out further checks to assure itself it was compliant with the requirements of the General Data Protection Regulation (GDPR). Pharmacy team members demonstrated how they stored personal identifiable information in staff only areas of the pharmacy. And these areas were protected from unauthorised access. It stored some personal identifiable information in folders in its consultation room. This room was protected from unauthorised access. The pharmacy had submitted its annual NHS data security and protection (DSP) toolkit as required. It disposed of confidential waste by using a shredder.

The pharmacy had procedures and information relating to safeguarding vulnerable people in place. Contact information for local safeguarding agencies was available. Pharmacy team members had completed some e-learning on the subject. And pharmacy professionals had completed level two training on the subject. A dispenser demonstrated a sound understanding of how to recognise and report concerns. And referred to a historic concern which the pharmacy team had escalated. The delivery driver explained how he had shared concerns about a person's wellbeing with a pharmacist. The RP was aware of how to report concerns to the local safeguarding teams.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified and knowledgeable people working to provide its services safely. It has appropriate systems in place for supporting the learning needs of its team members through regular learning and structured feedback. Pharmacy team members can raise concerns and provide feedback about the pharmacy. And understand how to escalate any concern they may have. They engage in conversations relating to the way the pharmacy provides its services and to patient safety.

Inspector's evidence

On duty at the time of the inspection was the RP (a company director), four qualified dispensers, a medicine counter assistant and the delivery driver. The pharmacy also employed a pharmacy technician, another medicine counter assistant and a pharmacy student. Pharmacist cover was provided between the three company directors, one of which was the superintendent pharmacist, and a regular locum pharmacist. There was some flexibility with staffing arrangements to support cover for both planned and unplanned leave.

The pharmacy displayed certificates relating to the qualifications of its team members. And it maintained personal staff files. These files included evidence of ongoing learning such as completion of e-learning modules to support national health campaigns. A dispenser discussed how she had applied her learning associated with children's oral health. Pharmacy team members received a one-to-one discussion with a pharmacist approximately every six months.

The RP explained that the company employed a visiting pharmacist to undertake Medication Use Reviews (MURs) with people. Prior to this there had been no fixed targets for the services provided. The pharmacy now strived to achieve the maximum number of MURs it would receive payment for. The RP identified how he was able to apply his professional judgement when delivering services. Pharmacy team members supported pharmacists by identifying people who were eligible for a service during the dispensing process. For example, people starting new medicines.

The pharmacy team communicated through informal daily discussions. And feedback at the time a mistake occurred. Information was shared through team briefings when shared learning was required. For example, after a mistake. But the pharmacy did not routinely record the outcome of these discussions. This meant there was the potential for members of the team not on duty to miss out on this shared learning. The pharmacy held full team meetings every three to six months. And pharmacy team members confirmed they were asked to contribute to these meetings. The pharmacy had a whistleblowing policy and it issued its team members with staff handbooks explaining their roles and responsibilities. Pharmacy team members confirmed they could provide feedback and escalate concerns if necessary. A member of the team explained how improvements had been made to the end of month processes following feedback.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, 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 professional in appearance. It was secure and generally well maintained. Pharmacy team members reported maintenance concerns to a pharmacist. And tradespeople known to the company attended to fix any issues. There were no outstanding maintenance issues found during the inspection. But there were some minor cosmetic improvements required in the staff area of the premises. The pharmacy had heating arrangements. And portable fans were used during summer months to assist with ventilation. Lighting throughout the premises was bright. Antibacterial soap and towels were available at designated hand washing sinks.

The public area was open plan. It led directly to the medicine counter at one end and to a designated waiting area at the other end. The pharmacy did have a consultation room. But this was not immediately obvious to people as it was located to the side of the dispensary. People were escorted into and out of the room by a member of the team. The room was a good size and was accessible to all. And the walk-way through the room was clear of clutter and information. A separate entrance for people accessing some of the pharmacy's services had recently closed due to an issue outside of the pharmacy team's control. This meant people accessing these services presented at the medicine and prescription counter. The RP confirmed the consultation room could be offered if people required additional privacy.

The dispensary was well-organised and a sufficient size for the services provided. A door to the side of the dispensary led to the upstairs level and the multi-compartmental compliance pack dispensary. The first-floor level consisted of a staff room and staff facilities. The premises were clean throughout. And floor spaces were clear of clutter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy advertises its services and makes them accessible to people. It has up-to-date procedures and protocols to support the pharmacy team in delivering its services. The pharmacy obtains its medicines from reputable sources. And it has appropriate systems to keep these medicines safe and secure. But it does not always provide patient information leaflets to people when supplying medicines in multi-compartmental compliance packs. And it does not maximise opportunities to discuss high-risk medicines with people. This may limit the opportunities to support people in taking their medicines.

Inspector's evidence

The pharmacy was accessed through a door at street level. It advertised details of its opening times and services clearly through its window displays. The public area of the pharmacy included seating for people waiting for prescriptions or services. Pharmacy team members were knowledgeable about how to refer people to other pharmacies or health services if the pharmacy couldn't provide a service.

The RP demonstrated how the pharmacy was engaging in the NHS Pharmacy Quality Scheme foot and eye screening. This involved the pharmacy confirming people with diabetes had received foot and eye checks within the last 12 months. The pharmacy were signposting people to their GP practice if they had not received these checks. The RP identified how the pharmacy prioritised people on high-risk medicines for annual Medicine Use Reviews (MURs). But the pharmacy did not regularly apply monitoring checks associated with these medicines when people attended to collect them each month. There was also little awareness of the specific requirements of the valproate pregnancy prevention programme (PPP). But high-risk cards associated with the programme were available to issue to people. And pharmacy team members were aware of the need to refer prescriptions for people in the high-risk group to a pharmacist.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped 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 team 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 were asked to sign to confirm they had received their medicine. The pharmacy had an audit trail for the prescriptions it ordered from the surgery. This allowed it to chase missing prescriptions or queries with surgery teams.

The pharmacy managed the supply of medicines in multi-compartmental compliance packs weekly. Each person on the service had individual profile sheets with details of their prescription regimen clearly recorded. And the pharmacy team checked prescriptions it received against these sheets to identify any changes. But it did not always provide a full tracked audit trail of the steps it had taken to confirm these changes. The pharmacy maintained a list of people on the service who were currently in hospital, and it segregated these packs. This helped to prompt further checks following the person's discharge from hospital. A sample of assembled packs contained full dispensing audit trails. The pharmacy provided descriptions of the medicines inside the pack to help people identify them. But it

did not routinely supply patient information leaflets. A discussion took place about the requirement to supply this information each time a medicine was dispensed.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members had some awareness of the FMD. The RP confirmed the pharmacy was registered with SecurMed. But it had not made a decision to date about the system it was going to use to meet FMD requirements. The RP explained the decision had been put on hold pending the UK leaving the European Union. Pharmacy team members were aware of the changes to medicine packaging associated with FMD. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It held pharmaceutical waste in a separate room, off the multi-compartmental compliance pack dispensary. The pharmacy received drug safety alerts and recalls through email. And it printed alerts and kept an audit trail of the actions taken to check an alert.

The pharmacy stored Pharmacy (P) medicines behind the medicine counter. And medicines in the dispensary were stored in an organised manner and within their original packaging. Some excess stock was stored in separate areas of the pharmacy and these areas kept orderly. The pharmacy team followed a quarterly date checking rota. Short-dated medicines were generally identified. And pharmacy team members annotated the opening date on to bottles of liquid medicines. No out-of-date medicines were found during routine checks of dispensary stock.

The pharmacy held CDs in a secure cabinet. Medicines inside were kept in an orderly manner. There was designated space for storing patient returns, and out-of-date CDs. Assembled CDs were held with the prescription attached. And the pharmacy highlighted all CD prescriptions to prompt additional checks during the dispensing process. The medicine counter assistant explained the validity period for a prescription containing a CD. The pharmacy's fridge was clean and stock inside was stored in an organised manner. Temperature records confirmed it was generally operating between two and eight degrees Celsius as required. The temperature had increased beyond eight degrees Celsius on occasion. A discussion took place about appropriate placement of the thermometers probe to protect it from fluctuations in temperature each time the fridge door was opened.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. It monitors its equipment to help provide assurance that it is in safe working order. 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. The pharmacy's computers were password protected and information on computer monitors was protected from unauthorised view due to the layout of the premises. The pharmacy stored assembled bags of medicines on shelves within the dispensary. This protected people's private information on prescriptions and bag labels from unauthorised view. Pharmacy team members used NHS smart cards to access people's medication records. And they used cordless telephone handsets. This meant they could move out of earshot of the public area when discussing confidential information over the telephone.

Clean, crown stamped measuring cylinders were in place for measuring liquid medicines. And these included a separate measure for use with methadone. The pharmacy had clean counting equipment for tablets and capsules, including a separate counting triangle for use when counting cytotoxic medicines. A blood pressure machine was available in the consultation room. Safety checks of the pharmacy's electrical equipment were being carried out by a contractor during the inspection visit.

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.