

Registered pharmacy inspection report

Pharmacy Name: Townfield Pharmacy, Townfield Health Centre,
PRENTON, Merseyside, CH43 9JW

Pharmacy reference: 1106224

Type of pharmacy: Community

Date of inspection: 04/07/2019

Pharmacy context

The pharmacy is located next door to a GP medical centre. The pharmacy premises are easily accessible for people, with an automated entrance door and adequate space in the retail area and consultation room. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions.

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
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 and protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. The pharmacy keeps the records that are needed by law. Members of the pharmacy team record things that go wrong, so that they can learn from them. But they do not record all of their mistakes, so they may miss some opportunities to learn.

Inspector's evidence

There were up-to-date Standard Operating Procedures (SOPs) for the services provided, with signature sheets showing that staff had read and accepted them, with exception of two members of staff who had commenced their roles in the last two months and were in the process of reading the SOPs. Roles and responsibilities of staff were set out in SOPs. A dispenser was seen to be following the SOPs that were relevant to her role and she was able to clearly describe her duties.

The pharmacist demonstrated that dispensing incidents were reported on the computer system and learning points were included. Near misses were reported on a near miss log but there were no near miss records between December 2018 and the end of February 2019. The near misses were discussed with the pharmacy team member at the time. Due to near miss errors with tramadol m/r and plain tramadol, the dispensary stock had been separated.

The correct responsible pharmacist (RP) notice was displayed prominently in the pharmacy. A complaints procedure was in place. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose. A customer satisfaction survey was carried out annually.

The company had appropriate professional indemnity insurance in place. The private prescription record, emergency supply record, specials procurement record and the CD registers were in order. Records of CD running balances were kept and these were audited regularly. Patient returned CDs were recorded and disposed of appropriately. The responsible pharmacist (RP) record had the time the RP ceased their duty missing on some occasions.

Confidential waste was shredded. Confidential information was kept out of sight of the public. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in the dispensary in a manner that protected patient information from being visible. The pharmacy had completed the NHS IG toolkit online in March 2019. An information governance policy was in place and staff had signed confidentiality agreements during their employment.

There was a safeguarding children SOP in place that had been read and signed by the staff, but there was no safeguarding vulnerable adult SOP. So, the pharmacy team may be unsure of the correct procedure to follow in the event of a vulnerable adult concern arising. The contact numbers required for raising safe guarding concerns were displayed in the dispensary. The pharmacist had completed the CPPE level 2 safe guarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members work effectively together. And they are comfortable about providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services.

Inspector's evidence

There was a regular pharmacist, a pre-registration trainee, two dispensers and two members of staff who had commenced their roles within the last two months on duty. The staff were kept busy providing pharmacy services but appeared to manage the workload adequately. The staff said the pharmacist was supportive and she was happy to answer any questions they had. A dispenser said she had completed the NVQ level 3 to become a pharmacy technician and the superintendent and regular pharmacist had been very supportive with the course.

The pharmacist explained that staff had received talks about new medicines from pharmaceutical representatives and were provided with relevant information from the pharmacists on an ongoing basis, for example when pregabalin and gabapentin became schedule 3 CDs recently. She said that no other ongoing training material was provided at present. The lack of a regular training programme might restrict the ability of staff to keep up to date.

Staff had periodic performance reviews with the superintendent and a dispenser said that they had found these useful. Staff were regularly given informal feedback from the pharmacists. e.g. about near miss errors. The staff were aware of a process for whistle blowing and knew how to report concerns about a member of staff if needed. e.g. they would speak with the regular pharmacist or superintendent.

A dispenser was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as co-codamol. i.e. she would refer the patient to the pharmacist for advice.

The pharmacist said there was a target in place for MURs. She said that she had not felt under any organisational pressure to achieve the target and the only consequence of not achieving it may involve a discussion with someone from head office to ascertain why the target was not met.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. A dispenser said that dispensary benches, the sink and floors were cleaned regularly, and a cleaning rota was available. The temperature in the pharmacy was controlled by air conditioning units. Lighting was good.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were reported to the pharmacist and dealt with. Staff facilities included a microwave, toaster, kettle and fridge, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access, and they are generally well managed, so people receive their medicines safely. The pharmacy supplies medicines safely. And it carries out some checks to ensure medicines are in good condition.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets. Staff were clear about what services were offered and where to signpost to a service if this was not provided, for example travel vaccinations. The opening hours were displayed near the entrance and a list of services provided was displayed.

The work flow in the pharmacy was organised into separate areas – dispensing bench space, an area for assembly of monitored dosage system (MDS) and a designated checking area for the pharmacist. The pharmacist explained that prescriptions containing schedule 2 CDs had a CD sticker attached to the bag. She explained that this was to ensure it was removed from the CD cabinet and added to the rest of the assembled prescription. She said schedule 3 and 4 CD prescriptions were highlighted with an expiry date sticker added. Examples of these were present for a schedule 2 CD stored in a CD cabinet and a schedule 3 CD awaiting collection.

The pharmacy had carried out a clinical audit for patients prescribed valproate and had identified one female patient who met the risk criteria. The patient had been provided with necessary information from the pharmacist. The purple folder containing the supporting counselling materials could not be located during the inspection which meant they may not be able to supply all of the necessary information if valproate was dispensed.

The delivery driver explained how the prescription delivery service was provided which was in accordance with the SOP. He provided copies of previous delivery records which demonstrated that patient signatures were obtained for receipt of all prescription deliveries. CDs delivered required two signatures from the patient. He said if a patient was not at home at the time of delivery, a note was left and the prescription medicines were returned to the pharmacy.

The MDS assembly area was clean and tidy. A dispenser provided a detailed explanation of how the MDS service was provided. A progress log was kept for all MDS dispensed and supplied to provide a robust audit trail for each stage. MDS was well organised with an audit trail for changes to medication included on the individual patients printed list of medications. Disposable equipment was used. A dispenser explained that patient information leaflets were included when patients were commenced on MDS and when there were any changes to medication. The assembled MDS packs awaiting collection had tablet descriptions included but no patient information leaflets. So, patients may not have all the information about their medicines that they may need.

A dispenser explained how the care home MDS service was provided, which was in accordance with the SOP. Medicine administration record (MAR) charts were produced for each care home resident and the dispenser said these were checked against the prescription for accuracy during the dispensing process.

Patient information leaflets were provided with each medicine supplied to the care home residents. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used to separate prescriptions in the dispensary to reduce risk of medicines becoming mixed up during dispensing.

Stock was kept in an orderly manner. Date checking was carried out and documented. Short dated medicines were highlighted. No out of date stock medicines were present from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Patient returned CDs were destroyed using denaturing kits and records made in a designated book. A balance check for Alfentanil (Rapifen) 5mg/5ml injection was carried out and found to be correct.

The pharmacist said she was aware of the Falsified Medicines Directive (FMD). The pharmacy had signed up with an FMD supplier and 2D barcode scanners had been delivered to the pharmacy but not installed. The pharmacist said that they had not commenced using the FMD package yet and no FMD training had taken place for staff. Therefore, the pharmacy was not complying with legal requirements. Alerts and recalls etc. were received via email. These were acted on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide the service safely.

Inspector's evidence

The BNF and BNFc were available. The staff used the internet to access websites for up-to-date information, for example medicines complete. There were four clean fridges for medicines, equipped with thermometers. The minimum and maximum temperature was being recorded daily and the records were complete.

Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order. According to the PAT test stickers attached, the electrical equipment had been PAT tested in November 2018. There was a selection of liquid measures with British Standard and Crown marks. Designated measures were used for methadone.

The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless telephone was available in the pharmacy and the staff said they used this to hold private conversations with patients when needed.

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.