

Registered pharmacy inspection report

Pharmacy Name: Hilltops Pharmacy, Hilltops Medical Centre,
Kensington Drive, Great Holm, MILTON KEYNES, Buckinghamshire,
MK8 9HN

Pharmacy reference: 1106249

Type of pharmacy: Community

Date of inspection: 02/05/2019

Pharmacy context

This is a community pharmacy located within a health centre in Great Holm, Milton Keynes. The pharmacy is open five days a week and on alternate Saturdays. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. And it also supplies medicines in multi-compartment compliance packs to a number of people living at home.

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 is generally managing the risks associated with its services. It maintains all its records required by law. Its team members understand how they can help to protect vulnerable people. And it has procedures in place to ensure people's private information is protected. But, the pharmacy's written procedures have not been recently reviewed and they do not set out clearly the roles and responsibilities of its team members. This may mean that team members are not always sure about their role or how to undertake tasks safely.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOP) for the services it provided. These were last reviewed in 2016. Training records were available to provide confirmation that all staff members had read and signed the SOPs. However, roles and responsibilities were not described within the SOPs. So, staff members may not always be undertaking tasks as intended.

A Responsible pharmacist (RP) notice was prominently displayed and the pharmacy team members were clear on the tasks they could or could not undertake in the absence of a RP.

The pharmacy kept records of near misses and dispensing errors. Near misses were discussed with the team members as and when they happened. There was evidence that dispensing errors had been recorded in 2017 and 2018, and one recorded in 2019 to date. Records of near misses and dispensing errors did not include much detail of contributory points or learning points. This could make it harder to carry out any meaningful analysis.

The pharmacy had a complaints procedure and information for people about this was included in the pharmacy's practice leaflet. Results of the survey conducted in 2017 to 2018 were posted on the NHS website and included actions the pharmacy were taking to address areas for improvement.

The pharmacy's records for RP, controlled drugs (CDs), private prescriptions and unlicensed specials were generally maintained in line with requirements. The headings on some of the pages of the CD register were incomplete. CD running balances were checked monthly. The balance of stock of an item checked at random matched the recorded balance in the register. On several occasions, the RP had not recorded the time their responsibility finished. This is a statutory requirement and could compromise the reliability of these records.

An Information Governance policy was in place. There were records available to show that members of the pharmacy team had signed the confidentiality policy. The pharmacy's confidential waste was shredded and members of the pharmacy team had completed General Data Protection Regulation (GDPR) training. The pharmacy had leaflets available about how it safeguarded people's private information. People's personal details on the prescriptions awaiting collection were not visible to the public. The pharmacy stored some private information in the lockable cupboards in the consultation

room. But the consultation room and the cupboards within it had not been kept locked. This could mean that people's private information is not always fully protected.

A safeguarding policy was in place and the locum pharmacist on duty had completed level two safeguarding training. Details of local safeguarding agencies were available in the pharmacy so the pharmacy team members had ready access to these if they needed to report a concern.

The pharmacy had appropriate indemnity insurance arrangements in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team have the appropriate skills and qualifications for their roles. And they are supportive of each other and work well together. But on the day of the inspection, members of the pharmacy team were struggling to cope with their workload and to locate people's prescriptions efficiently. The pharmacy's staffing profile appears to have no capacity to cope with any further increase in the workload or to manage any unplanned absences. This could affect the pharmacy's ability to operate effectively at all times.

Inspector's evidence

At the time of the inspection, a locum pharmacist, two dispensers, a trainee dispenser and a medicine counter assistant were on duty. An accuracy checking technician had just finished her shift.

The team members were working well together and supporting each other. They were just about coping with their workload. There was a constant flow of people in the pharmacy and there were queues of people waiting to be served. The workflow in the pharmacy appeared chaotic at times. The team members were struggling to locate people's prescriptions. The workbench was congested with multiple dispensed items awaiting a final accuracy check. And the locum pharmacist was kept very busy throughout the inspection trying to address people's queries and checking prescriptions.

The superintendent pharmacist gave regular feedback on staff performance and staff appraisals were conducted annually. The pharmacy team members had access to trade magazines to help keep their skills and knowledge up to date.

The locum pharmacist did not have any specific targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and adequate for the services it provides.

Inspector's evidence

The retail area of the pharmacy was clean, tidy and well organised. And there was some seating available for people waiting for services.

The dispensary was congested and somewhat cluttered in places. There were some bulky items and completed prescriptions awaiting collection stored on the floor. Obstructed floor spaces can be a slip or a trip hazard.

A dispensary sink was available for medicines preparation and had a supply of hot and cold water.

A private and clearly advertised consultation room was available to enable people to have private conversations with members of the pharmacy team.

The heating, lighting and ventilation were adequate, and the pharmacy was secured against unauthorised access when it was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely and effectively. Its team members are helpful and give appropriate advice to people. But its system for storing and retrieving people's prescriptions awaiting collection could be improved. The pharmacy obtains its medicines from reputable sources and stores them safely. But the pharmacy has not maintained recent records of the actions it has taken in response to safety recalls. So, it may not always be able to demonstrate that it takes the right actions to protect people's health and wellbeing.

Inspector's evidence

The health centre had a car park for its customers to use. It had automated doors and its entrance had a ramp with the outside pavement to help assist people with mobility difficulties. People accessed the pharmacy via the health centre. The pharmacy's opening hours and the services it offered were advertised in-store.

The pharmacy team members used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy.

A prescription collection and delivery service was offered and the delivery driver kept records of signatures from people when medicines were delivered to their homes.

Baskets were used during the dispensing process to prioritise workflow and minimise the risk of prescriptions getting mixed up. Owing slips were used to provide an audit trail when a prescription could not be fully supplied. 'Dispensed by' and 'checked by' boxes were initialled on the dispensing labels to show which member of staff had been involved at each stage of the dispensing process. The pharmacy's system for storing prescriptions awaiting collection was not efficient. On the day of the inspection, members of the pharmacy team spent considerable time trying to locate people's prescriptions. This caused obvious frustration for people waiting in the queue.

The pharmacy supplied medicines in disposable multi-compartment compliance packs to approximately 90 people who had difficulties in managing their medication. All people receiving compliance packs had individual records kept which listed their medicines and when they should be taken. Prescriptions were checked with the records and any anomalies were raised with the surgery. Descriptions of individual medicines contained within the compliance pack and a dispensing audit trail were present on the compliance packs checked. Patient information leaflets were supplied upon request or when a new medicine was prescribed. A member of the pharmacy team said people did not want patient information leaflets supplied to them each month.

The locum pharmacist was aware of the valproate pregnancy prevention programme and knew which patient groups needed to be provided with advice about its contraindications. Patient information leaflets and guides were available in the pharmacy.

Prescriptions for CDs not requiring secure storage were not marked with their validity dates. This may

increase the chances of medicines being handed out after the prescription has expired. Prescriptions for higher-risk medicines such as warfarin were not marked and therapeutic monitoring (INR) levels were not routinely recorded on the patient's medication records.

Medicines were obtained from licensed wholesalers and unlicensed specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy only medicines were stored out of reach of the public. The pharmacy was compliant with the Falsified Medicines Directive (FMD) and appropriate SOPs were in place. A member of the pharmacy team said there weren't many medicines yet that had the new safety features on them.

Medicines requiring cold storage were kept in a pharmaceutical refrigerator and stored between two and eight degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily.

All CDs requiring secure storage were stored appropriately and access was controlled by the duty pharmacist. The pharmacy had denaturing kits available to dispose of waste CDs. Other medicines returned by people were segregated into designated bins and disposed of appropriately.

Medicines were date checked at regular intervals and the checks were recorded. Short-dated medicines were marked so that they could be identified and removed at an appropriate time.

The pharmacy received drug alerts and recalls by email. Members of the pharmacy team explained how they checked the stock and recorded any action taken. But records of recent recalls or the action taken had not been kept. A drug alert folder in the pharmacy showed that the last recall was actioned on 13 March 2018 for Lynparza 50mg capsules.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

A range of crown stamped glass measures and equipment for counting loose tablets and capsules were available at the pharmacy. All electrical equipment appeared to be in good working order. The pharmacy had access to the internet and various other reference sources.

Access to the pharmacy computers and patient medication record system was restricted to the members of the pharmacy team and was password protected. Computer terminals were not visible to customers. And a private consultation room was available for private conversations and counselling.

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. |