

# Registered pharmacy inspection report

**Pharmacy Name:** Regent Pharmacy, Well Road, EAST COWES, Isle of Wight, PO32 6SP

**Pharmacy reference:** 1107718

**Type of pharmacy:** Community

**Date of inspection:** 21/02/2020

## Pharmacy context

This is a community pharmacy located on a parade of shops in East Cowes on the Isle of Wight. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides treatment for a range of minor ailments and supplies medicines in multi-compartment medicine devices for people to use living in their own homes and in care homes.

## 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	N/A	N/A	N/A
<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 has written procedures to help make sure the team works safely. Pharmacy team members are clear about their roles and responsibilities. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid future mistakes. But errors could be analysed more thoroughly so that learning opportunities are not missed. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally maintains the records that it must keep by law.

### Inspector's evidence

Processes were in place for identifying and managing risks. There was a near miss log in the main dispensary and this was used by staff to record near miss incidents. But there were near misses recorded that omitted key pieces of information such as what the medicine was, for example. The pharmacy team reported that this was reviewed every two weeks and any learning points were analysed and discussed. There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded and these were demonstrated to the inspector. These were also reported to the superintendent. There were some dispensing incidents that did not have a robust root cause analysis recorded and so some learning opportunities could be missed.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided but these had not been reviewed since 2017. The healthcare team understood what their roles and responsibilities were and these were defined within the SOPs.

There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy carried out a Community Pharmacy Patient Questionnaire annually as part of their NHS contract. A certificate of public liability and indemnity insurance from NPA was displayed and was valid and in date until June 2020.

Records of controlled drugs (CD) and patient returned controlled drugs were retained. Page margins were not always filled out on each page of the registers examined. The address that a CD was received from was often omitted. A sample of a random CD was checked for record accuracy and the balance was correct at the time of the inspection. The CD balance was checked monthly.

The responsible pharmacist (RP) record was retained. The RP record often omitted the time that the pharmacist signed out. The RP notice was displayed where the public could see it clearly. There were two fridges in use and temperatures were recorded daily and were between 2 – 8 degrees Celsius. Date checking was carried out regularly but the date checking matrix was not clear on what had been

checked and when. Short dated stock was marked with stickers but there was out of date stock on the dispensary shelf (see principle 4). The private prescription records were retained but some entries omitted the name and address of the prescriber. The emergency supply records were retained but some entries omitted the reason for supply. The specials records were retained and were in order.

There was an information governance policy in place and staff were aware of their obligations around protecting people's private information. The computer screens were all facing away from the public and were password protected. Confidential waste was collected separately from regular waste and disposed of appropriately. There were two consultation rooms which were both left open at the time of the inspection. Patient confidential information was potentially accessible in one of these rooms and the pharmacist agreed to address this. A smartcard was also found in a consultation room but this was removed during the inspection.

The pharmacy team reported that they had been trained on safeguarding. On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. The pharmacist could locate contact details for local safeguarding advice, referral and support.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

There was one pharmacist, one pre-registration pharmacist, three dispensing assistants and one medicine counter assistant present during the inspection. All staff had either completed or were undertaking appropriate training courses for their roles. Staffing levels were seen to be sufficient for the level of the services provided during the inspection.

The staff reported that they kept their knowledge up to date by reading third party materials, such as pharmacy magazines, and would ask the pharmacist if they had any queries. Staff gave an example of having recently completed the CPPE packages on 'look alike' and 'sound alike' medicines. They explained that this had helped them become more aware of potential selection errors. Staff reported that they received time to complete their training.

Staff meetings would take place on an ad-hoc basis where any significant errors, learning and business issues would be discussed with the team. The pharmacist reported that he reviewed the near misses every two weeks and would brief the team on any learning routinely.

Staff reported that they felt comfortable to approach the pharmacy manager or superintendent pharmacist with any issues regarding service provision. The pharmacist reported that there were no formalised targets in place at the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team generally protects private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a retail area toward the front and a dispensary area toward the back separated by a medicines counter to allow for the preparation of prescriptions in private. Fixtures and fittings were modern and the pharmacy was clean, tidy and presented in a professional manner. There was a sink available in the dispensary with running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner.

There were two consultation rooms in use. The pharmacy also had a screened off area where people could have a confidential chat and supervised consumption could take place. Patient confidential information was stored securely.

The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy generally obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose.

### Inspector's evidence

Access to the pharmacy was step free with automatic doors. There was seating for patients or customers waiting for services. There was a range of leaflets and posters available to the public about services on offer in the pharmacy. There was large label printing available for people with sight difficulties.

The pharmacy team dispensed multi-compartment compliance packs for around 50 patients for use in their own homes and for 26 local care homes. The compliance packs were dispensed in a separate room behind the dispensary to reduce distractions to staff. One compliance pack was examined and an audit trail to demonstrate who dispensed and checked it was complete. Descriptions were provided for the medicines contained within the compliance packs. Patient information leaflets (PILs) were regularly supplied.

The pharmacy offered a minor ailments service known as 'pharmacy first'. The pharmacy staff would be able to offer treatment for a variety of minor conditions such as coughs, colds and sore throats, hayfever and allergies, aches and pains, stomach upsets and diarrhoea or constipation, for example. The pharmacist explained that this helped make medicines more accessible to people in an environment where there can be a long wait for a GP appointment. The pharmacist could also refer back to the GP if necessary. The pharmacy reported that they carried out around twenty consultations per week for this service.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to all female patients. The pharmacist reported that he would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The pharmacy obtained medicinal stock from suppliers such as AAH, Alliance, Strathclyde, Phoenix and Colorama. Specials were ordered from Craig and Hayward specials. The pharmacy was compliant with the European Falsified Medicines Directive (FMD). It had the appropriate scanning equipment and software. The pharmacist explained that the team were waiting for FMD specific SOPs to be implemented in the pharmacy.

There were destruction kits for the destruction of controlled drugs and designed bins for storing waste medicines were available and seen as being used for the disposal of medicines returned by patients. A bin for the disposal of hazardous waste medicines was also available for use by staff when required. The majority of medicines and medical devices were stored within their original manufacturer's packaging. But the following medicines were stored with the following information omitted from the container: Colecalciferol 40,000 IU capsules with no quantity

Diazepam 5mg tablets with no batch number  
Hydroxychloroquine 200mg tablets with no batch number  
Prochlorperazine 5mg tablets with no batch number  
Tamoxifen 10mg tablets with no batch number  
Venlafaxine 75mg XL capsules with no batch number, expiry date, strength or form

Pharmaceutical stock was subject to date checks which were documented. But it was not clear what had been checked and when. There was a container of flavoxate 200mg tablets that had expired as of the end of December 2019 which was stored on the dispensary shelf. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the team electronically through their email system and records to demonstrate this were kept.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Amber medicines bottles were seen to be capped when stored and there was a counting triangle. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources. There were two fridges used for the storage of thermolabile medicines which were in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Designed bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

### 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.