

Registered pharmacy inspection report

Pharmacy Name: Renishaw Pharmacy, 5 Emmett Carr Lane,
Renishaw, SHEFFIELD, South Yorkshire, S21 3UL

Pharmacy reference: 1107906

Type of pharmacy: Community

Date of inspection: 26/08/2020

Pharmacy context

This quiet community pharmacy is located in a residential area and most people who use the pharmacy are from the local area. The pharmacy dispenses NHS prescriptions and it sells a range of over-the-counter medicines. The inspection was undertaken during the Covid-19 pandemic.

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 generally manages risks to make sure its services are safe. The pharmacy team understands how it can help to protect the welfare of vulnerable people. It keeps the records required by law, but some details are missing, which could make it harder to understand what has happened if queries arise. And some people who work at the pharmacy have not confirmed their understanding of the pharmacy's written procedures, so they might not fully understand their roles and responsibilities.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided, which some members of the pharmacy team had signed to show they had read and accepted them. One of the regular locum pharmacists had not indicated that he had read the SOPs, so there was a risk that he might not fully understand the pharmacy's procedures. The pharmacy team did not wear uniforms or anything to indicate their role so this might not be clear to visitors of the pharmacy. There was a SOP covering the pharmacy team member's roles and responsibilities, however parts of this, including the pharmacy task matrix, had not been completed. A student and a volunteer had been helping out in the pharmacy during the pandemic. They had not read any of the pharmacy's SOPs and there was no record indicating which activities were suitable for them to carry out. The pharmacy manager said they did not take part in any dispensing activities and their main duties were cleaning and putting away stock in the stockroom. The name of the responsible pharmacist (RP) was not on display at the start of the inspection, so people might not know who the pharmacist was in the event of a problem or query. However, the RP put his notice up when this was pointed out.

The pharmacy manager confirmed that she had considered the risks of coronavirus to the pharmacy team and people using the pharmacy and had created a monthly checklist as part of a risk assessment. She had introduced several steps to ensure social distancing and infection control. A general staff risk assessment had been completed and more detailed individual risk assessments were being completed. The pharmacy manager was working on a covid-19 SOP. She confirmed she was aware of the Health and Safety Executive (HSE) guidance on the expectations and duties in relation to reporting cases of Covid-19 transmission that happened in the workplace under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. The pharmacy team had been tested for Covid-19 and found to be negative, when they heard that a person who had visited the pharmacy had been tested positive for Covid-19.

There was a SOP for dealing with dispensing errors and the details of the National Reporting and Learning System (NRLS) were on display. The pharmacy manager said any error which reached a patient would be reported on this system. The RP said errors were quite rare in the pharmacy but he would feel comfortable reporting them. There was a template to record near misses, but none had been recorded for several months so the team may be missing out on some learning opportunities. The RP had completed training on look-alike and sound-alike drugs (LASAs) and said this had increased his awareness of the medicines more at risk of selection error, so took extra care when checking these medicines.

There was a 'Complaints' SOP. A notice was on display in the pharmacy with the complaint procedure

and the details of who to complain to. Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription records and the RP record were appropriately maintained. Checks of controlled drug (CD) registers found some inconsistencies, some of which were not in keeping with the CD regulations. A prescription for 14 MST 5mg tablets, which had been supplied on 21 August, and a receipt of 5 Mezolar patches from 24 August had not been recorded in the CD register which meant there was an incomplete audit trail of these transactions and discrepancies in the running balances. The RP was aware the transactions were outstanding and said the entries had not been made promptly in the register due to the workload at the time. He agreed to review procedures so that the entries were made at the end of the day, at the latest. Patient returned CDs were disposed of appropriately.

The RP stated there was an information governance (IG) file which included the pharmacy's policies on the General Data Protection Regulation (GDPR) and patient confidentiality. He thought that the pharmacist superintendent (SI) had taken the file off the premises to update it. The pharmacy manager confirmed she had briefed the student and volunteer about patient confidentiality, and the student demonstrated a basic understanding of this, but they had not signed a confidentiality clause, so the pharmacy might not be fully complying with the General Data Protection Regulation (GDPR). Confidential waste was collected in a designated place and shredded. The RP correctly described the difference between confidential and general waste. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public.

The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding and the pharmacy manager had completed level 1. There was a safeguarding notice on display containing the contact numbers of who to report concerns to in the local area. The RP explained that he made notes on a patient's medication record (PMR) if he felt an incident was significant. For example, the RP contacted the GP of a patient who kept ordering their medication, including strong pain killers and sleeping tablets, early every time. The pharmacy manager was not aware of the 'Safe Space' initiative, where pharmacies were providing a safe space for victims of domestic abuse, but said they had distributed leaflets increasing awareness about domestic abuse and the consultation room was always available for anyone requiring a confidential conversation. The pharmacy had a chaperone policy, and this was highlighted to people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide the basic dispensing service and they work well together. They have opportunities to discuss issues informally and are comfortable providing feedback to their manager. But the pharmacy's contingency arrangements to cover additional workload and staff absence may not always be effective.

Inspector's evidence

The pharmacy manager, who was an NVQ2 (or equivalent) qualified dispenser and the RP were on duty at the time of the inspection. A student helped out in the stock room for a short time. The staffing level was adequate for the volume of work seen. The RP was a regular locum pharmacist and usually worked three days each week in the pharmacy. There was another regular locum pharmacist who worked the other two days. The pharmacy manager was the only permanent member of the team, and there wasn't any contingency for when she was absent. The closest pharmacy in the group was around 25 miles away in Barnsley, so transferring staff from there could be considered in an emergency. The RP was required to work alone for part of the inspection as the pharmacy manager took a half day off. This meant that the RP was required to dispense and self-check some prescriptions. The RP explained that the local surgery was closed for the afternoon, so he was not working under pressure. He said he was aware of the additional risk and would take extra care when checking any prescriptions, which he had dispensed himself.

The pharmacy manager and pharmacists had completed appropriate training for the services they carried out, but the pharmacy did not provide structured training or development, so gaps in their knowledge might not be identified or supported. The RP had completed CPPE training on risk management, oral health and effective communication, as well as an online refresher course on flu vaccination. The pharmacy manager was in contact with the SI by telephone on a daily basis and she shared any messages with the two regular pharmacists. She received feedback informally from the SI. The RP said he talked to the pharmacy manager about any concerns he might have. For example, he had told her it was difficult to complete other duties, such as paperwork, whilst keeping up with the workload of prescriptions. He said he knew she had raised this with the SI. The RP believed he had seen a whistleblowing policy, but he could not locate it during the inspection.

The RP was empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate. He said he was not under pressure to achieve targets and had not carried out any Medicines Use Reviews (MUR) since the start of the pandemic. He said the pharmacy had ordered a hundred flu vaccinations so he hoped to carry out at least this number in the upcoming season.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a suitable environment for people to receive healthcare services. It has a private consultation room that enables it to provide people with the opportunity to have confidential conversations. But there are some outstanding maintenance issues which affect the working conditions and detract from the professional image of the pharmacy.

Inspector's evidence

The retail area, shop front and fascia were reasonably clean and in an adequate state of repair. The rest of the premises were less well maintained and unhygienic in places. The toilet was stained with a build-up of lime scale and the pharmacy manager said she had arranged for somebody to come and remove it. There was a wash hand basin in the WC, but there wasn't any hot running water on the premises. The RP said they used hand sanitizer or boiled a kettle if hot water was required for cleaning. There was a separate dispensary sink for medicines preparation. The door from the retail area into the stockroom had been replaced, but this work had not been completed and there were gaps around the door frame. The flooring in the back room near the medical fridge was in a poor state of repair. The temperature and lighting were adequately controlled.

There were information notices about Covid-19, and reminders of the requirement to maintain social distancing. Only two people were allowed in the pharmacy at a time and floor markings were used to ensure adequate space in front of the medicine counter. The consultation room was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when customers needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers healthcare services which are generally well managed so people receive appropriate care. It gets its medicines from licensed suppliers and the team carries out some checks to ensure medicines are in suitable condition to supply. But the pharmacy could improve the way it stores and manage some of its medicines.

Inspector's evidence

The entrance to the pharmacy was step free, but the doorway was quite narrow, so the pharmacy might not be easily accessible to wheelchair users. There was a 'healthy living zone' with information about Covid-19 and there was a range of leaflets and posters offering support on a variety of subjects such as Dementia and Alcohol abuse.

There was a home delivery service with associated audit trail. The service had been adapted to minimise contact with recipients, in light of the pandemic. The deliveries were usually carried out by the pharmacy manager and she stayed a safe distance away whilst the prescription was retrieved from the door-step.

Space was limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves were reasonably well organised, but some shelves were not very neat or tidy, which increased the risk of selection errors. Dispensed by and checked by boxes were usually initialled on the medication labels to provide an audit trail. Baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. But baskets containing prescriptions waiting to be checked were stacked on the floor, which risked contamination and physical damage of the medicines.

The RP said he counselled patients on high-risk medicines such as warfarin and methotrexate when they were first prescribed. He was aware of the valproate pregnancy prevention programme and there was a poster on display reminding the team about this. The RP had identified two people in the at-risk group and they had been aware about pregnancy prevention. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling.

There was a partial audit trail for changes to medication in multi-compartment compliance aid packs, but it was not always clear who had confirmed these and the date the changes had been made, which could cause confusion when assembling packs or in the event of a query. A dispensing audit trail was completed, and medicine descriptions were usually included on the labels to enable identification of the individual medicines. Packaging leaflets were only included when a medicine was supplied for the first time. So, people might not have easy access to all of the information they need. An assessment was made by the pharmacist as to the appropriateness of a pack, to the person's, before agreeing to supply their medicines in a pack. Disposable equipment was used.

CDs were stored in a CD cabinet which was securely fixed to the wall. Date expired and patient returned CDs were generally segregated, although some short dated stock was found in the CD cabinet alongside

current stock. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. The dispenser and RP explained that they monitored medicine sales, especially when they suspected a customer might be abusing medicines such as a codeine containing product.

Recognised licensed wholesalers were used to obtain medicines but the pharmacy was not yet compliant with the Falsified Medicines Directive (FMD). The medical fridge was not very clean and the stock was disorganised. The minimum and maximum temperatures were not being recorded regularly, so there was no assurance that thermolabile medicines were being stored at the correct temperature. The fridge thermometer was reset during the inspection and the fridge remained within the required temperature range for the remainder of the inspection. The RP agreed to review the procedure for monitoring the fridge's temperature.

The RP wasn't sure how the pharmacy received alerts and recalls but confirmed that the pharmacy manager obtained and dealt with them. He thought a copy was retained in the pharmacy, but he could not locate any recent ones, so could not provide assurance that the appropriate action had been taken. The RP said he would check where the file was located with the pharmacy manager.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. The team stores equipment appropriately, but it could do more to make sure it keeps it clean and it is fit for use.

Inspector's evidence

Hand sanitizer gel and disposable gloves were available for the pharmacy team to use. The RP wore a face mask and disposable gloves and the pharmacy manager wore a visor during the inspection. People entering the pharmacy were required to wear face coverings and were served at the door if they didn't have any. There was a clear protective screen at the medicine counter to help with infection control.

Recent versions of the British National Formulary (BNF) and BNF for children were available and the pharmacist could access the internet for the most up-to-date information. There was one glass liquid measures with British standard and crown marks, but the other measures in use were plastic. There was no assurance that these were accurate, as they didn't have accuracy markings. Separate measures were marked and used for methadone solution. None of the measures were clean, risking contamination. The RP boiled the kettle and said he would use washing up liquid and boiling water to clean them.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy. Electrical equipment appeared to be in good working order.

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.