

Registered pharmacy inspection report

Pharmacy Name: Wellbeing Pharmacy, Greenhill Primary Care Centre, Greenhill Lane, Riddings, ALFRETON, Derbyshire, DE55 1LU

Pharmacy reference: 1107924

Type of pharmacy: Community

Date of inspection: 28/08/2019

Pharmacy context

This is a busy community pharmacy in the grounds of a Primary Care Centre. Most people who use the pharmacy are from the local area. The pharmacy dispenses mainly NHS prescriptions and sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance packs to people in care homes, to help them take their medicines at the right time. The pharmacy stays open for 100 hours per week, opening early in the morning and closing late in the evening.

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 and it keeps the records required by law. Members of the pharmacy team are clear about their roles and responsibilities. They keep people's private information safe and complete training so they know how to protect children and vulnerable adults. They do not always make full records of their mistakes, so may be missing out on some learning opportunities.

Inspector's evidence

There were standard operating procedures (SOPs) for the services provided, with signatures showing that most members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. Most of the team members did not wear uniforms or name badges indicating their role, so this might not be clear to people. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

There was a written procedure for dealing with dispensing incidents. But a record of a dispensing error, which one of the pharmacists said occurred around three or four months ago (involving losartan 25mg and levothyroxine 25ug) could not be located, and she could not recall the patient details or what actions had been taken as a result of the incident. Near miss logs were available but had not been used since November 2018. The pharmacist said she discussed near misses with the people involved at the time, but they were not always recorded. The pharmacy manager said he was not aware of any near misses or dispensing errors since he started in this role in April 2019. He said patient safety and learnings from other pharmacies in the chain were discussed at telecoms but details of these were not available as he kept these records at home.

There was nothing on display in the pharmacy highlighting the complaints procedure or explaining how people could provide feedback, but if asked the team would refer the person to the pharmacy manager. The pharmacy manager said he attempted to resolve any issues raised at the time in the pharmacy but would not always record these. A customer satisfaction survey was carried out annually. The results from the 2017/2018 survey were on display and available on www.NHS.uk. website:- 99.87% of respondents rated the pharmacy very good or excellent. Areas of strength (100%) were time taken to receive prescription and overall rating for pharmacist and staff. An area identified which required improvement was providing advice on physical exercise and lifestyle changes. The pharmacy manager said this was often discussed during Medicines Use Reviews (MURs).

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription and emergency supplies records were maintained electronically, but in the sample checked the prescriber, date of supply or prescription date were incorrect. The RP record was electronic but was not contemporaneously completed and was inaccurate. One of the pharmacists had already recorded the time she was to cease RP duties as 1pm on the day of the inspection but was still acting as the RP at 1.30pm. The record was in the form of a spreadsheet which could be altered, but the pharmacy manager confirmed that any changes made would be visible at head office and challenged. These records did not provide an accurate audit trail. The controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these

were regularly audited. A CD balance was checked and found to be correct.

Most members of the pharmacy team had read and signed information governance (IG) and confidentiality SOPs. The delivery driver had not, but this had been explained to him and he had a good understanding of how to protect people's confidential information. Confidential waste was collected in a designated place and shredded. Assembled prescriptions awaiting collection were not visible from the medicines counter. Paperwork containing patient confidential information was stored appropriately. Consent was received when summary care records (SCR) were accessed. The electronic prescription service (EPS) smart card belonging to the pharmacist superintendent (SI) was in use on one of the terminals. The pharmacists confirmed they used this card to access SCRs in the SI's name, which was not in line with NHS requirements and did not provide an accurate audit trail.

There was a safe guarding SOP and a notice on display in the dispensary with the contact numbers of who to report concerns to in the local area. The pharmacists had completed Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. Other staff had carried out level 1 training and read the SOP. The delivery driver said he would voice any concerns regarding a vulnerable adult to the pharmacist working at the time. The pharmacy did not have a chaperone policy, so people might not realise this was an option when having a private consultation with a member of the pharmacy team. Some members of the pharmacy team had completed dementia friends training and so had a better understanding of patients living with this condition.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the right qualifications for the jobs they do. The team members work well together. They are comfortable providing feedback to their manager and receive feedback about their own performance. They get some ongoing training. But this does not happen regularly, so their knowledge may not be always fully up to date.

Inspector's evidence

There was a responsible pharmacist, two NVQ2 qualified dispensers (or equivalent) and a delivery driver on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection, but the pharmacy manager said some staff had recently left and they were currently recruiting for two dispensers and a delivery driver. Planned absences were organised so that not more than one person was away at a time and a holiday chart was used. Absences were covered by re-arranging the staff rota. A second pharmacist arrived around lunchtime to cover the late shift and there was some handover time. The pharmacy manager was on his day off but came into the pharmacy when he heard an inspection was being carried out.

The dispensers were qualified but did not have regular protected training time to keep their knowledge and skills up to date. Some of the team had completed training on CPR, Dementia and healthy living. A few certificates showing completed training were on display, but the pharmacy manager thought most training records were with the SI. The pre-registration pharmacist was on a structured training course and attended monthly training days with other pre-registration pharmacists. Her tutor (the SI) was not based in the pharmacy but the pharmacy manager and other regular pharmacist provided feedback to the SI.

The team were given formal appraisals where performance and development were discussed. Issues were discussed within the team as they arose. A dispenser said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacy manager or SI about any concerns she might have. She said the team could make suggestions or criticisms informally, but her suggestion to improve the organisation of the workflow had not been acted on yet. There was a whistleblowing policy.

One of pharmacists said she felt empowered to exercise her professional judgement and could comply with her own professional and legal obligations. For example, refusing to sell a pharmacy medicine because she felt it was inappropriate. The pharmacy manager said a target was set for MURs but the team were not under pressure to achieve it and they were currently focusing on customer service as a priority.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a professional environment for people to receive healthcare. The pharmacy has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

Inspector's evidence

The pharmacy premises including the shop front and fascia were clean and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with four chairs. The temperature and lighting were adequately controlled. Some of the dispensary drawers were broken, but this had been reported to head office and plans were underway to replace these with new shelves.

Staff facilities were limited to a small kitchen area at the back of the dispensary and a WC with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water.

The consultation room was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. The pharmacy team explained they would use this room when carrying out the services and when customers needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are generally well managed, so people receive appropriate care. The pharmacy sources, stores and supplies medicines safely. And it carries out some checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchair users. There was an automatic door. Some services provided by the pharmacy were listed in the window of the pharmacy, but this was not up to date which might be confusing for people. The pharmacy team were clear what services were offered and a folder was available containing relevant signposting information which could be used to inform patients of services and support available elsewhere. There was a small range of healthcare leaflets and some information promoting children's oral health. There were some posters advertising local services such as a group for gentle yoga. Healthy living was not recorded so it was difficult for staff to remember examples of improved patient outcomes or monitor the effectiveness of the health promotional activities.

The pharmacy offered a repeat prescription ordering service and patients indicated their requirements a month or two in advance when they collected their medication. Requirements were checked again at hand-out and any unrequired medicines were retained in the pharmacy and the prescription endorsed as not dispensed. This was to reduce stockpiling and medicine wastage.

There was a delivery service with associated audit trail. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. The delivery driver had started a few weeks ago and had not yet read and signed the delivery SOP. The pharmacy manager had been through the procedure with him verbally and he had a good understanding of it.

Space was quite limited in the dispensary, but the work flow was organised into separate areas with a designated checking area. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail, except assembled methadone and buprenorphine which only had an initial in the dispensed by box. The pharmacy manager said he had dispensed these himself and had not had them checked by a second competent person which increased the risk of error. Baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. Notes were added to prescriptions to highlight counselling was required and high-risk medicines such as warfarin and methotrexate were targeted for extra checks and counselling. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and one young person in the at-risk group had been identified and provided with the relevant information. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling.

Multi-compartment compliance aid packs for care home patients (around 200) were well managed with an audit trail for communications and changes to medication, so it was clear who had confirmed the changes and the date the changes had been made. A dispensing audit trail was completed, and medicine descriptions were included to enable identification of the individual medicines. Packaging leaflets were supplied with the medicines. Disposable equipment was used. Multi-compartment packs for community patients (around 20) were less well managed and were assembled from previous records in advance of the prescription. The packs were not appropriately labelled until the prescription was received (up to a week), which breached labelling requirements and increased the risk of errors. This procedure was not in line with the SOP. The pharmacy manager confirmed that the procedure would be reviewed to avoid this unnecessary risk.

A dispenser knew what questions to ask when making a medicine 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 understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in two CD cabinets which was securely fixed to the wall. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely and were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used for the supply of medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out. The pharmacy was not compliant with the Falsified Medicines Directive (FMD). They had the hardware, but the software had not been installed, so were not scanning to verify or decommission medicines before supply.

Medicines were not always stored in their original containers. Around 10 pots of loose tablets and capsules were in the area where the community multi-compartment compliance packs were prepared, and they were not labelled with the full name of the medication, batch number or expiry date. The pharmacy manager said they had been removed from their original container in error and not required but would be destroyed if not used that week. Date checking was carried out and documented. Short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins.

Alerts and recalls were received via e-mail messages from the NHS area team. These were read and acted on by a member of the pharmacy team and filed electronically. Any action taken was not recorded so the pharmacy could not provide assurance that the appropriate action has been taken, in the event of a query or problem.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

Current British National Formulary (BNF) and BNF for children were available and the pharmacist could access the internet for the most up-to-date information. For example, NHS websites and the electronic BNF. There was a clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

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.

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.