Registered pharmacy inspection report

Pharmacy Name: Grendon Pharmacy, 150 Boot Hill, Grendon, ATHERSTONE, Warwickshire, CV9 2EW

Pharmacy reference: 1108067

Type of pharmacy: Community

Date of inspection: 13/12/2019

Pharmacy context

This community pharmacy is in a village and is next to a convenience store. It dispenses NHS prescriptions which it mainly receives from four local GP surgeries. It supplies some medicines in multi-compartment compliance packs to help people organise their medicines. It provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations to help people with their medicines.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 its risks well. It has up-to-date procedures which it uses to make sure its services are organised well. The pharmacy keeps the legal records it needs to and generally makes sure that these are accurate. Its team members manage people's personal information well. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were kept up to date and were signed by the pharmacy's team members to show that they had read them. The pharmacy had a notice to display the responsible pharmacist's name and registration number. The incorrect details were displayed, and these were changed when this was highlighted to the pharmacist.

The pharmacy regularly asked people visiting it to complete satisfaction surveys. The previous survey's results were positive. Most team members had worked at the pharmacy for several years and had a good rapport with local people. They received positive verbal feedback from several people using the pharmacy. The pharmacy had a process to manage complaints. Team members would refer complaints to the pharmacist and superintendent pharmacist.

The pharmacy's team members had received training about safeguarding vulnerable adults and children. Some team members had received additional training from the Centre for Pharmacy Postgraduate Education (CPPE). The team said that there had been no safeguarding concerns. They provided some examples about discussions they had with GP surgeries when they were concerned about people not taking their medicines properly. This sometimes led to people being supplied their medicines in multi-compartment compliance packs.

The pharmacy had information and guidance about managing confidential information properly. Team members had signed records to show that they had read the guidance. They had discussed the guidance with the pharmacist to make sure they understood their responsibilities. The pharmacy's team members used their own NHS smartcards to access electronic prescriptions. They separated confidential waste so that it could be shredded and appropriately destroyed.

The pharmacy had online software for making records about dispensing errors or near misses. However, the pharmacy had been unable to make records using the software for around a month due to technical issues. The pharmacist said that near misses were discussed with team members but there were no records about them and this may have led to some learning opportunities being missed. There were some previous records on the software that were seen. Team members said that limited space on workbenches sometimes contributed to the near misses. The team kept workbenches clear and organised to reduce the impact of the limited space.

Certificates were displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept required records about controlled drugs (CDs). The records included running balances which were checked regularly to make sure that the entries were accurate. Two CDs were chosen at random, the physical stock of one of these didn't match the recorded running balance. It was found that an entry had been missed in the

register. The physical balance of the other CD matched the recorded running balance. The pharmacy's records about CDs returned by people and records about the responsible pharmacists were kept and maintained adequately. The pharmacy's private prescription records were generally recorded adequately. There was one recent entry where the prescription and supply dates weren't recorded accurately, and this was highlighted to the pharmacist so that it could be corrected. There were several records about emergency supplies of medicines which didn't include a reason for the supply and may have made it more difficult for the pharmacy to know the nature of the emergency when reviewing its records.

Principle 2 - Staffing ✔ **Standards met**

Summary findings

The pharmacy has enough staff to provide its services. Its team members have the right qualifications for their roles and they are adequately supported. The pharmacy doesn't provide structured ongoing training which may make it harder for its team members to keep their knowledge up to date.

Inspector's evidence

The pharmacy was fully staffed and there were no current vacancies. One team member was due to finish her notice period and the pharmacist said that this vacancy would be advertised in January 2020. The staffing level was adequate to manage the pharmacy's workload. The pharmacy made sure staff absences were covered using overtime. Company directors owned other pharmacies which could be used to share staff if necessary.

The pharmacy had certificates which showed that its team members had appropriate pharmacy qualifications. One team member was receiving training to achieve an NVQ level 3 dispensing qualification. The pharmacy didn't have a structured training process to keep the knowledge of its team members up to date. The pharmacist provided examples about some topics he had identified to discuss with the team. This included information about the Falsified Medicines Directive and changes to the legal classification of some CDs.

The pharmacy had targets about some of its services including MURs. The team received emails which provided information about the pharmacy's progress. The pharmacist said that the targets were manageable and said that he didn't feel his professional judgement was compromised by the pharmacy's targets. He said that the superintendent pharmacist was approachable and had provided adequate support. The pharmacist had been in his role since March 2019. Feedback was generally provided informally to team members. The pharmacy had a formal appraisal process, and this was due to be completed by the pharmacist.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides its services from suitable premises. Its team members manage the available space so that there is enough room to complete tasks safely. The pharmacy has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. A separate area of the premises was used to assemble multi-compartment compliance packs. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had an adequately-sized consultation room which was used for private consultations and conversations. And it had appropriate security arrangements to protect its premises.

Principle 4 - Services   ✔ Standards met

Summary findings

The pharmacy generally manages its services well. It makes sure that its medicines are safe to use and are supplied to people safely, however it doesn't always keep complete records to support these processes. The pharmacy takes the right action when it receives information about medicines recalls.

Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. It had leaflets that provided information about its services. The pharmacy ordered some people's prescriptions from GP surgeries. It kept records about the prescriptions it ordered. Some people ordered their prescriptions themselves.

The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used a fridge to store medicines that needed cold storage. The fridge's inbuilt thermometer wasn't working properly so the team used a second thermometer to monitor the fridge temperature. The pharmacy's team members recorded daily fridge temperatures to make sure medicines stayed at the right temperatures. CDs were generally stored appropriately. CDs which had gone past their 'use-by' date were separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates. It had a template to record the checks that it completed and medicines that had gone past their 'use-by' date. Recent checks hadn't been recorded on the template, so it was difficult to show when the pharmacy's medicines had last been checked. The latest records were dated in January and February 2019. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were first opened. This helped the team members to know that the medicine was suitable if they needed to use it again. Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used for cytotoxic and other hazardous medicines. The pharmacy didn't have a list to help identify these medicines, so it may have been harder for the team to efficiently sort through the returns.

The pharmacy didn't currently scan its medicines to help verify their authenticity and to comply with the Falsified Medicines Directive. The superintendent pharmacist was arranging the implementation of the required processes. The pharmacy kept records about the recalls it had received and the actions that had been taken. The information was generally received by email and included a recent recall about ranitidine.

Dispensers used baskets to make sure dispensed medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team and these were printed to communicate this information to the pharmacist. Prescriptions were kept with checked medicines awaiting collection. Prescriptions which included medicines to be supplied within 28 days were highlighted so the team.

The pharmacy used stickers to highlight dispensed medicines that needed more counselling and

eligibility for MURs. The pharmacist said that he would provide additional counselling when methotrexate or warfarin was supplied to people. He didn't keep records about the information that was given, and this may have made it harder for the pharmacy to monitor these higher-risk medicines. The pharmacy's team members were aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. And they knew where to find up-to-date guidance materials to support this advice. The pharmacy delivered some people's medicines. It kept records about these deliveries, but these didn't always include the recipient's signature. This may have made it more difficult for the pharmacy to prove that deliveries had been completed correctly.

The pharmacy supplied medication in multi-compartment compliance packs to some people to help them organise their medicines. The pharmacy kept appropriate records about medicines included in the packs, their administration times and changes to medicines. Patient information leaflets were supplied with the packs so that people could access up-to-date information about their medicines. The pharmacy kept records about prescription ordering and assembly of the packs. Assembled packs included descriptions which helped people to identify individual medicines.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know how to report maintenance issues, so they can be resolved. And they use up-to-date reference sources when they provide the pharmacy's services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Team members had contact details to report maintenance issues. Electrical equipment had been tested by a third-party company to make sure it was safe to use. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had appropriate measures to accurately measure liquids and it had suitable equipment to count loose tablets. The pharmacy's team members accessed up-to-date reference sources on the internet.

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.