

# Registered pharmacy inspection report

**Pharmacy Name:** Tout's Pharmacy, Roynon Way, CHEDDAR,  
Somerset, BS27 3RB

**Pharmacy reference:** 1109089

**Type of pharmacy:** Community

**Date of inspection:** 13/01/2020

## Pharmacy context

This is a community pharmacy located within a supermarket in the village of Cheddar in Somerset. A range of people from the local area use the pharmacy. The pharmacy dispenses NHS and private prescriptions. It also offers a few services such as Medicines Use Reviews (MURs) and the New Medicine Service (NMS). The pharmacy supplies medicines to residents in a care home. And it acts as a collection point for people to collect multi-compartment compliance aids that have been dispensed and delivered from another one of the company's pharmacies.

## 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

Overall, the pharmacy is operating safely. Members of the pharmacy team record and learn from their mistakes. They understand the need to protect the welfare of vulnerable people. And the pharmacy adequately maintains most of its records in accordance with the law.

### Inspector's evidence

The pharmacy had sustained the improvements required of it since the last inspection. The pharmacy was much more organised, and it was routinely kept clear of clutter. Some of its workload had been moved to another pharmacy (see Principle 4) and more team members had been recruited. There was a segregated space for the responsible pharmacist (RP) to carry out the final check. Although there were occasional gaps about the action taken or learning, staff were routinely recording their near misses and they were being reviewed by the pharmacy manager. A discussion with the team took place to help consolidate the learning and to help staff to reflect upon their practice. There was information on display about the pharmacy's complaints procedure. Pharmacists handled incidents and their process was in line with the company's expectations.

The pharmacy held a range of documented standard operating procedures (SOPs). They were dated from 2019, staff had read and signed them, and their roles were defined with them. The correct RP notice was on display and this provided details of the pharmacist in charge on the day. Staff understood their roles and responsibilities and knew the activities that were permissible in the absence of the RP.

Team members had been trained to identify signs of concern to safeguard vulnerable people. This included staff in training. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education. There were contact details present for the local safeguarding agencies. All confidential information was contained within the dispensary. Confidential waste was segregated before being removed by an authorised carrier. Sensitive details on dispensed prescriptions awaiting collection could not be seen from the retail space and there was information on display to inform people about how their privacy was maintained. One of the regular pharmacists had left his NHS smart card to access electronic prescriptions in the pharmacy system from earlier on in the day. This was being used by the team, but they did not know his password. The team was advised about this accordingly.

Most of the pharmacy's records relating to its services were compliant with statutory requirements. This included a sample of registers seen for controlled drugs (CDs), records of emergency supplies, the RP record and records of unlicensed medicines. Balances for CDs were checked every week. On randomly selecting CDs held in the cabinet, their quantities matched balances that were recorded in the corresponding registers. The maximum and minimum temperatures for the fridge were checked every day and records were maintained to verify that they remained within the required temperature range. Staff kept a complete record of CDs that had been returned by people and destroyed at the pharmacy. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association and due for renewal after 9 November 2020. There were occasional gaps within the RP record where pharmacists had not entered the time that their responsibility ceased and occasional gaps of prescriber details within electronic records of private prescriptions. This was discussed at the time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has adequate numbers of staff to manage its workload. Team members understand their roles and responsibilities. They are suitably trained or are undertaking appropriate accredited training in line with their roles. And they are provided with some resources to help keep their skills and knowledge up to date.

### Inspector's evidence

Staff present during the inspection included a locum RP, two dispensing assistants, one of whom was trained and the other was undertaking accredited training and two trainee medicines counter assistants (MCAs). Certificates for staff qualifications obtained were not seen. Before selling over-the-counter (OTC) medicines, counter staff in training asked a range of appropriate questions to determine suitability, they were appropriately supervised and once details had been gathered, they ran them past the RP before proceeding with the sale. Staff in training completed course material at home. To assist with training needs, staff described taking instructions from pharmacists, using their course material, workbooks provided by pharmaceutical company sales representatives or completed online training. Team meetings were held every month. The locum pharmacist had not been set any formal targets to complete services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are adequate to ensure the effective delivery of its services. The pharmacy is professional in its appearance and it has a suitable space for services and private conversations to take place.

### Inspector's evidence

The pharmacy was located inside a local supermarket. Its premises consisted of a small retail space and a small dispensary located behind. There was little bench space available for dispensing. The pharmacy was appropriately ventilated, sufficiently lit and well-presented. Pharmacy only (P) medicines were stored behind the front counter. Staff were always within the vicinity which helped reduce the self-selection of P medicines. A signposted consultation room was available to provide services and private conversations. The door was kept locked. The space was of a suitable size for the services provided. Cabinets had been implemented since the last inspection which held some of the pharmacy's paperwork and any confidential information.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy largely provides its services in a safe manner. The pharmacy team is helpful and ensures the pharmacy's services are easily accessible. The pharmacy obtains its medicines from reputable sources. It generally stores and manages them appropriately. And, the team takes extra care for people prescribed higher-risk medicines. This helps ensure that people can take their medicines safely.

### Inspector's evidence

The pharmacy was open for 100 hours every week. People entered the pharmacy through the supermarket's wide front door and after it closed, its services were accessible via a hatch. The clear, open space inside the retail area helped people using wheelchairs to use the pharmacy's services. There were three seats available for people waiting for prescriptions and some car parking spaces available outside the premises. Staff physically assisted people who were visually impaired and described using the consultation room for people who were partially deaf.

The pharmacy no longer assembled multi-compartment compliance aids at the pharmacy but acted as a collection point for people once they had been assembled at another of the company's pharmacies. This had helped assist the pharmacy with its workload. People were verbally informed about this arrangement, the pharmacy handled queries on behalf of the other pharmacy and liaised with them when issues were seen. The team also ordered prescriptions on behalf of people, once they were received, they were delivered to the other pharmacy by the delivery driver. Staff kept records about when they had been received and were due. However, this information was recorded onto a laminated sheet and details could be wiped off. There were also no audit trails to help verify when the compliance aids had been collected. Staff were advised to keep more detailed records about this process.

Medicines were supplied to the care home as original packs. The care home ordered prescriptions for their residents and the pharmacy held records that helped it to ensure that all items had been received. Patient information leaflets were routinely supplied. There were no residents receiving higher-risk medicines. Staff had not been approached to provide advice regarding covert administration of medicines to care home residents.

The team used a dispensing audit trail through a facility on generated labels. This identified their involvement in processes. They used baskets to hold prescriptions and associated medicines. This helped prevent any inadvertent transfer. Baskets were colour co-ordinated to help highlight priority. Staff were aware of risks associated with valproate. An audit had been completed to identify people at risk and there was educational literature to provide upon supply. Prescriptions for people with higher risk medicines were routinely identified, so that counselling could take place and relevant parameters checked. This included asking about the International Normalised Ratio (INR) level, for people prescribed warfarin. Details were seen documented about this. Assembled prescriptions awaiting collection were held in an alphabetical retrieval system. Fridge items and CDs (Schedules 2 to 4) were identified. Assembled fridge items were stored within clear bags. Uncollected prescriptions were removed every three months.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as AAH, Colorama, Phoenix, Bestway and Alliance Healthcare. Unlicensed medicines were obtained through

Alliance Healthcare. Staff were aware of the process involved for the European Falsified Medicines Directive (FMD), but they were not yet complying with the decommissioning process. Medicines were stored in an organised manner and were date-checked for expiry every three months. A schedule was in place to verify the process. Short dated medicines were identified. There was no date expired or mixed batches seen. CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight. Returned CDs were brought to the attention of the RP. Drug alerts were received by email. The process involved checking for stock and acting as necessary. An audit trail on the pharmacy's email system was seen to verify the process. Medicines returned by people for disposal were held within designated containers prior to collection. However, there were no separate containers to store hazardous and cytotoxic medicines and no list available for staff to identify these medicines. People bringing back sharps for disposal, were referred to the GP surgery or to the local council.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has a suitable range of equipment and facilities it needs to provide its services safely. Its equipment is generally kept clean.

### Inspector's evidence

The pharmacy was equipped with current versions of reference sources. There were crown-stamped conical measures available for liquid medicines. Staff explained that an additional fridge had been installed since the last inspection and both were operating at appropriate temperatures. The CD cabinet was secured in line with legal requirements. Computer terminals were positioned in a manner that prevented unauthorised access. Cordless phones were used by the team to maintain people's privacy. The dispensary sink used to reconstitute medicines was relatively clean. Hot and cold running water with hand wash was available here.

### 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.