

Registered pharmacy inspection report

Pharmacy Name: Market Street Pharmacy, 33-35 Market Street,
HYDE, Cheshire, SK14 2AD

Pharmacy reference: 1109406

Type of pharmacy: Community

Date of inspection: 31/01/2020

Pharmacy context

This busy community pharmacy is located in the town centre close to several medical centres. Most people who use the pharmacy are from the local area. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs to help people living at home, and in care homes, take their medicines at the right time.

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 | 3.2 | Good practice | The pharmacy has three consultation rooms, including a dedicated room for specialist services. |
| 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. It takes some action to improve patient safety and asks its customers for their views and feedback. The team has written procedures on keeping people's private information safe and team members understand how they can help to protect the welfare of vulnerable people. The pharmacy completes the records that it needs to by law, but some details are missing, which could make it harder to understand what has happened if queries arise.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided, with signatures showing that members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in the SOPs and the pharmacy team members were performing duties which were in line with their role. They were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

Dispensing incidents were reported on the intranet which was accessed by the pharmacist superintendent (SI). Dispensing errors were also reported to the National Pharmacy Association (NPA). Following an error where a patient received enalapril instead of escitalopram, alert notes had been attached to the dispensary shelves in front of both of these products. Near misses were reported and reviewed as part of monthly patient safety reviews, which were uploaded onto the intranet. The key learning from December's review was that 'people need to take more care and double check'. The pharmacy's current priorities were to reduce look-alike and sound-alike drugs (LASAs) errors, reduce near misses and increase accuracy. Alert stickers had been used to highlight propranolol and prednisolone, so extra care would be taken when selecting these, following a serious incident in another pharmacy, which the pharmacy manager had been made aware of.

The complaints procedure and the details of who to complain to were outlined in 'Your community pharmacy' leaflets, which were on display. A customer satisfaction survey was carried out annually. The results of the most recent survey were on display and available on www.NHS.uk website. Areas of strength (99%) included the cleanliness of the pharmacy and the comfort and convenience of the waiting areas. An area identified which required improvement was giving advice on physical exercise, healthy eating/weight loss and stopping smoking. The pharmacy's published response was 'Increase the information available to staff to provide advice and increase engagement with Healthy Living Pharmacy initiatives'. The pharmacy manager explained that this had led to an increase in the amount of healthy living information on display in the pharmacy.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription and emergency supply records were maintained electronically. The date on the prescription was incorrect on some entries of private prescriptions, and the nature of the emergency was missing on one some entries of emergency supplies. Full records, including the patient's details were not maintained for medicines obtained from 'Specials'. So they did not provide a full audit trail which would be needed in the event of a problem or query and was not in line with the Medicines and Healthcare products Regulatory Agency (MHRA) regulations.

The RP record and the controlled drug (CD) register were maintained electronically. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Adjustments to methadone balances were attributed to manufacturer's overage following an assessment of whether the adjustment was within a reasonable range or should be investigated and reported to the accountable officer. Patient returned CDs were recorded and disposed of appropriately.

Members of the pharmacy team had read and signed the pharmacy's information governance (IG) policy and a code of conduct on confidentiality. Confidential waste was placed in designated bags which were collected by a waste company, for disposal. The pre-registration pharmacist (pre-reg) correctly described the difference between confidential and general waste. A privacy statement was on display in line with the General Data Protection Regulation (GDPR). The process for recipients signing to confirm the safe receipt of their delivery had been changed to avoid them seeing other patient's details.

There was a safeguarding children and vulnerable adults SOP and the pharmacy manager and pharmacy technician (PT) had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. A dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. She confirmed she had completed training on safeguarding as part of her NVQ3 dispensing course. Members of the pharmacy team had completed Dementia Friends training, so had a better understanding of patients living with this condition. There was nothing on display indicating that the pharmacy had a chaperone policy and members of the team did not know if there was one, so people might not realise that this was an option.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff and team members have the right qualifications for the jobs they do. They are comfortable providing feedback to their manager and receive feedback about their own performance. Team members are well supported and have opportunities to discuss issues informally together.

Inspector's evidence

There was a pharmacy manager who was working as the RP, a PT, four 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 and the team were observed working collaboratively with each other and the patients. Absences were covered by re-arranging the staff rota or transferring staff from neighbouring branches. Some of the pharmacy team were part-time so there was flexibility. There was an extra pharmacist one day every two weeks and for around one hour each day. A second pharmacist was available for the last half an hour of the inspection. The pharmacy was taking over the NHS contract from a neighbouring pharmacy which was closing down, so it was going to reduce its opening hours from 100 hours per week to 53.5 per week, from 1 February 2020. The pharmacy was not going to lose any staff hours, so there would be more staff working during the core hours. Two dispensers worked in the compliance pack room and they could be called to assist in the main pharmacy when necessary.

The Chief Executive and Central Operation Manager of the company were present for part of the inspection. The SI visited regularly and provided good professional support to the pharmacy manager. She carried out an annual professional check which highlighted any issues. Action points were given to all the pharmacy team to read and they were required to sign these. For example, ensuring all visitors were signed in and locking the consultation room after use.

Members of the pharmacy team carrying out services had completed appropriate training. The pre-reg was on a structured training course and he attended external training days arranged by head office and Buttercups, who provided the pre-reg course. Earlier in the week the pre-reg had attended a training day on clinical pharmacy. He had regular meetings with the pharmacy manager who was his tutor, and five hours of regular study time each week. Most members of the pharmacy team were on accredited courses and they were given regular protected training time, but there was no on-going structured training for other members of the team.

The company had a formal appraisal system, but the pharmacy manager said he was behind with this and had not carried out any appraisals for around two years. He explained that performance and development were discussed informally with team members, and they were given positive and negative feedback on a regular basis. Communication within the company was mainly through the intranet and e-mails. There was recent e-mail communication from the field manager reminding the team to complete a risk assessment on sepsis, continue with the non-steroidal anti-inflammatory drug (NSAID) audit and a reminder to complete the refresher training on GDPR. Day-to-day issues were discussed as they arose. A dispenser felt there was an open and honest culture in the pharmacy, and she was comfortable admitting errors. She said she would feel comfortable talking to the pharmacy manager

about any concerns she might have, and the team could make suggestions or criticisms informally. There was a whistleblowing SOP.

The pharmacy manager felt 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 targets were not set for services such as Medicines Use Reviews (MURs) and he didn't feel under pressure to complete these. He explained he tried not to put pressure on the team and decided to stop providing a service when he realised it was creating too much extra work for the team to cope with. He explained his reasoning to his managers and they were supportive.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy premises including the shop front and fascia were clean, well maintained and in a good state of repair. The pharmacy was spacious and the retail area was free from obstructions, professional in appearance and had two separate waiting areas with a total of nine chairs. The temperature and lighting were adequately controlled. The pharmacy had been fitted out to a good standard when it opened, and the fixtures and fittings were in good order. Maintenance problems were reported to head office and there were set contractors who could be contacted. The response time was appropriate to the nature of the issue. The lighting in the pharmacy was being upgraded gradually as it was replaced.

Staff facilities included a kitchen and a WC with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand sanitizer gel and disposable gloves were available. There was a large separate room for the assembly and storage of compliance packs which had a separate sink.

There were three consultation rooms which were uncluttered, clean and professional in appearance. The availability of a private room was highlighted in the 'Your community pharmacy' leaflets. Two of the rooms were signed as 'advice hubs'. The third consultation room had a hatch into the dispensary and supervised medication took place in here. This room had been added since the previous inspection to improve the privacy for people receiving supervised medication. A Perspex screen had been added to the dispensary to reduce distractions and increase confidentiality in the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are generally well managed and easy for people to access. It sources and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply. The pharmacy team members give healthcare advice and support to people in the community.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchair users. There were two entrances into the pharmacy, one was step free and fitted with an automatic door and the other one had a ramp.

Some of the services provided by the pharmacy were listed in the 'Your community pharmacy' leaflet and some services were advertised in the pharmacy's window, along with the current and new opening hours. There were several healthy living areas and there were two community notice boards, advertising local services such as the Tameside pulmonary fibrosis support group. The pharmacy team were clear what services were offered and where to signpost to a service not offered. For example, travel vaccinations. Signposting was recorded in the form of a tally chart. There had been around twenty occasions during January.

The pharmacy was a healthy living pharmacy and there was a range of healthcare leaflets on display. Two of the team had been trained as healthy living champions and the pharmacy took part in national health campaigns. For example, 'Stay well this winter'. The pharmacy was preparing to launch an alcohol awareness campaign. Numbers of people receiving healthy living advice were not recorded. It was therefore difficult to monitor the effectiveness of the health promotional activities and improved outcomes for patients.

The pharmacy offered a repeat prescription ordering service. Patients were required to contact the pharmacy to confirm their requirements each time. This was to reduce stockpiling and medicine wastage and was in line with local policy. The only exception to this was patients receiving their medicines in compliance aid packs, when the pharmacy contacted each patient before ordering their repeat prescriptions. There was a home 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.

Space was adequate in the dispensary, and the work flow was organised into separate areas with a designated checking area. The dispensary shelves were not very neat and tidy, which could increase the risk of error. The pharmacy manager was aware of the increased risk and said the shelves should be tidied up as part of the routine date checking process, and he would try and enforce this. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured 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.

'Post it' notes were used to highlight when counselling was required and high-risk medicines such as warfarin and lithium were targeted for extra checks and counselling. INR levels were requested but not usually recorded when dispensing warfarin prescriptions, so there was no record of this intervention. The team were aware of the valproate pregnancy prevention programme. A valproate audit was being carried out but the valproate information pack and care cards were not available to ensure people in the at-risk group were given the appropriate information and counselling. The pharmacy manager said most of the valproate was supplied in original packs and these now contained the care cards. During a diabetes audit, one patient had been referred for a foot check and three patients had been counselled as part of a lithium audit.

The pharmacy supplied around 120 care home patients (within three care homes) and around 200 community patients with their medicines in multi-compartment compliance aid packs. These were assembled and stored in a dedicated room which was spacious and well organised. The compliance aid packs were well managed with an audit trail for communications with GPs and changes to medication. A dispensing audit trail was completed, and medicine descriptions were usually included on the packaging of community patient's compliance aid packs, to enable identification of the individual medicines. Medication administration record (MAR) charts were included for care home patients and these contained pictures of some of the medication to aid identification. However, this was not completed for all of the medications on the sample checked. The pharmacy team confirmed they usually included packaging leaflets so patients and their carers could easily access all the required information about their medicines. If the patient had any allergies, this would be added to the MAR charts. An assessment was not carried out by the pharmacist as to the appropriateness of a compliance aid pack, or if other adjustments might be more appropriate to the patient's needs, prior to commencing this service for a community patient. So, some patients might be receiving their medicines in a compliance aid pack who don't necessarily require one, and this increased the risk to the patient, and the workload and cost for the pharmacy.

A dispenser explained what questions to ask when making a medicine sale and when to refer the patient to a pharmacist. He was clear which medicines could be sold in the presence and absence of a pharmacist. CD 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. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Recognised licensed wholesalers were used to obtain medicines. The pharmacy was compliant with the Falsified Medicines Directive (FMD) and the team were scanning medicines to verify and decommission them.

Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. 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 SI. These were read and acted on by a member of the pharmacy team and then filed. A copy was retained in the pharmacy with a record of the action taken, so the team were able to respond to queries and provide assurance that the appropriate action had been taken.

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 and use it in a way that protects privacy.

Inspector's evidence

Current 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 a large 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 and had been PAT tested.

There was a selection of clean glass liquid measures with British standard and crown marks. A plastic measure was being used for methadone solution, which did not have accuracy assurance marks and was harder to keep clean. 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. Some medicine containers were not appropriately capped during storage 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. Individual electronic prescriptions service (EPS) smart cards were used appropriately. 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. |