

# Registered pharmacy inspection report

**Pharmacy Name:** Phakeys Pharmacy, 149 Carlton Road,  
NOTTINGHAM, Nottinghamshire, NG3 2FN

**Pharmacy reference:** 1109436

**Type of pharmacy:** Community

**Date of inspection:** 11/07/2019

## Pharmacy context

This community pharmacy is located along a parade of shops in Nottingham and is close to the city centre. The pharmacy mainly dispenses NHS prescriptions which it receives from a nearby GP surgery. It supplies some medicines in multi-compartment compliance packs to help people take their medicines. And it provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations to people.

## 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
<b>1. Governance</b>	Standards met	1.8	Good practice	The pharmacy's team members receive appropriate training about protecting vulnerable people and they escalate their concerns to make sure vulnerable people are supported.
<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

The pharmacy manages its risks adequately. It makes changes to its processes to improve the safety of its services. Its team members receive appropriate training about protecting vulnerable people. They escalate their concerns to make sure vulnerable people are supported. The pharmacy keeps the legal records that it needs to and generally makes sure that these are accurate. The team largely manages confidential information appropriately.

### Inspector's evidence

The pharmacy kept records about near misses and errors. Team members said that the accuracy checker usually made records about near misses. They said that they had weekly meetings to discuss mistakes. A team member said that different strengths of levothyroxine tablets were often mistaken for one another. The pharmacy manager said that the storage shelves had been rearranged to make sure medicines were clearly organised and reduced the chance of them becoming mixed up.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. Team members said that they received additional feedback verbally. Team members said that most people regularly visited the pharmacy which helped to build a good rapport. They said that they would escalate any complaints to the pharmacist on duty.

The pharmacy had standard operating procedures (SOPs) which covered its services. There were several SOPs that had passed their review date in 2019 which meant that they might not have reflected the pharmacy's current practice. The pharmacy manager said that the pharmacy was currently reviewing the SOPs. The pharmacy's team members had signed the SOPs to show that they had read them. The pharmacy had a monthly checklist which it completed to make sure that all required tasks had been completed.

Team members said that they had received training about safeguarding vulnerable people. The training had been provided in the SOPs and by the Centre for Pharmacy Postgraduate Education. The pharmacy kept records to show that the team members had completed this training. Team members said that they would bring any concerns to the pharmacist's attention. They provided an example of a vulnerable adult who had regularly visited the pharmacy. They said that the concern was discussed with the pharmacy manager and then escalated to relevant agencies. The pharmacy had access to contact details for local safeguarding organisations.

The pharmacy had SOPs about information governance and confidentiality. Its team members said that protecting confidentiality was often discussed in team meetings. Team members used NHS smartcards to access electronic prescriptions. Some team members used the pharmacy manager's smartcard and knew its pin code. This meant that it was not always clear which team member was accessing electronic prescriptions. The pharmacy manager said that he was in the process of organising smartcards for other team members so they didn't have to use his card.

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. Five CDs were checked at random

and the stock matched the recorded running balances. Responsible pharmacist records were generally kept adequately but there were some records that did not include the pharmacist's sign-out time. It may have been more difficult for the pharmacy to find this information if needed. Other records about returned CDs, private prescriptions and emergency supplies were kept and maintained adequately.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to safely provide its services. Its team members have suitable pharmacy qualifications. They receive feedback about their performance to help them develop. And they have open discussions as a team.

### Inspector's evidence

At the time of the inspection there was the responsible pharmacist (locum pharmacist), two pharmacy technicians and five dispensers present. The pharmacy manager arrived during the inspection. He said that team members generally worked the same hours each week. He said that the team members' annual leave was organised so that the staffing level was maintained. Overtime was used to provide additional cover when needed. The pharmacy's team members said that they had weekly meetings to discuss issues and to allow the team to raise issues. The pharmacy kept records about the topics that were discussed, and this meant that other team members could look at the notes if they were absent. The team had recently discussed stock shortages and minor ailments.

There were certificates available which showed that team members had pharmacy qualifications that were appropriate for their role. There was limited ongoing training provided by the pharmacy which meant that it was more difficult for team members to keep their knowledge and skills up to date. Pharmacy technicians said that they completed revalidation to keep their knowledge up to date. The pharmacy's team members had recently been provided feedback through formal appraisals. The pharmacy manager used a template to record the information that was discussed. The pharmacy manager said that he received feedback during visits by the superintendent pharmacist or during general manager meetings. He said that there was no undue pressure to achieve targets. He said that he felt well supported by the superintendent pharmacist and had been able to increase the numbers of staff in response to an increased workload.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides its services from suitable premises. It has enough space to safely manage its workload. Its team members keep the pharmacy clean and tidy. The pharmacy's consultation room protects people's privacy when it is used. The pharmacy has appropriate security arrangements to protect its premises.

### Inspector's evidence

The pharmacy was clean and tidy. There was enough space in its dispensary to safely manage its workload. The pharmacy's team members kept workbenches tidy so that there was enough space to complete tasks safely. The pharmacy had a consultation room which was suitable for private consultations and conversations. The room protected people's privacy when it was used. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. And it had appropriate security arrangements to protect its premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy adequately manages its services. It gets its medicines from reputable suppliers. And it generally makes sure that they are safe for people to use. The pharmacy's team members largely provide appropriate advice to people, so they can use their medicines safely.

### Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. There were no leaflets available that provided information about the pharmacy and its services. This may have restricted some people's access to this information.

The pharmacy ordered most people's prescriptions. It kept records about prescriptions it ordered. The pharmacy provided a 'managed repeat prescription' service. This meant that the pharmacy would automatically order prescriptions, so people received their medicines on time. The pharmacy's team members said that this service was offered for people taking regular medicines. They said that people were asked to confirm which medicines were required each time a prescription was ordered.

Dispensers used baskets to make sure prescriptions were prioritised and 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. Team members said that they verbally informed the pharmacist about interactions or printed warning labels when needed. Prescriptions were kept with checked medicines awaiting collection. Team members said they would check prescription dates to make sure medicines were supplied while prescriptions remained valid. Team members said that notes were sometimes attached to checked medicines to make sure counselling points were provided to people. Stickers were used to highlight dispensed medicines that needed more advice from a pharmacist or medicines that were CDs. This included Schedule 3 and 4 CDs.

The pharmacy's team members also used stickers to highlight people's eligibility for MUR and NMS consultations. The pharmacy manager said that people usually told team members about relevant blood test results if they were supplied with warfarin. The pharmacy kept records about the blood test information they were given. The pharmacy did not highlight dispensed warfarin so there may have been some people who were not asked about this information. The pharmacy manager knew about pregnancy-prevention advice to be provided to people in the at-risk group who were supplied with sodium valproate. The pharmacy team was not sure how treatment cards and other guidance materials for this advice should be used. The inspector signposted the team to guidance that was available about the use of these materials. The pharmacy delivered some people's medicines. It kept records about these deliveries which included the recipient's signature.

The pharmacy supplied medicines in multi-compartment compliance packs to around 92 people to help them manage their medicines safely. Most people received the compliance packs every month. Some people received their compliance packs every week. The pharmacy's team members said that prescribers decided how often the compliance packs should be supplied. They said that they could make suggestions to the GP surgery if they felt more support was needed. The pharmacy kept records about medicines included in the compliance packs, their administration times and changes to

medicines. Assembled compliance packs did not always include descriptions so identifying individual medicines was more difficult. Patient information leaflets were supplied with the compliance packs.

The pharmacy had invoices which indicated that its medicines were obtained from licenced wholesalers. It used two fridges to keep stock that needed cold storage. Team members recorded fridge temperatures every day so that the fridges stayed at the right temperature. CDs were stored appropriately. Expired CDs were segregated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates every month. It kept records about checks that it completed and expired medicines. Medicines that were approaching their expiry date were highlighted to the team and were recorded on a list up to December 2019. The pharmacy's team members said that they checked expiry dates when they received stock from wholesalers. Several medicines were checked at random and were in date. The pharmacy generally labelled the date onto medication bottles when they were opened. This helped the team members to know that the medicine was suitable if they needed to use it again. Expired and returned medicines were segregated and placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used to segregate cytotoxic and hazardous medicines. A list was displayed to help identify these medicines.

The pharmacy did not have equipment to help verify the authenticity of its medicines and comply with the Falsified Medicines Directive. The pharmacy manager said that the superintendent pharmacist had recently signed up to a third-party company to provide the required equipment and software. The pharmacy received some information about medicine recalls from wholesaler invoices and NHS emails. It kept records about recalls that had been actioned, however the latest record was dated in November 2018. So, it was not clear if the pharmacy had received and actioned recent medicine recalls. The pharmacy did not stock any medicines from recent recalls.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment to safely provide its services. It keeps its equipment and facilities in good condition. The pharmacy team use up-to-date reference sources when providing their services.

### Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. The pharmacist said that he contacted contractors about some maintenance issues. He said that other maintenance issues were managed by the pharmacy's head office. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy to accurately measure liquids. The pharmacy had suitable equipment to count loose tablets. The pharmacy 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.