

# Registered pharmacy inspection report

**Pharmacy Name:** Atherstone Pharmacy, 87 Long Street,  
ATHERSTONE, Warwickshire, CV9 1BB

**Pharmacy reference:** 1109847

**Type of pharmacy:** Community

**Date of inspection:** 11/12/2019

## Pharmacy context

This community pharmacy is located along a parade of shops in a market town and it is open across extended hours. It dispenses NHS prescriptions which it receives from several 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

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	2.5	Good practice	The pharmacy encourages its team members to provide feedback about its processes and procedures.
<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 generally manages its risks well. Its team members make records about dispensing errors and near misses so that they can identify trends and make improvements. The pharmacy keeps the legal records that it needs to and mostly makes sure that these are accurate. The pharmacy's 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 had mostly been reviewed in 2019. A sample of SOPs was checked, and they had been signed-off by all 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, however its location wasn't easily visible to people being served at the pharmacy counter. And this may have meant that some people didn't know who the responsible pharmacist on duty was.

The pharmacy regularly asked people visiting it to complete satisfaction surveys. The previous survey's results were generally positive. The pharmacy had received some negative feedback about changes to the returns of used sharps and needles that had been made by the council. The pharmacy said that some people also provided about medicine shortages that impacted them. The pharmacy had tried to mitigate these concerns by making sure its team were fully aware about current shortages, so they could keep people informed. They attached notes to bags of dispensed medicines about ranitidine shortages so that people could get alternative medicines. The pharmacy had a process to manage complaints. Information about the pharmacy's complaints process was in its practice leaflet.

The pharmacy's team members had received training about protecting vulnerable adults and children. Some team members had received additional training from the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy employed two delivery drivers. One of the delivery drivers had received training about safeguarding. The pharmacy had contact details for local safeguarding organisations which made it easier to escalate concerns. Team members said that they hadn't reported any previous incidents to the local board. They had made records on a patient medication record about a concern that had been discussed with a local GP surgery. The pharmacist had intervened when a monthly quantity of medicines had been prescribed to a person who usually only received weekly prescriptions.

The pharmacy trained its team members about managing people's personal information properly. It had guidance about the General Data Protection Regulation (GDPR) that had been introduced, and it had provided a summary for its team to read. Confidential waste was separated from other waste so that it could be shredded. Team members used their own NHS smartcards to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS code of conduct on confidentiality was in its practice leaflet.

The pharmacy had highlighted several 'lookalike and soundalike (LASA)' medicines. Different strengths of citalopram tablets had been cleared separated using dividers. The pharmacy used labels to identify locations for stock on a crowded shelf. The pharmacy made appropriate records about dispensing

errors and near misses. Some team members had been trained about making dispensing error records so that it could be completed when the regular pharmacists were absent. The pharmacy had records about communications with prescribers that had taken place after dispensing errors. The pharmacy had a template to record near misses. Team members recorded the errors that they were involved in. Monthly reviews were recorded and were used to identify trends or to make improvements. The pharmacy had shared an information sheet with its team members about different types of inhalers after it found several similar near misses had occurred with these medicines. The pharmacy team knew how to report incidents involving controlled drugs (CDs).

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 CDs. The records included running balances and these were regularly checked to make sure the entries were correct. Two CDs were chosen at random and the physical stock of one of these did not match the recorded running balance. An arithmetic error in the records was later found and corrected the running balance. The physical stock of the second CD matched the recorded running balance. The pharmacy kept appropriate records about CDs that had been returned by people. Private prescriptions were generally recorded adequately however there were several records which didn't include the prescription dates. This was highlighted to the superintendent pharmacist so that the records could be corrected. Other records about the responsible pharmacist were kept and maintained adequately.

## 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 complete ongoing training to keep their knowledge up to date. The pharmacy encourages its team members to provide feedback about its processes and procedures.

### Inspector's evidence

At the time of the inspection, there was the responsible pharmacist (a company director), a pharmacy technician, two dispensing assistants and a medicines counter assistant present. The superintendent pharmacist arrived during the inspection. The staffing level appeared adequate to manage the pharmacy's workload. The pharmacy used rotas and calendars to plan holidays. It used overtime to cover some staff absences. One of the directors owned another pharmacy which could be used to share staff if needed.

The pharmacy shared information with its team members through informal discussions and notes. A communication book was also used to share messages across the extended opening hours. Team members were comfortable to provide their suggestions. The pharmacy's SOPs included a page for team members to make suggestions about additions or alternations to the recorded procedures. An example included recording evidence about healthy living promotions on a memory stick. Another suggestion was about improving the support provided to vulnerable people. The suggestions were currently being collected so they could be reviewed by the superintendent pharmacist.

There were certificates displayed which showed the pharmacy qualifications that had been completed by team members. Team members had their own training folders which recorded ongoing training they had completed to keep their knowledge up to date. Team members had received training about over-the-counter medicines and had received modules from Alliance Healthcare about minor ailments. Team members generally completed ongoing training during quieter periods. The completion of training was monitored by the company directors. The pharmacy didn't have any targets. Team members recently received annual appraisals from the company directors in November 2019.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides its services from suitable premises. It has enough space to provide dispense people's medicines 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. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a suitably-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 stores its medicines in appropriate conditions, so they are safe for people to use. Its team members take the right actions when they receive information about medicine recalls. They identify higher-risk medicines, so they can provide people with more advice.

### Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. It didn't have an automatic door which may have made it harder for some people to access the premises. The pharmacy had leaflets in its retail area that provided people with information about its services. The pharmacy ordered prescriptions for some people. It kept records about prescription orders it had made so that its team members could check the prescriptions included all the required medicines. Some people ordered their own prescriptions themselves. The pharmacy provided an automatic prescription ordering service for some people who told the team which items to order a month before their prescriptions were due.

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 pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. The current fridge temperature was within an acceptable range. CDs were 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 every three months. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. The latest records were dated in June and August 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. The pharmacy didn't separate hazardous or cytotoxic medicines. Its team members said that they had been told this wasn't required by the waste contractor. The superintendent pharmacist was implementing arrangements so that the pharmacy could comply with the Falsified Medicines Directive. The pharmacy kept appropriate records about medicines recalls that it received through emails. This included a recent recall about ranitidine.

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 and these were printed for the pharmacist to see. The pharmacy recorded medicine brands that had been requested by people, so it could source the right stock. Prescriptions were kept with checked medicines awaiting collection. The pharmacy removed dispensed prescriptions after three months and kept a record of the prescriptions. It used stickers to highlight dispensed CDs and fridge items. The pharmacy also used stickers to highlight eligibility for services like MURs.

The pharmacy used stickers to highlight dispensed medicines that needed more counselling. It kept records about relevant blood test results when it supplied warfarin to people. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. However, some of the guidance materials it had to support this advice were outdated. The inspector provided information to the team about where to find up-to-date guidance materials. The pharmacy delivered some people's medicines. It kept appropriate records about the deliveries it carried out and included the recipient's signature.

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. Team members said that patient information leaflets were supplied with the packs, several assembled trays shown by team members didn't include any leaflets. This was highlighted to the pharmacy team because some people may not have been able to access up-to-date information about their medicines. 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 appropriately managed. The pharmacy team uses up-to-date reference sources when it provides 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 to local contractors. They usually escalated issues to the company directors. 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 equipment 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
 <b>Excellent practice</b>	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.
 <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
 <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.