

Registered pharmacy inspection report

Pharmacy Name: Brennans Pharmacy, Darklands Road,
SWADLINCOTE, Derbyshire, DE11 0PP

Pharmacy reference: 1110333

Type of pharmacy: Community

Date of inspection: 14/01/2020

Pharmacy context

This community pharmacy is located within a busy health centre on the outskirts of Swadlincote. The pharmacy dispenses prescriptions and sells a range of over-the-counter (OTC) medicines. It offers several additional services including NHS Medicines Use Reviews (MURs), New Medicine Service (NMS) and seasonal 'flu vaccinations. The pharmacy team dispenses some medicines into weekly packs for people that can sometimes forget to take 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
1. Governance	Standards met	1.2	Good practice	The pharmacy has robust review processes which help demonstrate how it manages risk. Pharmacy team members act openly and honestly by sharing information when mistakes happen. And the team members are able to show how they reduce risks through their working practices.
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 effectively manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs had been prepared and reviewed by the superintendent's office on various dates and were periodically reviewed and updated. Signature sheets were used to record staff training and staff read and signed SOPs relevant to their job role. Roles and responsibilities of pharmacy staff were highlighted within the SOPs.

A near miss log was used and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. The responsible pharmacist (RP) explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. The near miss log was reviewed for patterns and trends at the end of the month and discussed with the team to identify any learning opportunities. Various medicines were separated to reduce the risk of them being selected in error. Dispensing errors were recorded using an online template form and reported to the superintendent (SI). An example of a previous dispensing error was discussed, and the RP explained how the stock layout had been changed to reduce the risk of a similar error occurring in the future. Regular internal audits were completed to check compliance with various aspects of the business, such as pharmacy services, trading standards and human resources. A GPhC inspection checklist had also been completed by the RP. The internal audits and checklists were used to create an action plan for the responsible pharmacist to work through to make improvements.

Members of the team were knowledgeable about their roles and discussed these during the inspection. A member of staff explained the additional checks she made when a member of the public requested over-the-counter high-risk medicines such as co-codamol or sleeping aids. Pharmacy staff were wearing uniforms and name badges.

A complaints procedure was in place. The RP explained the process for handling a complaint or concern. She identified that she would speak to the person first and would try to resolve the issue and would only refer to the area manager if the complaint was unresolved. A customer leaflet was available which explained the complaints process. People could give feedback to the pharmacy team in several different ways; verbal, written, directly to head office and using the annual NHS CPPQ survey. The pharmacy team tried to resolve any issues raised that were within their control and made improvements based on the feedback.

The pharmacy had up-to-date professional indemnity insurance arrangements in place. The Responsible Pharmacist (RP) notice was displayed and the RP log complied with requirements. Controlled drug (CD)

registers also complied with requirements. A regular CD balance check took place and was documented in the CD register. A random balance check matched the balance recorded in the register. The balance check for methadone was done every week and the manufacturer's overage was added to the running balance. A patient returned CD register was used. Private prescriptions were recorded electronically, and records were in order. Specials records were maintained with an audit trail from source to supply. Medicines Use Review (MUR) and New Medicine Service consent forms were signed by the patient. Home delivery records were signed by the recipient as proof of delivery.

Confidential waste was stored separately to normal waste and sent offsite for destruction. The information governance policy was included in the SOPs. Computers were password protected. The pharmacy team used individual NHS Smartcards to access patient data and removed them when they were not in use. The RP gained verbal consent for NHS Summary Care Record (SCR) access and recorded the reason for accessing the record on the PMR. Pharmacy staff answered hypothetical safeguarding questions correctly and had completed safeguarding training. Local safeguarding contacts were available, and the surgery next door had a named safeguarding lead that the RP could contact if needed. The RP had completed the Centre for Pharmacy Postgraduate (CPPE) training package on safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacy manager (RP at the time of the inspection), two dispensing assistants, a trainee dispensing assistant and a medicine counter assistant. Holidays were booked at least a month in advance and rotas were planned in advance by the pharmacy manager. Cover was provided by other staff members as required or relief dispensers could be booked through head office to provide additional cover for annual leave or sickness. The pharmacy manager and area manager had reviewed the core rotas and the salary budget and a part-time dispenser job vacancy that had been advertised and interviews had taken place. The pharmacy manager had 'double-cover' on two days each week to support with accuracy checking, although some of the pharmacist's time was spent dispensing due to the dispenser job vacancy.

Ongoing staff training was provided by head office on an e-Learning system and a number of topics were available dependent on individual development needs. A dispensing assistant could not recall the last time that she had training time due to the pharmacy being 'short-staffed'. The trainee dispensing assistant received regular training time to work through the course. The team had annual appraisals with the pharmacy manager and the last appraisal had taken place in December 2019. A dispenser explained that she had discussed her aspirations for the future with the pharmacy manager but was unsure whether the area manager or head office were aware of these.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. As the pharmacy team worked closely together on a daily basis, they discussed any near misses, incidents and pharmacy issues on a regular basis within the dispensary rather than at a formal meeting. Weekly bulletins were sent from head office and these were shared with the team. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacy manager or head office. The pharmacy had changed ownership about three years ago and staff were unsure of the company's grievance or whistleblowing policies. The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. Targets were in place for services and the RP explained that she would use her professional judgement to offer services, such as NMS, when she felt that they were appropriate for the person.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office via an online maintenance portal. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The dispensary was large, and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a private soundproof consultation room which was used by the pharmacist during the inspection. The consultation room was professional in appearance. The door to the consultation room remained locked when not in use. An empty dispensing 'robot' was in a room upstairs in the surgery. This had previously been used to support dispensing and stock holding but, it was not in use and the team explained it had been unreliable.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff on a rota basis. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available. The pharmacy had an air conditioning system which heated and cooled the pharmacy. The system regulated the air temperature to ensure it was within a suitable and comfortable range.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers and stores them securely and at the right temperature, so they are safe to use. The pharmacy team supports people that may forget to take their medicines by providing them in weekly compliance packs, and it has well managed systems in place to dispense these. People are proactively given advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy was located within the doctor's surgery and shared a large car park and seating area. There was step-free access, automatic front doors and a home delivery service was available for people that could not access the pharmacy. A range of health promotion leaflets were available and posters signposted people to other services available locally. The pharmacy staff referred patients to local services, such as smoking cessation services, when necessary.

Prescriptions were dispensed in baskets with different colours used for different prescription types; for example, red baskets for waiting prescriptions. Dispensing baskets were also used to keep medication separate. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Stickers were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. The team were aware of additional counselling for people prescribed valproate and there were leaflets and stickers available to support this. Various audits had been completed, such as a sodium valproate counselling audit and an asthma audit. The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given.

A prescription collection service was in operation. The pharmacy offered different services dependent on what the person preferred. The pharmacy had audit trails in place for the prescription collection service and prescriptions collected were routinely checked against requests and discrepancies followed up.

Multi-compartment compliance packs were dispensed for people in the community. The RP completed an 'MDS suitability assessment' when requests for compliance packs were made. Some people had been supplied with original packs and a MARR (record sheet) following the suitability assessment, rather than compliance packs, as these were considered more suitable for them. Prescriptions were ordered in advance to allow for any missing items or prescription changes to be queried with the surgery ahead of the intended date of supply. The pharmacy ordered regular medication to be dispensed into the tray and any external items that needed re-ordering on a regular basis. The person was contacted by a dispensing assistant to ask which acute items they required to avoid over-ordering. Each person had a patient record to log how they wanted each medicine packed and which external items they required, and also included a record of when each pack had been dispensed and which dispenser had assembled it. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication, and an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets (PILs) were routinely supplied. There were processes in place for mid-cycle changes.

Date checking was carried out routinely and there was evidence of monthly date checking. Short dated medicines were marked so they were removed from the shelves prior to expiry. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Medicines were stored in an organised manner on the dispensary shelves. All medicines were stored in their original packaging. Split liquid medicines were marked with the date of opening. Barcode scanners for compliance with the Falsified Medicines Directive (FMD) had been installed and were operating but were not being used. The RP explained that they had not started using them due to the additional workload she felt it created. The associated SOPs (labelling and assembling and transfer of a prescription to the patient SOPs) had not been updated to include FMD. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy was alerted to drug recalls via emails by head office. A record of recalls was seen, and recalls were annotated and signed as evidence.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys were in place. Substance misuse prescriptions were dispensed in advance of the patient coming to collect them. This reduced work load pressure and the risk of dispensing incorrect doses when the patient came to collect the prescription. Assembled substance misuse prescriptions were stored in the CD cabinet. There were medical fridges used to hold stock and assembled medicines. The medicines in the fridges were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses the equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available. Screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.