

Registered pharmacy inspection report

Pharmacy Name: C M Ogle Ltd, 1 High Street, PERSHORE,
Worcestershire, WR10 1AB

Pharmacy reference: 1110889

Type of pharmacy: Community

Date of inspection: 30/09/2019

Pharmacy context

This is a busy community pharmacy in the centre of the town of Pershore. A wide variety of people use the pharmacy. It dispenses NHS and private prescriptions and sells over-the counter medicines. The pharmacy supplies medicines in multi-compartment compliance aids to a few vulnerable people in their own homes to take their medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	Not all risks are identified and managed. The pharmacy is disorganised which increased the risk of errors.
		1.2	Standard not met	The safety and quality of services is not reviewed and monitored.
		1.3	Standard not met	Some team members are doing jobs for which they are not qualified.
		1.6	Standard not met	Not all the necessary records for the safe provision of services are kept and maintained.
		1.7	Standard not met	People's private information is not always stored safely.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy currently does not have enough suitably qualified staff to manage its workload safely.
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy does not look professional. It is dirty, cluttered and disorganised.
		3.2	Standard not met	People's private information is not always stored securely and confidentiality cannot be maintained in the consultation room.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	Medicines are not all stored or disposed of safely.
		4.4	Standard not met	There are inadequate procedures to make sure that people only get devices or medicines that are safe.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

Overall, the pharmacy does not identify and manage risks well. The team is not recording mistakes and so is missing out on the opportunity to learn from them. Some team members are doing jobs that they are not qualified to do which increases the risk of mistakes. The pharmacy is disorganised which further increases the risk of mistakes. And, it does not keep all the records that it must by law. People's private information is not always stored safely. The pharmacy is appropriately insured to protect people if things go wrong. People using the pharmacy are complimentary about the service they receive. And, the pharmacy team is good at intervening when they have concerns about vulnerable people.

Inspector's evidence

Few processes were in place to identify and manage risks. The pharmacist said that there had not been an error for well over a year. But, no near miss log was being used. However, he was able to report on a recent near miss where lisinopril 10mg and ramipril 2.5mg, in identical Teva livery had been incorrectly loaded into the robot. This had been discussed with the staff. But, the pharmacy was short-staffed, and, at the time of the visit a medicine counter assistant trainee, still in her probation period, was seen to be checking off the wholesale order.

There were two small dispensing areas. A front area, which was also the medicine counter, contained a labelling computer. There were numerous prescriptions and odd packets of drugs stored haphazardly here. There was no order to their storage. In addition, several loose tablets, with no expiry date or batch number were stored in drawers below the computer. To the back of this area was a robot, Consis B2. The pharmacist said that 80% of items were dispensed by the robot. The chute from the robot was located in the rear area of the pharmacy where most prescriptions were assembled. But, as in the front area of the dispensary, this was extremely cluttered with many prescriptions and other pieces of paper, such as incomplete specials records. There was no order at all to their storage. There was a small bench located to the back of this area, but this too was extremely cluttered.

Baskets were used but there were no colours to differentiate different types of prescriptions. This meant that the pharmacist was unable to prioritise his workload. Because of staffing issues, the pharmacist generally labelled and self-checked the prescriptions. All the assembled items examined only had one initial on the label.

Up-to-date and signed standard operating procedures (SOPs) were in place but these were highly generic. No local additions, such as procedures for the robot, were included. The roles and responsibilities were set out in the SOPs. But, as mentioned above, the pharmacy was suffering with staffing issues. The person serving on the medicine counter had only just been employed. She was still in her probation period. However, she did say that she referred almost all requests for sales of medicines to the pharmacist. A part-time NVQ2 qualified dispenser was aware of 'prescription only medicine' (POM) to 'pharmacy only medicine' (P) switches such as fluconazole capsules. She knew that fluconazole should not be sold to women over 60 for the treatment of vaginal thrush. She reported that she would refer anything that she was not certain of to the pharmacist.

The staff knew about the complaints procedure and reported that feedback on all concerns was encouraged. The pharmacy did an annual customer satisfaction survey. In the 2018 survey, more that

90% of people who completed the questionnaire, rated the pharmacy as excellent or very good overall. The pharmacist was clearly very well-known and very well-liked by the people using the pharmacy. There had been some recent feedback about waiting times. The pharmacist said that recent increased waiting times were due to his staffing situation and also to an increased number of 'walk-in' patients. He was actively trying to recruit a full-time qualified dispenser.

Public liability and indemnity insurance provided by the National Pharmacy Association (NPA) and valid until 30 April 2020 was in place. The responsible pharmacist log, private prescription records, emergency supply records and fridge temperature records were in order. There was some evidence of date-checking, with coloured dots being placed on items that were soon to be out of date, but there were no formal records. There were several alterations in the controlled drug (CD) records and not all patient-returned CDs, found in the cabinet, had been entered into the records. Some specials records were seen scattered around the dispensary, with no patient details filled in.

There was an information governance procedure and some staff had completed training on the new data protection regulations. The computers, which were not visible to the customers, were password protected. Confidential information was not always stored securely. Many prescriptions and loose labels were seen on the front bench. Confidential waste paper information was said to be shredded but no baskets were seen to support this. No conversations could be overheard in the consultation room.

The experienced staff understood safeguarding issues. The qualified dispenser had done the level 1 training provided by the Centre for Pharmacy Postgraduate Education (CPPE). Two weeks before the visit, she had escalated a mental health concern about a patient to their doctor. The patient was subsequently sectioned. Local telephone numbers were available on-line to escalate any concerns relating to both children and adults.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy currently does not have enough suitably qualified staff to manage its workload safely. But, they are actively trying to recruit more team members. Some help is available from locum pharmacists but the owner works very long hours. The pharmacy has suffered with recent re-structuring and loss of staff. Plans are in place to provide regular on-going learning for all team members and extra support for those who are in training. The team are comfortable about providing feedback to the owner.

Inspector's evidence

The pharmacy was in the centre of Pershore. They dispensed approximately 11,000 NHS prescription items each month with many of these being repeats. Because of the location, there were several 'walk-in' patients and the pharmacist said that these had increased recently. Just four domiciliary patients received their medicines in compliance aids. Few private prescriptions were dispensed.

The pharmacy had suffered with recent re-structuring and recent staff losses. They were actively trying to recruit a full-time qualified dispenser. The current staffing profile was one pharmacist, the owner, with an extra pharmacist on Wednesday and Saturday, one part-time NVQ2 qualified dispenser, but who was often occupied with administrative duties, two part-time medicine counter assistants and one full-time medicine counter assistant trainee, who was still in her probationary period. This staffing meant that the pharmacist owner was often required to self-check items which increased the risk of errors.

The pharmacy employed a regular locum pharmacist who was able to do extra hours if necessary. He also covered planned holidays. But, the dispenser reported that the owner took no holiday and worked long hours. It was hoped that the newly appointed counter assistant would progress to doing the NVQ2 dispensing assistant course. Currently, the staff had no formal appraisals. But this was planned, following the re-structuring of the pharmacy in May this year. In the recent past, the staff had been encouraged with learning and development and had completed regular e-Learning, such as that provided by Alphega. The part-time dispenser did complete regular learning, such as on the Falsified Medicines Directive. It was planned that all staff would have dedicated training in future and that any trainees, enrolled on accredited courses, would be allocated further time for learning. The counter assistant trainee seen said that she felt well supported by the owner. The owner said that all learning was documented on his continuing professional development (CPD) records.

The staff knew how to raise a concern and said that this was encouraged and acted on. They had recently raised a concern about the consultation room. Because of this, it had been tidied and now presented a more professional pharmacy image. There were monthly staff meetings. No targets or incentives were set.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy does not look professional. It is dirty, cluttered and disorganised. In addition, people's private information is not always stored securely. The consultation room is signposted so it is clear to people that there is somewhere private to talk. But, there is a clear glass panel which means that their confidentiality cannot be maintained in here.

Inspector's evidence

The premises were largely devoted to high-end cosmetic items and perfumes. The actual pharmacy was located to the rear of the premises. The retail area was well presented but the pharmacy area was small. All of the pharmacy areas needed cleaning. In addition, it was cluttered and disorganised. This did not present a professional pharmacy image.

The consultation room was well signposted, but there was a clear glass panel which meant that patient confidentiality could not be maintained in here. In addition, some personal information, mainly prescriptions and labels were not stored securely. The pharmacy computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

The temperature in the pharmacy was below 25 degrees Celsius. There was good lighting throughout.

Principle 4 - Services Standards not all met

Summary findings

Most people can access the services that the pharmacy offers. The services are generally effectively managed to make sure that they are delivered safely. The pharmacist is good at making sure people know about their medicines and he intervenes if he is worried about anyone. But, medicines are not all stored or disposed of safely and there are inadequate procedures to make sure that people only get devices or medicines that are safe.

Inspector's evidence

There was no independent wheelchair access to the pharmacy and the consultation room because it was located two steps up from the pavement. The building was grade II listed and could not easily be altered. There was however a bell on the front door alerting the staff to anyone who may need their help. There was access to Google translate on the pharmacy computers for use by non-English speakers. The pharmacy could print large labels for sight-impaired patients.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews (MURs), New Medicine Service (NMS), supervised consumption of methadone and buprenorphine (but no clients currently), and emergency hormonal contraception. The pharmacy planned to offer a seasonal flu vaccination service this winter. The pharmacist had completed suitable training for the provision of the free NHS EHC service.

Because of the space constraints at the pharmacy only four patients had their medicines in compliance aids. These were assembled by the owner and so he was aware of any changes or other issues.

As mentioned previously, because of staffing issues, the pharmacist was required to undertake a lot of self-checking of items. This increased the risk of errors. He was seen to be very well known to his customers and counselled all 'walk-in' patients. Green 'see the pharmacist' stickers were used. The pharmacist routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. INR levels were asked about. He also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. Potential non-adherence or other issues were identified at labelling and hand-out. Any patients giving rise to concerns were targeted for counselling.

There were good procedures for patients collecting their medicines. They were scanned and checked against the prescription medication record. There was an audit trail of when and by whom the medicines were collected.

Medicines and medical devices were obtained from Alliance Healthcare, Phoenix and AAH. The pharmacy had an operational scanner for checking for falsified medicines as required under the Falsified Medicines Directive. Specials were obtained from IPS Specials. Invoices for all these suppliers were available but they were not all tidily stored and some were incomplete. CDs were stored in accordance with the regulations and access to the cabinet was appropriate. There were many patient-returned and out-of-date CDs. These were not all clearly labelled and not all clearly separated from usable stock. And, they were occupying valuable space in the cabinet. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with signed records. There was some evidence of date checking but no formal records. There were many loose tablets and capsules, some with no

batch numbers or expiry dates on them. Several boxes of medicines were seen scattered throughout the pharmacy. Designated bins were available for waste medicines. But, there was no dedicated waste bin for cytotoxic and cytostatic drugs and no list of such substances that should be treated as hazardous for waste purposes.

There were no clear procedures for dealing with concerns about medicines and medical devices. Drug alerts were said to be received electronically, printed off and the stock checked. But, there was no folder or other evidence to demonstrate that any alerts had been acted on appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment for the services it provides. Contingency plans are in place if equipment fails.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (5 - 100ml) and ISO stamped straight measures (10 - 100ml). There were three tablet-counting triangles that were cleaned with each use. There was also an electronic tablet/capsule counter. The robot was subject to a service agreement with a three-hour call-out. If the robot failed, medicines could be easily manually accessed. There were up-to-date reference books, including the British National Formulary (BNF) 76 and the 2018/2019 Children's BNF. There was access to the internet.

The fridge was tidy and in good working order and maximum/minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential waste information was shredded. The door was always closed when the consultation room was in use and no conversations could be overheard.

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.