

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: 05/08/2020

Pharmacy context

This is a busy independently owned community pharmacy. It is located in the centre of the market town of Pershore. A wide variety of people use the pharmacy. It dispenses NHS prescriptions and sells over-the-counter medicines as well as several other items. This inspection was carried out during the COVID-19 pandemic.

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 | 1.1 | Good practice | The pharmacy has good procedures in place to manage their workload. These measures also reduce the risk of transmission of coronavirus and reduce repeat visits to the pharmacy. And, the measures are a model that other pharmacies are learning from. |
| | | 1.8 | Good practice | The pharmacy team members are good at identifying vulnerable people. And, they promote the national 'safe place' initiative and take prompt action to keep the victims of domestic violence safe. |
| 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's working practices are safe and effective. The pharmacy has good procedures in place to manage their workload. These measures also reduce the risk of transmission of coronavirus and reduce repeat visits to the pharmacy. And, the measures are a model that other pharmacies are learning from. The pharmacy is appropriately insured to protect people if things go wrong. It keeps the up-to-date records that it must by law. The pharmacy team members keep people's private information safe. They are good at identifying vulnerable people. And they promote the national 'safe place' initiative and take prompt action to keep the victims of domestic violence safe.

Inspector's evidence

The pharmacy team identified and managed the risks associated with providing its services. They had put several changes in place as a result of the COVID-19 pandemic. The pharmacy had updated its standard operating procedures (SOPs) with changes related to the pandemic. All the team members had read and signed the new SOPs. The pharmacy had updated its business continuity plan to accommodate any potential issues relating to the current NHS 'test and trace' scheme. They had also liaised with the local surgery about this. The manager had conducted risk assessments of the premises and occupational risk assessments of all the staff. The team members were asked about any potentially vulnerable people in their households and about their mental health. The manager had done a risk assessment of the dispensary. Because of the space, only three people worked on the front bench. One of these was a pharmacist doing the final accuracy check of prescriptions. They could mainly remain two metres apart from one another. A pharmacist worked in the rear area, well away from the three team members at the front. The manager reviewed all the risk assessments every month.

The pharmacy had developed a clear prescription collection rota with allocated two-hour slots throughout the day. People with electronically transferred prescriptions, 90%, called the pharmacy four days after they had requested a prescription from their surgery. The pharmacy gave them a set two-hour time slot on a specific day to come and collect their medicines. Anyone requesting that the medicines were delivered were telephoned prior to this to ensure that they would be at home to safely receive the medicines. At the end of each day, the pharmacist went through the details of people who were due to collect, or have their medicines delivered, the next day. Any prescriptions with any issues, such as those where the stock was unavailable, were highlighted. The pharmacist then contacted the person and prescriber, if necessary, to inform them of the problem. This prevented them from having to make a wasted journey to the pharmacy the following day. In addition, the two-hour collection time slots allowed the pharmacy staff to effectively manage the workload. It also meant that there were few people in the pharmacy, or queuing outside, at any one time throughout the entire day. A nearby pharmacy, interconnected with a surgery, had adopted the pharmacy's proactive measures.

The pharmacy team members recorded any near miss mistakes electronically on PharmOutcomes. They documented learning points and actions taken to prevent future recurrences. The dispensary team reviewed and discussed the near miss log each month. The two-hour time slot collection schedule (described above) had been developed as a result of increased mistakes due to workload pressure. The pharmacy had had no recent errors where incorrect medicines had left the pharmacy. The pharmacy had a robot which reduced the likelihood of errors when original packs were dispensed.

The dispensary was tidy and organised. There was a clear audit trail of the dispensing process and all the 'dispensed by' and 'checked by' boxes on the labels examined had been initialled.

All the staff were clear about their roles and responsibilities. A NVQ2 trained dispenser said that since the outbreak of the pandemic, there had been increased requests for medicines, such as, Nurofen plus and pseudoephedrine-containing medicines. All the team had spoken about this and the increase in mental health issues, particularly in younger people, because of COVID-19. A pharmacist was stationed on the front bench and so could make appropriate interventions, if necessary.

The pharmacy team were clear about their complaints procedure. They also had a Facebook page where they encouraged their customers to provide any feedback about their services. They had received many positive comments about their recent service. The manager reported that several 'shielded' patients felt comfortable coming into the pharmacy because of the measures the pharmacy had put in place.

The pharmacy had current public liability and indemnity insurance provided by the National Pharmacy Association (NPA). The pharmacy kept the up-to-date records that it must law: the responsible pharmacist log, controlled drug (CD) records, private prescription records, emergency supply records and specials records. They also had fridge temperature records, date checking records, including the medicines placed in the robot, patient-returned CD records and cleaning rotas. Since the outbreak of the pandemic, the pharmacy had received no private prescriptions and no patient-returned CDs.

All the staff understood the importance of keeping people's private information safe. All confidential information was stored securely. The computers, which were not visible to the customers, were password protected. The correct NHS smartcards were seen to be inserted in the appropriate computers. Confidential wastepaper was shredded. The pharmacy was offering face-to-face services. People could not be overheard or seen in the consultation room.

The pharmacy team understood safeguarding issues. The pharmacists had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. The pharmacy had local telephone numbers to escalate any concerns relating to both children and adults. Six weeks before the visit the pharmacy had registered as a 'safe place' under the national initiative for victims of domestic violence. And they displayed a poster about this on the front window. The pharmacy had had four people using this service in the past six weeks. The team had proactively escalated one serious case, through the appropriate safeguarding channels, including the police. The pharmacy staff kept the person safe in the consultation room for most of the day until the police arrived and dealt with the situation. The police had personally written to thank the pharmacy team for their intervention.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Two pharmacists work on most days and this allows the superintendent to undertake other duties. The team members are flexible and cover holidays and sickness. They are encouraged to keep their skills and knowledge up to date. The pharmacy team work well together. They are comfortable about providing feedback to their manager to improve services for their patients and this is acted on. They are well supported with personal problems.

Inspector's evidence

The pharmacy was located in the centre of the market town of Pershore. It was busy and most of its prescriptions were electronically transferred from the local surgery. The size of the dispensary was limited and so only a few vulnerable domiciliary people received their medicines in multi-compartment compliance aids. Since the outbreak of the pandemic, the pharmacy had not dispensed any private prescriptions.

The current staffing profile was two pharmacists, five days each week, one full-time NVQ2 trained dispenser, also the manager, three part-time NVQ2 trainee dispensers and two part-time medicine counter assistants. The part-time staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of the dispensary staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

The staff clearly worked well together as a team. The manager monitored the performance of the team members. They had an annual appraisal with a six-monthly review where any learning needs could be identified. Review dates would be set to achieve this. All the staff said that they felt able to raise any issues or concerns and that these would be acted on. They had discussed their workload which had resulted in the introduction of the timed slot collection schedule for medicines (see under principle 1). All the staff said that both the superintendent and the manager were approachable and compassionate. They had been given telephone numbers and website addresses of organisations that could help with any mental health concerns.

The staff were encouraged with learning and development. Since the outbreak of the pandemic, most of their learning was related to updates regarding coronavirus. They had a meeting every Friday lunchtime to discuss any recent developments or official advice. The manager held regular one-to-one meetings with all the team members. All the dispensary staff reported that they were supported to learn from errors. The GPhC registrants said that all learning was documented on their continuing professional development (CPD) records. No targets or incentives were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional and is suitable for the services it offers. It is clean, tidy and organised. The premises are thoroughly cleaned to reduce the likelihood of transmission of coronavirus. The pharmacy has also taken action to reduce the spread of the disease with clear changes to its flow of customers and the use of a protective screen in the consultation room.

Inspector's evidence

The retail area of the pharmacy was large. They sold many high-end cosmetics and perfumes. The premises presented a professional image. All the staff wore uniforms with name badges. The dispensary was located to the rear of the premises. The dispensing benches were uncluttered and the floors were clear.

As a result of COVID-19, the premises were cleaned three times a day. The staff were seen to clean the hard surfaces regularly throughout the visit. They also used alcohol gel after each interaction with people and washed their hands regularly. The pharmacy had recently had some building work done. A deep clean, by a professional company, of the entire premises, was planned for the Sunday following the visit.

The consultation room was limited in size. The pharmacy had a moveable, free standing Perspex screen which was used when people were seen in the consultation room. The room was cleaned before and after the consultation. The staff allowed 30 minutes between appointments to allow this. People could not be seen or overheard in the consultation room.

The computer screens were not visible to customers. The telephone was cordless and the staff took all sensitive calls out of earshot. The temperature in the pharmacy was below 25 degrees Celsius. There was good lighting throughout.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the services the pharmacy offers. It manages its services effectively to make sure that they are delivered safely. The pharmacy is offering face-to-face services and it has planned for the safe delivery of the upcoming flu season. The team members make sure that people have the information that they need to use their medicines properly. They intervene if they are worried about anyone. The pharmacy gets its medicines from appropriate sources and stores them safely. The pharmacy makes sure that people only get medicines or devices that are safe.

Inspector's evidence

The pharmacy was located in a Grade 2 listed building. There was a step up to the front door. People in wheelchairs could access to the pharmacy and the consultation room via a side entrance. The staff could access an electronic translation application for any non-English speakers. They could also print large labels for sight-impaired people.

The pharmacy was offering some face-to-face services. They received several referrals under the Community Pharmacy Consultation Service (CPCS). Since the outbreak of the pandemic, they had supplied an increased quantity of free NHS emergency hormonal contraception (EHC) medicines. This was largely due to the local surgery being closed to most patients. The surgery referred patients with minor ailments to them but, there was no GP pilot scheme in the area, and so the pharmacy was not paid for this service.

The pharmacy had put plans in place for the safe delivery of the upcoming flu vaccination season. They will offer this service by appointment only. The pre-assessment form will be mainly completed over the telephone. This will reduce the time that the pharmacist spent with the patient in the consultation room. The pharmacist will wear full protective equipment. The patient will be given a type 2R fluid resistant mask. The pharmacists also planned further services and had done the training to provide a private travel vaccination service.

The pharmacy had few substance misuse patients who usually had their medicines supervised. Due to COVID-19, these patients now all collected their medicines. The pharmacist said that he had no concerns about this. Because of the lack of dispensary bench space, the pharmacy only supplied a few people with compliance aids.

The pharmacy had a good audit trail for all items ordered on behalf of patients by the pharmacy and for all items dispensed by the pharmacy. The superintendent was very well known to his customers. A second pharmacist was located on the front bench. She was able to make any interventions and provide any required advice. The pharmacists routinely counselled patients prescribed high-risk drugs such as warfarin and lithium as well as patients prescribed antibiotics, new drugs and any changes. All the dispensary staff were aware of the pregnancy protection programme regarding sodium valproate. Guidance and cards were included with each prescription.

The superintendent did most of the labelling of prescriptions and so was aware of prescriptions containing potential drug interactions, changes in dose or new drugs. He highlighted these for appropriate counselling. The superintendent also identified any potential non-adherence or other

issues at labelling and ordering. Any patients giving rise to concerns were also 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.

The pharmacy delivered several medicines to people. At the outbreak of the pandemic, they had only offered a delivery service. This had enabled the pharmacy to cope with the extreme pressure that they had faced in March and April 2020. The delivery driver was currently not asking people to sign for their medicines indicating that they had been safely received. People were called prior to the proposed delivery to make sure that they would be in. The driver knocked or rang the doorbell and left the medicines on the doorstep. She retreated and waited until the medicines had been taken safely inside. The driver annotated the delivery sheet with the person who had taken the medicines inside. If no one answered the door, the driver posted a note through the letter box and returned the medicines to the pharmacy.

The pharmacy got its medicines from Alliance Healthcare, Phoenix, Colorama and AAH. Specials were obtained from IPS Specials. Invoices for all these suppliers were available. A scanner was used to check for falsified medicines as required by the Falsified Medicines Directive (FMD). The pharmacy stored its CDs tidily in accordance with the regulations and access to the cabinet was appropriate. There were several out-of-date CDs. These were separated from usable stock. The pharmacy had appropriate CD destruction kits. The pharmacy stored its fridge lines correctly and they had date checking procedures. They were currently not accepting any patient-returned medicines because of an incident, early on in the pandemic. A person had brought in some returns from a family who were all known to have suffered from the virus. The inspector signposted the superintendent to recent joint advice issued about patient-returned medicines.

The pharmacy had procedures for dealing with concerns about medicines and medical devices. They received drug alerts electronically. These were printed off and the stock was checked. The pharmacy had been affected by recent alerts about ranitidine. They had returned all the affected stock to the wholesaler.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And, the team members make sure that it is clean and fit-for-purpose.

Inspector's evidence

As a result of the pandemic, the pharmacy had created a clearly marked one-way direction of people. A Perspex screen had been erected across the entire medicine counter. This had three clearly labelled serving hatches. The pharmacy also used a free-standing Perspex barrier in the consultation room. All the staff were wearing Type 2R fluid resistant face masks or face shields.

The pharmacy used British Standard crown-stamped conical measures. There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 79 and the 2020/2021 Children's BNF. There was access to the internet.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. The robot was subject to a service agreement. The robot software was due to be re-booted on the Saturday following the visit.

The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and the staff took any sensitive calls out of earshot. Confidential waste information was shredded.

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. |