

Registered pharmacy inspection report

Pharmacy Name: Westdale Pharmacy, 354 Westdale Lane,
Mapperley, NOTTINGHAM, NG3 6ET

Pharmacy reference: 1111007

Type of pharmacy: Community

Date of inspection: 29/05/2019

Pharmacy context

This community pharmacy is in a residential area of Nottingham and is open across extended hours. It mainly dispenses NHS prescriptions which it generally receives from four local GP surgeries. It also provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations.

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 | N/A | N/A | N/A |
| 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 manages its risks, so its services are safe. Its team members keep the legal records needed and generally make sure that these are accurate. However, the pharmacy doesn't always keep complete records to clearly show its team members have read its written procedures or learn from mistakes. The pharmacy team manages people's confidential information well and knows how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs that were looked at had been reviewed in 2018 and were due for review in 2020. There were several SOPs which had not been signed-off by all the pharmacy's team members. This included SOPs about the safe and effective storage of medicines which had only been signed-off by two team members. There were also some team members who had not signed the SOP about receiving people's prescriptions. This meant that the pharmacy may not have been able to demonstrate that all its team members had read relevant SOPs.

A template was displayed in the dispensary to record near misses. The records on the template were dated 2014-16. The team could not find recent records. Team members said that the layout of the pharmacy had been changed to provide more space. They provided examples of medicines which had been clearly separated to prevent them from being mixed up. This included prednisolone and prochlorperazine and, lisinopril and losartan.

Certificates were displayed which indicated that there were current arrangements in place for employer's liability, public liability and professional indemnity insurance. Controlled drug (CD) records were kept and running balances maintained. Two CDs were chosen at random and found to match the recorded running balances. Other records about the responsible pharmacist, returned CDs and private prescriptions were found to be kept and maintained adequately.

People visiting the pharmacy were asked to complete annual surveys. The results of a previous survey were positive and displayed in the pharmacy. A SOP was available about managing complaints. A team member said that they would escalate any complaints to the superintendent pharmacist. Team members said that people also provided verbal feedback about the pharmacy.

The pharmacy had a SOP about safeguarding vulnerable adults and children. Contact details for local safeguarding organisations were available. Team members said that there were no previous incidents.

Confidential waste was segregated by the team and then shredded. A shredder was available in the pharmacy. Team members described training that they had completed about managing confidential information. Team members said that they used their own NHS smartcards to access electronic prescriptions. One team member did not have a smartcard because they did not have the required supporting document.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. It takes the right action to make sure it keeps an appropriate staffing level. The pharmacy's team members are suitably qualified and competent in their roles. The pharmacy does not provide regular ongoing training, so its team members may find it harder to keep their knowledge up to date.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (regular locum pharmacist) and a dispenser present. The responsible pharmacist said that there was one dispenser on annual leave. A second pharmacist provided additional cover when the dispenser on duty finished their shift. The staffing level was adequate to manage the workload and to efficiently serve people who visited the pharmacy. Another staff member was present and responsible for checking expiry dates and other stock management tasks. This staff member said that they did not carry out any dispensing or serve people. The pharmacist said that the pharmacy was currently recruiting another team member to provide additional dispensing support during the evenings.

The pharmacy's team members were aware of their responsibilities and appropriately referred queries. A dispenser referred the sale of a pharmacy-only medicine to the pharmacist. Certificates of staff training were on display which indicated that dispensers held qualifications appropriate to their role. The team said that they used informal discussions to verbally share messages. This was used to update the team. Team members said that there was no other formal ongoing training to keep their knowledge up to date. The team said that annual appraisals were carried out by the superintendent pharmacist. Team members said that feedback was also provided informally when needed.

The responsible pharmacist said that the pharmacy was expected to complete 400 MURs annually. The responsible pharmacist said that there was no undue pressure to achieve this target as there was enough footfall in the pharmacy to identify eligibility for the service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises.

Inspector's evidence

The pharmacy was clean and reasonably tidy. The pharmacy team used workbenches for different tasks which helped to organise the workload. A consultation room was available on the premises, which was suitable for private consultations and conversations.

There was adequate heating and lighting throughout the pharmacy. There was hot and cold running water in the premises. The pharmacy had suitable security arrangements to safeguard its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy mostly manages its services well. It generally makes sure that its medicines are stored appropriately and safe for people to use. However, its team members don't always provide advice to people taking higher-risk medicines to help them use these safely.

Inspector's evidence

The layout of the pharmacy and step-free access aided accessibility for wheelchairs. The pharmacy's practice leaflets were not available in the retail area which reduced people's accessibility to information about the pharmacy and its services. The responsible pharmacist printed copies of the leaflets and placed them in the retail area.

Multi-compartment compliance packs were supplied to around 90 people. The workload was organised over four weeks. Assembled packs included descriptions which allowed individual medicines to be identified. The team kept records of medicines and their administration times. The dispenser's initials were not always recorded on assembled packs which there wasn't always a complete audit trail for its assembly. Patient information leaflets were packaged with assembled packs.

Team members said that most people ordered their prescriptions directly with GP surgeries. The pharmacy kept records of prescriptions it had ordered for people.

A record of invoices indicated that the pharmacy obtained medicines from licensed wholesalers. Several medicines were repackaged into white tablet boxes and medicines bottles. Most contained a batch number and expiry date. There were a few medicines which did not include batch numbers or expiry dates, so the pharmacy could not check their suitability when they were dispensed. This included propranolol tablets, Adcal tablets and amlodipine tablets that were highlighted to the responsible pharmacist who immediately placed these in a pharmaceutical waste bin.

Stock requiring cold storage was stored in the fridge. The pharmacy kept a record of temperatures to make sure the stock was stored in appropriate conditions. CDs were stored appropriately. Expired and returned CDs were separated from stock so they were not mixed up.

The pharmacy had a process for checking medicines' expiry dates every three months. The pharmacy had identified that this process had not been completed during recent months so had completed a check of all stocked medicines. Team members had recorded this occurring in May 2019. A sample of medications was chosen at random and found to be within date. The pharmacy marked opening dates on bottles when liquid medicines were used. This was to make sure they were fit for purpose when being used for dispensing.

There were several boxes containing expired and uncollected medicines. The boxes were clearly segregated from other stock, so it wasn't mixed up. The responsible pharmacist said that the team had to list the medicines before they were destroyed so they could be accounted for. Other expired and returned medicines were segregated and placed in pharmaceutical waste bins. There wasn't a separate bin for cytotoxic medicines. The responsible pharmacist said that this stock would be segregated so it could be appropriately destroyed. Cytotoxic medicines were listed in the pharmacy's SOPs.

Dispensers used baskets to make sure prescriptions were prioritised and medication remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to produce an audit trail. The pharmacy's dispensing software highlighted interactions. Team members said that they usually printed these interactions to inform the pharmacist. The pharmacy did not have scanners or software available to help verify the authenticity of medicines to meet the Falsified Medicines Directive's requirements.

The pharmacist said that team members did not generally ask people about relevant blood tests if they were supplied with warfarin. This meant that the pharmacy did not have access to records to help them monitor this medicine's safe usage.

Team members described updated advice about pregnancy that should be provided to the at-risk group when supplied with sodium valproate. The pharmacy had completed an audit and then provided this advice to one person. The pharmacy did not have the required leaflets or treatment cards available. The inspector provided information to the responsible pharmacist about where to find additional copies of these materials.

The pharmacy delivered people's medicines and kept records for completed deliveries. Previous records included recipient signatures.

The pharmacy received messages about medicine recalls. It collated the messages that had been received and recorded subsequent actions that had been taken. This included a recent recall about co-amoxiclav.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy keeps its equipment appropriately maintained and makes sure its facilities are suitable to provide its services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and adequately maintained. The team said that they escalated maintenance issues to the superintendent pharmacist.

Confidential information was not visible to the public. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had access to up-to-date reference sources. Sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy to accurately measure liquids.

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. |