General
Pharmaceutical
Council

Registered pharmacy inspection report

Pharmacy Name: Netherton Pharmacy, 27 Upper Lane, Netherton, WAKEFIELD, West Yorkshire, WF4 4NG

Pharmacy reference: 1111170

Type of pharmacy: Community

Date of inspection: 02/05/2019

Pharmacy context

The pharmacy is in a small village near Wakefield. The pharmacy dispenses NHS and private prescriptions. The pharmacy supplies medicines in devices to help people to take their medicines. And it supplies supervised and unsupervised doses of methadone.

Overall inspection outcome

✔ **Standards 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 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 generally identifies and manages the risks associated with its services. And it keeps most of the records it needs to by law. The pharmacy has written procedures for the team to follow. People using the pharmacy can raise concerns and provide feedback. The pharmacy team has some level of training and guidance to respond to safeguarding concerns to protect the welfare of children and vulnerable adults. The pharmacy team members respond appropriately when errors happen. And they discuss what happened and make changes to prevent future mistakes. But they don't record all errors or review them. This means that the team may not have information to identify patterns and help reduce mistakes. The pharmacy has adequate arrangements to protect people's private information. But the team members keep some private information in areas that could be seen by others.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs). The pharmacy had recently reviewed the SOPs. And they provided the team with information to perform tasks supporting the delivery of services. The SOPs covered areas such as dispensing prescriptions and controlled drugs (CDs) management. The team had read and signed the old SOPs to show they understood and would follow them. And were reading the reviewed versions. The pharmacy had up to date Indemnity insurance.

The pharmacy provided some separation of labelling, dispensing and checking of prescriptions. The pharmacy team often used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items or stock for one prescription mixing in with another. The pharmacist and dispenser aimed to have most prescriptions labelled and dispensed in the morning. Before the dispenser left for the day. This meant that the pharmacist only had to check the prescriptions prepared in the morning. And the occasional walk in prescription. The pharmacist took a break between dispensing and checking their own work. On most occasions the pharmacist when checking prescriptions and spotting an error asked the team member involved to find and correct the mistake. The pharmacy had a book to capture these errors. But they were not always recorded. The record showed the last entry dated as 30/10/18. The pharmacist recorded their own errors. A sample of records looked at showed details about the prescription and dispensed item. This helped to spot patterns. The records didn't have reasons for the error. But did include learning such as checking the strength selected. The pharmacy kept records of dispensing incidents. But these were not available to look at. The pharmacist had not recorded a recent error involving the wrong type of cream. The pharmacist discussed errors with the dispenser. And the team separated some products to reduce picking mistakes. The pharmacy did not record reviews of errors to show this had happened. And the actions taken to prevent errors happening again.

The pharmacy had a poster displayed with information on how people could make a complaint. The pharmacy team used surveys to find out what people thought about the pharmacy. The pharmacy published these on the NHS.uk website.

A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The

pharmacy did not always reconcile the amount of CD stock with the value in the register. The pharmacy didn't record the receipt and destruction of patient returned CDs. A sample of Responsible Pharmacist records looked at found they mostly met legal requirements. But the time the pharmacist signed out as Responsible Pharmacist was not always recorded. Records of private prescription supplies met legal requirements. A sample of records for the receipt and supply of unlicensed products looked at found that they met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

The pharmacy displayed details on the confidential data kept and how it complied with legal requirements. But a small box file holding people’s prescriptions was on the pharmacy counter. The pharmacy stored bags with completed prescriptions away from public view. And it held most private information in the dispensary and rear areas, which had restricted access. The team shredded confidential waste.

The pharmacist had completed level 2 training in 2018 from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team had completed Dementia Friends training in 2018. The team members had access to contact numbers for local safeguarding teams. And they had taken appropriate action on several occasions in response to safeguarding concerns.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team has the qualifications and skills to support the pharmacy's services. The pharmacy has a small team that works together to manage the workload. The pharmacy team members receive feedback on their performance. But they have limited opportunities to complete more training to keep their skills and knowledge up-to-date.

Inspector's evidence

The pharmacist owner covered the opening hours along with a regular locum pharmacist. The pharmacy team consisted of one NVQ2 qualified dispenser who worked mornings. The dispenser did extra hours if a locum pharmacist was unfamiliar with the pharmacy. The pharmacist owner had advertised for another dispenser to support the delivery of more services. And to allow the pharmacist owner to reduce their hours. There had been many applicants, but most did not have a suitable qualification. The dispenser also provided a delivery service to some people.

The dispenser received feedback about their performance. And had asked about NVQ3 training.

The pharmacy didn't set targets for the services offered.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. And it has adequate arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was small with limited work space. The team managed this by attempting to keep areas free of clutter. Some shelves in the dispensary were cluttered with stock. The pharmacy had separate sinks for the preparation of medicines. There was enough storage space for stock, assembled medicines and medical devices.

The pharmacy had a space off the retail area to speak to people in private. And it had cordless telephones for confidential conversations.

The premises were secure. The pharmacy had restricted access to the dispensary during the opening hours. The window displays detailed the opening times and the services offered. The pharmacy had a defined professional area. And the items for sale in this area were healthcare related.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides services that support people's health needs. The pharmacy mostly manages its services well. But the team doesn’t always supply information leaflets with medication to help people take their medicines safely. The pharmacy obtains its medicines from reputable sources. But it doesn’t always store and manage its medicines appropriately to ensure they are safe to supply. The team members don’t always mark short-dated stock and dates of opening on liquids. This means there is a risk of supplying medication that may not be safe to use.

Inspector's evidence

The pharmacy had step free access. The pharmacy's information leaflet detailed the services offered, the opening times and the contact details of the pharmacy. The team had access to the internet to signpost patients requiring other healthcare services.

The pharmacy provided multi-compartmental compliance packs to help people take their medicines. Prescriptions were usually received three days in advance of supply. This allowed some time to deal with issues such as missing items. And for the dispensing of the medication in to the packs. Each person had a record listing their current medication and dose times. The team usually wrote descriptions of the products held in the packs. So, people could identify the medicines in the packs. The pharmacy didn’t always supply the manufacturer’s patient information leaflets. The pharmacy occasionally received copies of hospital discharge summaries. The team checked the summary for changes or new items. The pharmacy supplied methadone as supervised and unsupervised doses. And it prepared the methadone doses before supply. This reduced the workload pressure of dispensing at the time of supply.

The pharmacy had checked by/dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample looked at found that the team mostly completed both boxes. When the pharmacy didn’t have enough stock of someone’s medicine, they provided a printed slip detailing the item owed. And it kept a separate one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. This included a signature from the person receiving the medication. The pharmacy didn’t have recent records on site. The dispenser kept the record in their car. This meant if there was a query the record was not always available to check. And these was a risk that others using the car could see people's private information. The team members checked controlled drug (CD) prescriptions before handing out. This was to ensure they supplied the CD within the 28-day legal limit. The pharmacy hadn’t completed an audit in response to the Pregnancy Prevention Programme (PPP) with valproate to identify anyone who fitted the criteria. The pharmacy had out of date PPP information. And hadn’t received the updated pack. The pharmacist was aware of the information that had to be passed on to people. The team asked people prescribed high risk medication such as warfarin if they’d had blood tests or knew their doses. The team recorded this on the person’s electronic medication record. So, the team had access to up to date information.

The pharmacy team checked the expiry dates on stock. But didn’t keep a record. The team members usually highlighted the expiry dates on the container. For example, a bottle of co-fluampicil 250mg with an expiry date of June 2019 was marked with a green highlighter pen. The team didn’t keep a list of products with short expiry dates. So, they couldn’t check each month for expired items still on the

shelves. The pharmacy didn’t always record the date of opening on liquids. This meant that the team members couldn't check for liquids with a short shelf life to make sure the product was safe to supply. For example, an opened bottle of ranitidine oral solution with three months use once opened didn’t have a date of opening. This also had an expiry date of December 2018. But the container was not marked. The pharmacy recorded fridge temperatures daily. A sample looked at found them to be within the accepted range. The pharmacy used appropriate medicinal waste bins for out of date stock and patient returned medication. The team separated out of date and patient returned controlled drugs (CD) from in date stock in a CD cabinet that met with legal requirements. The pharmacy didn’t record CDs returned by people. So, the team couldn't show it had safely disposed of CDs returned by people. The pharmacy did have denaturing kits for CD destruction.

The pharmacy had a 2D scanner and was arranging for a computer update to meet the requirements of the Falsified Medicines Directive (FMD) that came out on 9 February 2019. The pharmacy obtained medication from several reputable sources. The pharmacist checked the Medicines and Healthcare products Regulatory Agency (MHRA) website to look for alerts about medicines and medical devices. The pharmacy also received the information in the post or from the wholesalers, rather than signing up to receive email alerts. This meant there could be a delay with getting this information and taking appropriate action.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and protect people’s private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up to date clinical information.

The pharmacy used a range of CE equipment to accurately measure liquid medication. And it used separate, marked measures for methadone. The pharmacy had a large medical fridge to store medicines kept at these temperatures.

The computers were password protected and access to peoples’ records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information.

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.