

Registered pharmacy inspection report

Pharmacy Name: Riverside Pharmacy, Bulwell Riverside Centre, Main Street, Bulwell, NOTTINGHAM, NG6 8QN

Pharmacy reference: 1111449

Type of pharmacy: Community

Date of inspection: 22/04/2021

Pharmacy context

This is a community pharmacy inside the Riverside Centre in Bulwell. Most of the activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own home. Other services that the pharmacy provides includes delivering medicines to people's homes, the substance misuse service, and the discharge medicine service.

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

Overall, the pharmacy adequately identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. The pharmacy adequately manages people's personal information. It knows how to protect vulnerable people. The pharmacy has some procedures to learn from its mistakes, and it keeps the records it needs to by law.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs); records showed that these had been read by staff. The counter assistant knew the questions that should be asked to sell over-the-counter medicines safely. She was aware of the advice that should be given when selling codeine-based products. A dispenser knew that prescriptions had a 6-month expiry date apart from controlled drugs (CDs) which were valid for 28 days from the date on the prescription. She said that dispensed prescriptions containing CDs were highlighted with a sticker so that staff were aware. There were different stickers for Schedule 2 and Schedule 3/4 CDs. When checked, some prescriptions for schedule 3/4 CDs had stickers, but some didn't. Not highlighting a dispensed CD prescription could increase the chance of supplying it beyond its 28-day validity. There were also stickers to highlight fridge items and if the pharmacist wanted to speak to the customer.

The pharmacy had a process for recording dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time and then recorded in the near miss log. Learning points and action taken recorded in the near miss log were limited. The pharmacist said he usually carried out a monthly review but had not done so for the last few months.

The pharmacy maintained appropriate records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) log, the controlled drug (CD) registers and the private prescription record. Records showed that CD running balances were regularly audited. A random check of the recorded running balance of a CD matched the actual stock. Dispensed CDs waiting collection in the CD cupboard were clearly separated, in clear bags, and were in date. Professional indemnity insurance was in place.

There was a complaints procedure in place. The pharmacy had an information governance policy. Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. Access to the electronic patient medication record (PMR) was password protected. Confidential paperwork was stored securely. Confidential waste was shredded securely. The pharmacist was aware of safeguarding requirements and had completed appropriate training. There were local contact details available if staff needed to raise a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members adequately manage the workload within the pharmacy. Team members work well together, and they can raise concerns if needed. The team members have training which helps them to keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy had a notice showing who the RP in charge of the pharmacy was. The RP records showed who the RP in charge of the pharmacy had been. During the inspection the pharmacy team adequately managed the workload; there was a pharmacist, two qualified dispensers, two trainee dispensers and two apprentices. At the end of their course the apprentices were going to qualify as accuracy checking technicians. Staff said that they had on-line training and had recently completed training on the supply of Covid-19 lateral flow tests. Staff said that they had annual reviews where they could raise concerns or problems with the pharmacy manager if required.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. The pharmacy has processes to keep customers and staff safe during the Covid-19 crisis. The pharmacy protects personal information.

Inspector's evidence

The pharmacy was maintained to a suitable standard. The pharmacy had an air conditioning system to maintain a suitable temperature; there was adequate lighting and hot and cold running water was available. The pharmacy had a dispensing robot which took up a large amount of the dispensary. This meant that the floor space in the dispensary and behind the medicines counter was minimal and this made it more difficult for members of staff to pass each other. However, the flow of dispensing was well managed with separate areas for the dispensing and checking of medicines and the area was kept reasonably tidy. Where baskets were on the floor these didn't cause a trip hazard. There was a separate area for dispensing multi-compartment compliance packs which was a good size.

The pharmacy had Covid-19 processes in place. There were signs limiting the number of people who should access the pharmacy at any one time and asking customers entering the pharmacy to wear face masks. There was a one-way route through the public area of the pharmacy. There was a Perspex screen at the pharmacy counter to provide re-assurance to both the staff and the customers. There was hand sanitiser available. The pharmacy was cleaned daily. Staff were wearing masks. There was insufficient space for staff to work at least a metre apart.

Computer screens were set back from and faced away from the counter. Access to the electronic patient record (PMR) was password protected. Unauthorised access was prevented during working hours and when the pharmacy was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely. The pharmacy takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy had automatic front doors and step-free access which provided good access for a person in a wheelchair or those with physical disability. Once inside there was a clear route to the dispensary counter. Information about the opening hours and services was displayed on the window.

The pharmacist understood the signposting process and used local knowledge to direct people to local health services. The pharmacy staff were able to communicate with people in a range of languages to support people who did not have English as a first language. The pharmacist said that he gave advice to people including new medicines and antibiotics. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. He gave advice to people taking higher-risk medicines such as warfarin, lithium and methotrexate but prescriptions for these medicines were not routinely highlighted which might mean that some people missed out on advice.

The pharmacy mainly used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label. This helped identify who had done each task. Baskets were used to keep medicines and prescriptions separate to reduce the risk of error. The pharmacy had a defined workflow with separate areas for dispensing and checking of medicines. The pharmacy had a robot which picked the majority of the medicines. This improved patient safety by reducing picking errors.

There was a process to make sure that each person who received their medicines in a multi-compartment compliance pack got them in a timely manner. Any changes in the prescription were checked with the surgery before supply. The compliance packs seen recorded the colour and shape of the medicines to help identification. Patient information leaflets were routinely sent. Dispensers didn't routinely sign to show who had dispensed the pack. This might make it more difficult to highlight who had dispensed the pack and reduce the opportunity to learn from a mistake.

Medicines were stored on shelves tidily and in original containers. Records for the date-checking process showed that medicines were checked every three months. A sample of medicines was found to be within date. All opened bottles of liquid medications were marked with the date of opening to help ensure they were fit for purpose when being used for dispensing.

The pharmacy delivered medications to some people. This number had increased during the Covid-19 pandemic. The person delivering the prescription maintained appropriate distance. They did this by putting the medicine on the doorstep, ringing the bell and then standing back and waiting for the person to come to the door to pick up their medicine. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacy had a process for managing drug alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services that it offers safely. Overall, it maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy used crown-marked measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. CDs were stored appropriately. Records showed that electrical equipment had been safety tested.

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.