

# Registered pharmacy inspection report

**Pharmacy Name:** Radcliffe Day And Night Pharmacy, 1 Shelford Road, Radcliffe-on-Trent, NOTTINGHAM, NG12 2AE

**Pharmacy reference:** 1117168

**Type of pharmacy:** Community

**Date of inspection:** 22/05/2019

## Pharmacy context

The pharmacy is situated close to the centre of a large village. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also supplies medicines in multi-compartmental compliance packs, designed to support people to remember to take their medicines. And it delivers medicines to people's homes.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has appropriate systems to identify and manage the risks associated with the services it delivers. It generally keeps all records it must by law. And it responds appropriately to people who raise concerns and provide feedback about its services. The pharmacy manages people's private information securely. The pharmacy team members share information when mistakes happen. And they act to reduce identified risks. Pharmacy team members are clear about their roles and responsibilities. But they have not all signed training records associated with the pharmacy's procedures. This may mean there is inconsistency amongst the team when completing tasks.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The superintendent pharmacist had last reviewed these in March 2019. Pharmacy team members on duty confirmed that they had read the procedures during their induction period. But not all staff had signed procedures to confirm that they had understood them. Pharmacy team members on duty were familiar with details within SOPs and demonstrated general compliance with them. A trainee medicine counter assistant explained what tasks could and could not take place if the responsible pharmacist (RP) took absence from the premises.

Workflow in the dispensary was organised. The pharmacy team used separate areas of the dispensary for labelling, assembly and accuracy checking. The team dispensed acute prescriptions for people waiting or calling back at the front of the dispensary. Non-priority workload was generally managed during quieter periods.

There was a near-miss reporting procedure in place. The near-miss reporting form captured details of the type of mistake which had occurred. Reporting rates were low but were consistent. Pharmacy team members felt that this was because most workload was generated through the repeat prescription collection service. This meant that the team were not rushing during the dispensing process as acute workload was limited. The dispenser had used near-miss records to record mistakes which she had discovered during a check of her own work, prior to the accuracy check. The pro-activeness of this type of recording was encouraged. Pharmacy team members discussed their mistakes with pharmacists and applied learning to reduce risk. For example, they separated different formulations of the same medicine on the dispensary shelves to help reduce the risk of a picking error.

The pharmacy had an incident reporting procedure in place. The RP explained how he would manage, investigate and report an incident. The pharmacy submitted incident reports to the 'National Reporting and Learning System'. Pharmacy team members explained that they had witnessed pharmacists completing reports. And they had engaged in discussions following learning. But copies of reports were not available for inspection.

The pharmacy had a complaints procedure in place. Details of how people could provide feedback or raise a concern about the pharmacy was provided in its practice leaflet and on a notice in the public area. A member of the team explained how she would manage feedback and seek to resolve it or

escalate it to the pharmacist. A formal complaint folder was maintained. Details of a concern which the pharmacy had resolved in May 2019 was recorded in the file. The pharmacy also engaged people in feedback through an annual 'Community Pharmacy Patient Questionnaire'. It had responded to feedback from the last survey. For example, pharmacy team members now promoted the use of the private consultation room with people accessing the pharmacy's services.

The pharmacy had up to date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. Entries in the responsible pharmacist record complied with legal requirements.

A sample of the CD register found that it generally met legal requirements. Not all page headers were completed in full in the methadone section of the register. The pharmacy maintained running balances and there was evidence of these balances being checked regularly. A physical balance check of Sevredol 10mg tablets complied with the balance in the register. A CD destruction register for patient returned medicines was maintained and the team entered returns in the register on the date of receipt. The pharmacy maintained a Prescription Only Medicine (POM) register. Records for private prescriptions occasionally contained inaccurate prescribing dates. The pharmacy recorded full details of emergency supplies it made, including the nature of the emergency when making a supply at the request of a patient.

The pharmacy completed full audit trails on certificates of conformity for unlicensed medicines as per MHRA record keeping requirements.

The pharmacy held records containing personal identifiable information in staff only areas of the pharmacy. An employee handbook provided details of how confidential information should be managed. The pharmacy team stored assembled bags of medicines in the dispensary, out of sight of the public area. Pharmacy team members disposed of confidential waste through a cross-shredder.

The pharmacy had procedures and information relating to safeguarding vulnerable people in place. Pharmacy team members had completed training on the subject. The RP on duty had completed level 2 training through the Centre for Pharmacy Postgraduate Education. The team had access to contact details for local safeguarding teams. And pharmacy team members could explain how to recognise and raise a safeguarding concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough skilled people to provide its services. It promotes ways in which its team members can provide feedback. And it encourages team discussions. Pharmacy team members are supported in their roles. They complete continual learning. But not all staff are enrolled onto GPhC accredited training courses in a timely manner following their induction. This means there has been a delay in staff receiving the required support to ensure that they have the skills and knowledge required for their roles.

### Inspector's evidence

On duty at the time of the inspection was the RP, a qualified dispenser, a trainee medicine counter assistant and a general assistant. The RP had worked at the pharmacy as a locum for several weeks prior to taking regular shifts at the pharmacy very recently. Another full-time pharmacist and part-time pharmacist also worked at the pharmacy. The superintendent pharmacist also regularly worked weekends. The pharmacy also employed trainee medicine counter assistant who was not on duty at the time of inspection. Pharmacy team members were part time which enabled flexibility for covering shifts if a member of the team was absent. The RP explained how would manage risk when in a situation where he would complete both the assembly and accuracy check of a prescription. For example, applying a mental break between different stages of the dispensing process.

Both trainee medicine counter assistants completed some dispensing tasks. The general assistant completed some administrative tasks associated with the pharmacy's prescription collection and delivery service. He also completed some cleaning and date checking tasks. At the time of inspection none of the above staff had been enrolled on a GPhC accredited training course as required. The superintendent pharmacist provided evidence shortly after the inspection of enrolment onto an accredited dispensing course for both trainee medicine counter assistants. And he provided clarification to the inspector that the general assistant would not undertake stock management tasks such as date checking which required additional accredited training.

All pharmacy team members engaged in continual learning to support them in delivering the pharmacy's services. Training records confirmed that this learning involved recognising and managing minor ailments, information governance and safeguarding. Pharmacy team members had access to an employee handbook. But they did not receive a structured appraisal as part of a continual learning and development process. The trainee medicine counter assistant confirmed that she felt supported in her training role.

The pharmacy did not set any specific targets to staff or locums. The RP explained that completion of services such as MURs and NMS consultations was encouraged. He explained how he applied his professional judgement when providing these services.

Pharmacy team members communicated largely through informal conversations. And they held regular meetings at the beginning of the week to share information and learning. Outcomes from the meetings were not generally recorded. This meant that it may be difficult for the pharmacy to demonstrate that

all staff had engaged in these shared learning opportunities.

Pharmacy team members were aware of how they could raise and escalate a concern about the pharmacy or its services. A member of staff confirmed that she was familiar with the pharmacy's whistleblowing policy. The pharmacy had changed the way in which it managed its repeat prescription ordering following a suggestion from a member of the team. The new system was in the early stages of being rolled out. And as such its impact had yet to be measured.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are secure and generally maintained to the standard required. Working areas are clean and organised. But the pharmacy must ensure maintenance issues do not escalate to become health and safety concerns. The pharmacy has private consultation facilities in place. These help to protect the confidentiality of people accessing its services.

### Inspector's evidence

The pharmacy premises were extensive. They were reasonably maintained and secure. Maintenance issues were dealt with by either the general assistant or local contractors. There was an outstanding maintenance issue with a light in a back room off the dispensary. This required attention to ensure adequate light was available for staff accessing the room to complete tasks such as disposing of medicine waste in the bins provided within the room. Lighting throughout the rest of the premises was sufficient. Antibacterial soap and towels were available close to designated hand washing sinks.

The pharmacy stocked health and beauty products for sale in the public area. It stored pharmacy (P) medicines behind the medicine counter. This protected them from self-selection. A good size consultation room was accessible to the side of the public area. The room was professional in appearance and offered a suitable space for holding private conversations with people accessing the pharmacy's services. No person identifiable information was kept inside the room.

The pharmacy was clean. Dispensing areas were free from clutter and were organised. But there was some clutter in a store room at the back of the premises. This included cardboard waste which was waiting for disposal. The pharmacy team explained that waste collections for the cardboard was every few weeks. The clutter did not cause a trip or fall hazard as it was located at the back of the room. The room was not used to complete any dispensing activities. Air conditioning and heating was in working order.

The dispensary was a sufficient size for providing the pharmacy's services. A separate room fitted out as a second dispensary could be utilised if required. The team generally used this space for managing some aspects of the care home service. A stairway led to the first-floor level of the premises. On this level there were staff facilities and further unused rooms. A room containing a disused toilet required some attention as it had fallen into disrepair. There was no public access to this area and pharmacy team members confirmed that they did not access this area. The general assistant regularly checked the pharmacy's fire alarm system to ensure it remained in working order.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy promotes its services and makes them accessible to people. The pharmacy has records and systems in place to make sure people get the right medicines at the right time. The pharmacy provides medicines in devices designed to support people in remembering to take their medicines. The pharmacy gets its medicines from reputable sources. And it stores and manages them appropriately to help make sure they are safe to use. It has some systems in place to provide assurance that medicines are fit for purpose.

### Inspector's evidence

The pharmacy was accessed through a simple push/pull door from street level. Opening times and details of the pharmacy's services were clearly advertised. Some details of seasonal services not currently provided required removing from window displays. For example, the flu vaccination service. The pharmacy had a range of service and health information leaflets available to people. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service. Designated seating was available for people waiting for a prescription or service.

The pharmacy used baskets throughout the dispensing process. This kept medicines with the correct prescription form. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. The prescription was used throughout the dispensing process when the medicine was later supplied. It maintained delivery audit trails for the prescription delivery service. People were asked to sign at the point of delivery to confirm that they had received their medicine. The pharmacy maintained an audit trail of prescriptions it ordered on behalf of people. People were asked to confirm what medicines they required prior to prescriptions being ordered.

The pharmacy had some processes to identify people on high-risk medicines. The RP explained how he would manage monitoring checks of medicines such as methotrexate and warfarin through verbal counselling. But outcomes from these discussions were not recorded on people's medication records. The RP explained checks required as part of the pharmacy's compliance with the 'Valproate Pregnancy Prevention Programme' (VPPP). Valproate warning cards were available. Supportive monitoring tools such as insulin passports and steroid treatment cards were also accessible. The RP explained that outcomes from services which he had completed to date included providing advice on the correct time of day to take a medicine and maintaining a healthy lifestyle.

The pharmacy supplied medicines to two care homes. The homes used a re-ordering Medication Administration Record (MAR) sheet to inform the pharmacy of what medicines were required for residents each month. Medicines were dispensed into individual 28-day multi-compartmental compliance packs for each person. The dispenser demonstrated the process in place for checking prescriptions and querying changes with care home and surgery teams. A copy of the MAR, prescription and original packaging was available to the pharmacist checking the packs. Patient information leaflets (PILS) were provided at the beginning of each four-week cycle of trays. The pharmacy supplied interim



medicines to care homes by obtaining the original prescription prior to supply. And they provided MAR sheets when supplying interim medicines.

Individual profile sheets were in place for each person on the community multi-compartmental compliance pack service. Pharmacy team members could explain how they checked changes to medicine regimens with prescribers. But details of changes were not routinely recorded on the profile sheets or persons medication record. This meant that the pharmacist may not have the most up to date information available when completing the clinical check of these prescriptions. A sample of assembled trays contained full dispensing audit trails. The pharmacy provided descriptions of the medicines inside the trays. It also provided PILs at the beginning of each four-week cycle of packs.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. The team were aware of the Falsified Medicines Directive (FMD). A scanner was in place. But the pharmacy team were not scanning FMD compliant medicines as part of the dispensing process as they had not received full training for the new processes. The pharmacy's SOPs had not been updated to reflect the changes caused by FMD.

The pharmacy stored medicines in their original packaging. It used cardboard dividers between medicines on the dispensary shelves. This helped to keep medicines organised and reduced the risk of selecting the wrong medicine during the dispensing process. A date checking rota was in place with regular date checks recorded. A system was in place for highlighting short-dated medicines. The team annotated details of opening dates on bottles of liquid medicines. No out of date medicines were found during random checks of dispensary stock.

The pharmacy held CDs in a secure cabinet. CD medicines storage was orderly. There was a designated space for storing patient returns, and out-of-date CDs. Pharmacy team members were aware of the legal validity requirements of a CD prescription. But the pharmacy did not always highlight these prescriptions to help inform checks on hand-out of an assembled CD. The pharmacy's fridge was clean, and it was a sufficient size for the cold chain medicines held. Temperature records confirmed that it was operating between two and eight degrees.

The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. Some excess medical waste was held outside of the designated bins. Although this was not ideal, the waste was held together and in an area of the pharmacy away from stock medicines. This did somewhat mitigate the risk of waste medicines being mistaken for stock.

The pharmacy received drug alerts through email. They shared details of alerts during conversations and maintained copies of alerts for reference purposes.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team has access to equipment for providing its services. It monitors this equipment to ensure it is safe to use and fit for purpose.

### Inspector's evidence

Pharmacy team members had access to up to date written reference resources. These included the British National Formulary (BNF) and BNF for Children. Internet access provided further reference resources. Computers were password protected and faced into the dispensary. This prevented unauthorised access to the contents on screen. Several pharmacy team members on duty had working NHS smart cards.

Clean, crown stamped measuring cylinders were in place. The pharmacy stored cylinders for use with methadone separately. Counting equipment for tablets and capsules was available. This included a separate triangle for use with cytotoxic medicines. Equipment for the multi-compartmental compliance pack service was single use. Gloves were available to team members assembling trays. Portable appliance testing checks were last completed in September 2018.

### 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.