

Registered pharmacy inspection report

Pharmacy Name: Newton Pharmacy, 132-138 Talbot Road, HYDE, Cheshire, SK14 4HH

Pharmacy reference: 1117965

Type of pharmacy: Community

Date of inspection: 19/08/2020

Pharmacy context

This busy community pharmacy is located in a residential area and most people who use the pharmacy are from the local area. The pharmacy dispenses NHS prescriptions and it sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. The inspection was undertaken during the Covid 19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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

Members of the pharmacy team work to professional standards. They record their mistakes so that they can learn from them and act to help stop the same sort of mistakes from happening again. The team understands how it can help to protect the welfare of vulnerable people and it keeps people's private information safe. But team members have not confirmed their understanding of the pharmacy's written procedures, so they may not always work effectively or fully understand their roles and responsibilities. The team generally keep the records required by law, but some details are missing, which could make it harder to understand what has happened if queries arise.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided. They were in electronic form and accessible on the pharmacy's computer. But there were no records to show which staff had read and accepted them, so some team members may not have a full understanding of the pharmacy's procedures. The name of the responsible pharmacist (RP) was displayed, but it could not be easily seen from the retail area. The pharmacy manager, who was working as the RP, said she would move the notice to a more conspicuous position.

The pharmacy manager had carried out a Covid-19 risk assessment where she had considered the risks of coronavirus to the pharmacy team and people using the pharmacy. She had not documented this but had introduced several steps to ensure social distancing and infection control. She confirmed that she was aware of the Health and Safety Executive (HSE) guidance on the expectations and duties in relation to reporting cases of Covid-19 transmission that happened in the workplace under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, and that she would contact her head office for advice and support if this was to occur. The pharmacy manager was aware that individual staff risk assessments were required to be completed for members of the pharmacy team and she was hoping to complete these by the end of the month.

Dispensing incidents were reported and the actions taken to prevent a re-occurrence were recorded in the report. For example, following a recent incident when the incorrect strength of pregabalin had been supplied, the incident had been discussed with the team and the dispensary shelf had been checked to ensure the different strengths were clearly separated. The pharmacy manager said near misses were recorded on individual error logs, which were reviewed and discussed with team members. The trainee dispenser said he felt comfortable admitting and discussing errors. The dispensary shelves which contained the most frequently dispensed medicines were labelled with the medicine's name and strength, to highlight the differences and reduce the risk of selection errors.

There was a complaints procedure, but there was nothing on display to highlight how people could raise concerns or leave feedback, so the pharmacy might be missing out on opportunities to improve their services. Insurance arrangements were in place. A current certificate of professional indemnity insurance was available in the pharmacy.

Private prescriptions and emergency supplies were recorded electronically, but these records were not

always accurately completed. For example, a recently dispensed private prescription had been incorrectly entered on the patient medication record (PMR) system as an NHS prescription, so it did not appear in the electronic private prescription register. Checks of controlled drug (CD) registers found several inconsistencies some of which were not in keeping with the CD regulations. A private prescription for two strengths of methylphenidate, which had been supplied in July, had not been recorded in the CD register, which meant there was an incomplete audit trail of the supply. Headers were missing from the tops of some of the pages in the CD register which increased the risk that incorrect entries were made. There were four private prescriptions for methylphenidate which is a CD. These had been supplied over the last four months and none of them had been sent to the appropriate authority for auditing purposes at the end of the month. Three CD balances were checked. There were discrepancies in two of the balances, due to the missing entries in July. The pharmacy manager could not explain why the prescription had not been entered in the register at the time of the supply, or why the prescriptions had not been sent away, but she agreed to check with the locum pharmacist and review their procedures. Patient returned CDs were recorded and disposed of appropriately.

The pharmacy manager believed that the pharmacy had information governance (IG) policies and that members of the pharmacy team had signed confidentiality clauses, but she could not locate these. Confidential waste was stored separately from general waste and collected periodically by an appropriate waste disposal company. The trainee dispenser had a basic understanding about patient confidentiality and said it had been explained to him when he started working at the pharmacy. He said he remembered reading something about it too. Assembled prescriptions and paperwork containing confidential information were stored appropriately so that people's details could not be seen by members of the public.

The pharmacy manager had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. The trainee dispenser had not completed any formal training on safeguarding but knew that any concerns regarding children and vulnerable adults should be reported to the pharmacist. The pharmacy manager said she would offer a chaperone when consulting in private, if she felt this was appropriate, but there was nothing on display highlighting this, so people might not realise this was an option. The pharmacy manager was aware of the 'Safe Space' initiative, where pharmacies were providing a safe space for victims of domestic abuse, but they had not registered the pharmacy to take part in it.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members complete training for the jobs they do. They are comfortable providing feedback to their manager and they receive informal feedback about their own performance. Ongoing training is not structured or recorded, so they might not always identify gaps in their knowledge.

Inspector's evidence

The pharmacy manager and a trainee dispenser were on duty at the time of the inspection. There was an NVQ 2 (or equivalent) qualified dispenser and a delivery driver on the pharmacy team, but they were not present during the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the patients. The pharmacy manager generally worked Monday to Friday and there was a regular locum pharmacist who worked on Saturday mornings. The pharmacy was in the process of recruiting another member of staff. There were other branches in the group, but none were within the Greater Manchester area, so transferring staff from one of the other branches was not really an option. The pharmacy manager said if the team were required to self-isolate then they would organise a locum dispenser to work alongside a locum pharmacist.

The trainee dispenser had started working at the pharmacy around two months ago. He had recently enrolled onto an accredited dispensing assistant course, but he had not yet started it. He carried out duties in the dispensary including assembling prescriptions. The pharmacy manager confirmed that she supervised his activities closely. There was no formal training once members of the team had completed their accredited training courses, and any ad-hoc training which was completed was not recorded. The team did not have regular protected training time. Team members had informal annual appraisals, where performance and development were discussed, but these were not documented, so any issues raised might not be addressed. Day to day issues were discussed within the team as they arose. The trainee dispenser said he would feel comfortable talking to the pharmacy manager about any concerns he might have and said he could make suggestions or criticisms informally. There was a whistleblowing policy.

The pharmacy manager said she felt empowered to exercise her professional judgement and could comply with her own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because she felt it was inappropriate. She said she was not under pressure to achieve targets such as for Medicines Use Reviews (MURs), but she did try to complete these when possible.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare services.

Inspector's evidence

The pharmacy premises, including the shop front and fascia, were clean and in an adequate state of repair. The retail area was free from obstructions and professional in appearance. The temperature and lighting were adequately controlled. A room in the pharmacy was used by head office and one of the directors was working there during the inspection. The pharmacy had a wholesale dealers license and there was a separate room which was used for wholesale dealing. Staff facilities included a small kitchen area, and a WC with a wash hand basin and hand wash. There was a separate sink for medicines preparation with hot and cold running water.

There were information notices about Covid-19, and reminders of the requirement to maintain social distancing. Floor markings were used to ensure adequate space in front of the medicine counter. The pharmacy was accepting card payments only to reduce contact between people. There was a consultation room, but it was not being used for private consultations, due to coronavirus restrictions. The pharmacy manager said she would have to do some work in the room to make sure it was suitable for the flu vaccination service, which would be starting soon.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services, most of which are generally well managed and easy for people to access. It gets its medicines from licensed suppliers and the team carries out some checks to ensure medicines are in suitable condition to supply. But the pharmacy could improve the way it stores and manage some of its medicines.

Inspector's evidence

The pharmacy was accessible to everyone, including people with mobility difficulties and wheelchair users. The main services provided by the pharmacy were advertised. There was a range of healthcare leaflets and posters providing information on a range of topics including sepsis and breast screening.

There was a home delivery service with associated audit trail. The service had been adapted to minimise contact with recipients, in light of the pandemic. The delivery driver stayed a safe distance away whilst the prescription was retrieved from the doorstep, and then confirmed the safe receipt in their records. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was adequate in the dispensary, and the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat and tidy. Dispensed by and checked by boxes were generally initialled on the medication labels to provide an audit trail. Baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up.

The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and two or three people in the at-risk group had been identified. The pharmacist had discussions with these people or received confirmation that they had a discussion with their GP about pregnancy prevention. The pharmacy manager pointed out that most packets of Epilim now contained the valproate care cards, which automatically ensured people received these cards each time they were dispensed.

Multi-compartment compliance aid packs were reasonably well organised although the packs did not always record which pharmacist had checked them. There was a record of communications with GPs and changes to medication. Cautionary and advisory labels and packaging leaflets were not usually included, despite this being a mandatory requirement. So, people might not have easy access to information they need. The pharmacy manager said she would adjust the labelling setting to include all the required labelling. Disposable equipment was used. The pharmacy manager explained that patients were only given their medicine in a multi-compartment compliance aid pack if this was requested by their GP. She assumed the GP made an assessment as to the appropriateness of a pack before requesting it.

The trainee dispenser explained what questions he asked when making a medicine sale and when to refer the person to a pharmacist. He was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if he suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in a CD cabinet which was securely fixed to the wall/floor. Date expired and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain medicines. No extemporaneous dispensing was carried out. The pharmacy was not compliant with the Falsified Medicines Directive (FMD). They had the software and hardware needed to comply, but team members were not currently scanning to verify or decommission medicines. The pharmacy manager did not know why they were not routinely using the system and could not recall if they had been trained on FMD or not. She said she would check with head office.

The minimum and maximum temperatures were being recorded daily on the medical fridge. It appeared to be in range but there was a risk that these records were not as accurate as they could be, as the thermometer was indicating the minimum temperature was -14 degrees Celsius and the maximum temperature was +18 degrees Celsius at the inspection. The thermometer was re-set and the medical fridge remained in range for the remainder of the inspection. Date checking was carried out and documented. Expired medicines were segregated and placed in designated bins. Most medicines were stored in their original containers, but there were some loose foil strips and some loose pots of tablets, which were not appropriately labelled with their batch number and expiry date. So there was a risk medicines might be supplied which were out of date.

Alerts and recalls were received via messages on the PMR and on emails from the MHRA. These were read and acted on by a member of the pharmacy team. A copy was retained in the pharmacy with a record of the action taken so the team were able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe and use it in a way that protects privacy.

Inspector's evidence

There was a protective Perspex screen at the medicine counter and people using the pharmacy were encouraged to wear face coverings to reduce the risk of spreading coronavirus. Face masks were available for the pharmacy team members, but they were not routinely worn. The trainee dispenser said he would wear one if he had to come into close contact with a person but felt the Perspex screen was an adequate protection from contamination. Hand sanitizer gel and disposable gloves were available.

The pharmacists used their mobile phones or the pharmacy's computer to access the electronic British National Formulary (BNF) and BNF for children, as current versions were not available in printed form. There was a clean medical fridge. All electrical equipment appeared to be in good working order. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.