

Registered pharmacy inspection report

Pharmacy Name: Donnington Pharmacy, Doonington Medical Practice, Wrekin Drive, Donnington, TELFORD, Shropshire, TF2 8EA

Pharmacy reference: 1119891

Type of pharmacy: Community

Date of inspection: 06/02/2020

Pharmacy context

This busy community pharmacy is located inside a large medical practice in a residential area of Donnington. It dispenses prescriptions and sells a range of over-the-counter (OTC) medicines, as well as other health and beauty items. The pharmacy supplies some medicines in multi-compartment compliance aid packs, to help make sure people take them at the right time. And it offers a home delivery service. Several additional services are also available including Medicines Use Reviews (MURs), emergency hormonal contraception (EHC) and patient group directives (PGDs) covering the treatment of common ear, nose and throat conditions, as well as uncomplicated urinary tract infections (UTIs). The pharmacy also offers flu vaccines during the relevant season and a substance misuse treatment service is available.

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 suitably identifies and manages the risks associated with its services. It has written procedures to help make sure team members complete tasks safely and it maintains the records it needs to by law. Team members are clear about their responsibilities. They understand how to keep people's private information safe and raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which had been reviewed within the last two years and defined the responsibilities of pharmacy team members, who signed to confirm their acknowledgment and understanding. Any issues regarding the procedures were discussed with the team in an ongoing basis and team members demonstrated a clear understanding of their roles during the inspection, including the activities which were permissible in the absence of a responsible pharmacist (RP). The displayed certificate of professional indemnity insurance had expired, but during the inspection the superintendent pharmacist located a new certificate providing confirmation that the policy had been renewed, with no break in cover.

A near miss log was available and entries were usually recorded by the pharmacists. Occasionally, details such as the date and the actions that had been taken in response to near misses were missing from the log. Team members said that near misses were usually discussed at the time of the event but they were unaware of any regular review, which may make it more difficult to identify some underlying patterns or trends. Dispensing incidents were reported to the superintendent pharmacist, who said he would report the details to the National Reporting and Learning System (NRLS). Records for this were not always retained as an audit trail, which may mean that pharmacy cannot always clearly demonstrate the action taken in response to an incident, in the event of a query.

The pharmacy had a complaint procedure, but this was not clearly advertised. So, people may not always be aware of how concerns can be raised. A dispenser said that concerns raised in branch would usually be directed to the pharmacist in charge. And ongoing feedback was sought through a Community Pharmacy Patient Questionnaire (CPPQ), which was completed annually.

The correct RP notice was conspicuously displayed near to the medicine counter and the RP log was in order. Records of emergency supplies were in order, but there were occasional private prescription records where the details of the prescriber had been recorded inaccurately, which could cause ambiguity. Specials procurement records provided an audit trail from source to supply. Controlled drugs (CD) registers kept a running balance and a patient returns CD register was available. Previous destructions had been signed and witnessed.

The pharmacy team members had completed some information governance training and they signed confidentiality agreements when they began employment. A copy of the pharmacy's privacy notice was displayed in the dispensary and completed prescriptions were filed out of public view. The pharmacy team segregated confidential waste, and this was removed for suitable disposal by an external

contractor. Some team members were in possession of their own NHS smartcards, others were arranging to have their cards unlocked. On the day, the card of a team member who was not present was being used in a dispensing terminal. This demonstrated that cards were not always suitably secured when not in use and may compromise the integrity of the audit trail used to confirm that access to information is suitable and legitimate.

Registrants had completed safeguarding training and a medicine counter assistant (MCA) had also completed some training. She discussed some of the types of concerns that might be identified, and how they were referred to the pharmacist. The contact details of local agencies were accessible to support the escalation of concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members hold the appropriate qualifications for their roles. They complete some ongoing training and get feedback on their development to help them learn and improve. Team members support one another well and they can raise concerns and provide feedback about the pharmacy's services.

Inspector's evidence

On the day of the inspection, a regular locum pharmacist was working alongside three dispensers and an MCA. The superintendent pharmacist was also present and an accuracy checking pharmacy technician (ACT) arrived at the end of the inspection. The team were two members of staff down on the usual level and the workload in the pharmacy was busy. The pharmacy employed several other team members, with a varied skill mix. During periods of absence, the team usually arranged cover amongst themselves, to help make sure the workload was suitably managed. For example, on the day the ACT was starting her afternoon shift earlier than usual. There was no backlog in dispensing on the day and usually restrictions were placed on leave, to limit the number of team members who could be absent at one time. Team rotas were usually planned approximately three weeks in advance, to allow suitable time for cover to be arranged. The team were allocated dedicated roles throughout the day, but changed tasks to provide one another with additional support, as required.

Sales of medication were discussed with an MCA, who outlined the questions that she would ask and discussed additional counselling points. The MCA highlighted several medications which may be susceptible to abuse, and concerns were referred to the pharmacist.

Pharmacy team members were suitably trained for their roles and copies of training certificates were provided by the superintendent pharmacist. One of the dispensers was completing training and was enrolled on a suitable training course through the National Pharmacy Association (NPA). Some team members who were not present, were also completing additional training for further career development. This included, a dispenser who was enrolled on an NVQ3 pharmacy technician training programme and a pharmacy technician who was completing an accuracy checking qualification. The pharmacy team completed some ongoing learning and development. Some had recently attended a local area meeting on a chlamydia screening programme, which was being introduced as part of the EHC service. Team members also had access to training articles which were displayed in the staff tearoom. Development was reviewed using an appraisal system. Appraisals were carried out by the superintendent pharmacist and sought to identify learning needs, as well as set future goals and objectives.

Team members worked well together and provided support to one another as necessary. There was an open dialogue amongst the team, and they were happy to raise concerns and provide feedback to the superintendent pharmacist. Information on a whistleblowing policy was available in a staff handbook to facilitate concerns being raised anonymously. No targets were placed on professional services, but locums were offered incentives for some services completed, such as MURs. The pharmacy medication

record system was used to target services to relevant patients and help make sure services were only offered where appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a secure and appropriate environment for the delivery of healthcare services. It has designated consultation rooms to enable it to provide people with access to areas for private and confidential discussions.

Inspector's evidence

The pharmacy was well maintained, and the interior finishing had been completed to a good standard. The pharmacy paid a facilities management company to address any maintenance concerns that arose. As part of this a contracted daily cleaning service was provided. The pharmacy was suitably maintained on the day. There was adequate lighting and air conditioning maintained a temperature suitable for the storage of medicines.

The retail area to the front of the pharmacy was suitably maintained. It stocked a range of healthcare-based goods and pharmacy medicines were restricted from self-selection in the retail area. There was seating available for use by people waiting for their medicines and a board near to the medicine counter displayed a variety of health promotion literature.

Off the retail area were two enclosed consultation rooms, which were signposted and secured. Both rooms were well presented and fitted with a desk and seating to facilitate private and confidential discussions. Further secured areas included office space, a staff tearoom and clean WC facilities.

The dispensary had adequate space for the provision of pharmacy services. Behind the front medicine counter was a large work bench, used to dispense walk-in prescriptions, and there was a separate area for checking, providing clear segregation. Further work bench spaces, with additional labelling terminals were placed at the rear of the dispensary. There were several large shelving units used for prescription retrieval and the storage of medicines. And the pharmacy had a separate sink for the preparation of medicines, which was equipped with suitable cleaning materials.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources and stores its medicines appropriately. Its services are accessible and suitably managed, so people receive suitable care. But team members do not always identify people on high-risk medicines. So, some people may not always get all the information and advice they need about their medicines.

Inspector's evidence

The pharmacy had step-free access from both the car park and the medical centre. Automatic doors were fitted to help with access and further adjustments could be made for people with different needs, including the use of large print labels from the pharmacy computer system.

The pharmacy's services were advertised on a board at the entrance to the premises and there was some additional advertisement of pharmacy services. A practice leaflet was under review, as adjustments were being made to the stated opening hours. Team members had access to resources to support signposting and an MCA discussed how she would signpost people to other local services, such as needle exchange.

Prescriptions were dispensed using coloured baskets to keep them separate and help prioritise the workload. An audit trail for dispensing was maintained on dispensing labels, enabling those involved in the process to be identified. Pharmacy team members were aware of the risks of the use of valproate-based medicines in people who may become pregnant and the necessary safety literature was available. Other prescriptions for high-risk medications were not always routinely identified and records of monitoring parameters were not regularly recorded. The pharmacy highlighted prescriptions for CDs, to help make sure that supplies were made within the valid 28-day expiry date.

The pharmacy ordered repeat prescription medications for people who used multi-compartment compliance aid packs. People contacted the pharmacy to advise if external medications, such as 'when required' pain medicines and creams were required. Medications were preprepared and supplied using a four-week cycle, and a master record sheet was updated each week, to track processing from ordering to supply. Completed packs had patient details to the front but a complete audit trail for dispensing was not always completed on the pack. A record of the individuals involved in dispensing and checking was made on the master log sheet, which was usually retained for a few months, before being disposed of confidentially. This may mean that the audit trail may not always be accessible in the event of a query. Completed packs recorded descriptions of individual medications and patient leaflets were supplied. Compliance aid packs were usually only initiated following authorisation from the GP, to help make sure they were suitable for patients. Signatures were obtained as confirmation of delivery and these records were filed for reference. Medications from failed deliveries were returned to the pharmacy.

The pharmacy had access to the relevant PGDs required for the ENT and UTI treatment services. All of the regular pharmacists were accredited for service provision and had attended a course on examination skills. The necessary equipment for the provision of the services was available in the

consultation room and a follow-up was completed on each patient in order to identify the patient outcome. There was currently a review of the EHC service in the area and the superintendent pharmacist had attended a meeting regarding the changes, which included information on the provision of chlamydia testing kits, as this was due to be introduced.

Training had been completed for the provision of the flu vaccine in October 2019. PGDs were available for reference and records of consent were kept filed. The pharmacy had the necessary equipment to aid the administration of vaccines, including adrenaline and a sharps bin. The pharmacy was also planning to implement a travel vaccination service in the coming months, training to support this was in the process of being completed. And the pharmacy was intending to register so that yellow fever vaccinations could be offered.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock medications were stored in the original packaging provided by the manufacturer, but some of the shelves were unorganised, which may increase the chance of a picking error. The team discussed date checking procedures, but records were not always updated as an audit trail of checks that had been undertaken. No expired medicines were identified from random checks of the pharmacy shelves. The pharmacy had completed registration with SecurMed in order to enable compliance with the European Falsified Medicines Directive (FMD) and suitable scanners were available. But procedures were not yet being implemented following a recent update to the pharmacy PMR system. Alerts for the recall of faulty medicines and medical devices were received via email, which was checked daily, and where relevant affected stock was quarantined.

The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded daily and was within the recommended temperature range. CDs were stored appropriately, and random balance checks were found to be correct. Expired CDs were clearly segregated from stock and CD denaturing kits were available.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment and facilities are suitable maintained, and team members use equipment in a manner that protects people's privacy.

Inspector's evidence

The pharmacy team had access to the British National Formulary (BNF), and other resource materials were also available, including general internet access to facilitate further research. A range of glass crown-stamped measures were available for measuring liquids. Separate measures were clearly marked for use with CDs. Counting triangles were also available, including a separate one for cytotoxic medicines. All equipment appeared clean and suitably maintained.

Electrical equipment was in working order. The pharmacy's computer systems were password protected and screens were located out of public view. A cordless phone was available to enable private and confidential conversations, if required.

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.