

# Registered pharmacy inspection report

**Pharmacy Name:** Alton Pharmacy, 68 High Street, ALTON,  
Hampshire, GU34 1ET

**Pharmacy reference:** 1122109

**Type of pharmacy:** Community

**Date of inspection:** 08/04/2019

## Pharmacy context

This community pharmacy in the semi-rural town of Alton in Hampshire is one of 40 belonging to the same company. It serves a cross section of the local community. As well as the NHS Essential Services, the pharmacy provides Medicines Use Reviews (MURs), New Medicines Service (NMS), Monitored Dosage System (MDS) trays, seasonal influenza vaccinations, Emergency Hormonal Contraception (EHC) and drug misuse support services including the supervised consumption of Methadone and Buprenorphine. The pharmacy also has a prescription delivery service.

## Overall inspection outcome

### Standards not all 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.5	Good practice	Pharmacy team members work well together. They are comfortable about providing feedback to each other and are involved in improving the quality of the pharmacy's services.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	But the pharmacy does not always store its medicines safely. It does not always promptly remove date expired medicines from dispensing stock. This could mean that medicines could be given out after their expiry dates. The pharmacy team does not always properly label medicines removed from their original packaging or medicines to be supplied for the supervised consumption service.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards. And respond well to people's feedback by making changes to improve the quality of its services. The team identify and manage risks effectively. The pharmacy logs any mistakes it makes during the dispensing process. It learns from these and takes action to avoid problems being repeated, But, it doesn't always record what it has done to stop the same mistakes from happening again. So, it may be missing opportunities to keep what it has learned as part of its day to day practice. The pharmacy's staff are trained so that they know how to keep people's information safe. But, they do not always protect the private information of people who have their medicines delivered.

### Inspector's evidence

Pharmacy services were managed by the regular responsible Pharmacist (RP). The pharmacist was supported by a store manager who was also a trained Medicines Counter Assistant (MCA) and a small team of dispensing and counter staff.

There was a procedure in place for managing risks in the dispensing process, whereby, near misses and errors were identified and monitored. All incidents, including near misses, were discussed at the time and recorded. Near misses and errors were reviewed approximately every month. Reviews included an assessment of whether the same mistakes were being repeated. A previous incident between Atenolol and Allopurinol had led to the two products being separated onto different shelves. A 'CAUTION' sticker had been placed on the shelf edges in front of each. Staff described how they would highlight potential areas of risk to one another. The pharmacist showed the inspector a NorthStar branded pack of Bendroflumethiazide 2.5mg which was similar in appearance to the NorthStar branded pack of Folic acid 5mg tablets. The similarities had been highlighted to all dispensing staff.

However, some examples of actions following a near miss were for the individual to 'double check' or 'read prescription properly'. So, whilst staff were encouraged to check the medicines they were dispensing, they were not always required to reflect on their dispensing technique to identify key steps which could have prevented the mistake.

Staff worked under the supervision of the Responsible Pharmacist (RP), whose sign was displayed for the public to see. There was a set of standard operating procedures (SOPs) for staff to follow.

The pharmacy team had a positive approach to customer feedback. The pharmacist described how he was providing more advice to customers using spacer devices after receiving feedback that he and his team did not always give as much guidance on the use of appliances as they did on medication. He now advised patients how to use their spacer devices properly and how to clean them.

The team described how they ordered the same brands of medicines for certain people to help with compliance. Customer preferences included the Fourtis brand of Metformin tablets and the TNR brand of Magnesium Hydroxide mixture. Notes had been added to their PMRs and the brand was printed out on the dispensing label as an additional prompt for staff.

The pharmacy had a documented complaints procedure. A SOP for the full procedure was available for

staff, and there was a notice on the wall near the counter for customers. Customer concerns were generally dealt with at the time. Formal complaints would be recorded and referred to the Superintendent. Details of the local NHS complaints advocacy and PALs could be provided on request.

The pharmacy had professional indemnity and public liability arrangements so, they could provide insurance protection for staff and customers. Insurance arrangements were in place until 31st December 2019 when they would be renewed for the following year.

All the necessary records were kept and were generally in order including Controlled Drug (CD) registers, and records for, Private Prescriptions, unlicensed 'Specials' and Emergency supplies. Records for the Responsible pharmacist were generally in order although there were several gaps at the time when the locum RP's responsibilities ended for the day. The pharmacy had records for patient returned CDs. Records of returned CDs were kept for audit trail and to account for all the non-stock CDs which RPs had under their control.

Staff had undergone Information governance training and they had read and signed a confidentiality agreement. Discarded labels and tokens were set aside in a tub and then discarded into a confidential waste bag. The confidential waste bags were then collected for disposal by a licensed waste contractor. But, delivery records showed the names and addresses of several people on each page. This meant that when people signed the delivery sheet they could see the others' details.

The regular pharmacist had completed level 2 CPPE safeguarding training. Staff had also received training and were aware of their responsibilities when asked. The manager described how she would inform the pharmacist if she suspected that anyone, child or adult, was being neglected or abused. Staff had not had any concerns to report.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team manages the workload well and team members use their professional judgement to make decisions in the best interests of people. Pharmacy team members work well together. They are comfortable about providing feedback to each other and are involved in improving the quality of the pharmacy's services.

### Inspector's evidence

On the day of the inspection services were managed by the regular responsible Pharmacist (RP) and a manager who was also a trained Medicines Counter Assistant (MCA). The rest of the team consisted of a trainee dispenser working in the dispensary and a MCA/trainee dispenser working on the counter.

Staff were observed to work well together, each attending to their own tasks and assisting one another when required. They were up-to-date with the daily workload of prescriptions and customers were attended to promptly.

The MCA/ trainee dispenser described being able to raise concerns. She described having regular informal discussions with the Pharmacist, the manager and her other colleagues. She said she could make suggestions as to how things could be improved. She described how she had suggested reorganising stock after it was clear that customers couldn't find some of the things they were looking for. The MCA/manager was also a healthy living champion. She had put together a display promoting healthy eating and a high fibre diet.

The pharmacist was set targets for services such as MURs. But he said these did not compromise patient care. He described a MUR where an asthma patient had not been rinsing her mouth after using her steroid inhaler. He said that it was worthwhile explaining the proper use of inhalers to asthma patients to help them get better results, reduce side effects and improve control of their asthma

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure and suitable for the services provided. But, some areas are cluttered and not very tidy, so there may be more risk of things going wrong. The pharmacy stored some dispensed items in baskets on the floor. This could increase the risk of trips and falls.

### Inspector's evidence

The pharmacy had a bright modern appearance. It had a reinforced glass door with full height windows to either side. Aisles were wide and kept clear of obstructions. There was a small seating area for waiting customers and a consultation room. The consultation room was available for private consultations and additional services such as MURs.

Shelving on the back wall behind the counter was used for stocking pharmacy (P) medicines. Completed prescriptions were stored on shelving inside the dispensary where names and addresses on prescription bags could not be viewed from customer areas.

The dispensary was located behind the counter at the back of the shop and was accessed via a short flight of stairs. The consultation room was located at the foot of the stairs behind the chemist counter. The pharmacist described using the room regularly for consultations with patients.

The dispensary was relatively spacious. There was a 12-meter, U shaped, run of dispensing bench. The area of dispensing bench overlooking the counter and shop floor, was where most of the dispensing and checking took place. There was a clear work flow in place. Work surfaces were well utilised, and there was not much free space for dispensing. There appeared to be a general lack of storage space with baskets of bulky prescriptions placed on the floor, awaiting a check.

The rear of the premises had a small workstation for administrative and management tasks. It also had a staff area and stock storage facilities. Some stock and sundries were stored on the floor giving the back-shop area an untidy appearance. For security, the pharmacy was equipped with an alarm and CCTV. Access to the dispensary was authorised by the Pharmacist.

In general, the pharmacy was clean and organised and had a professional appearance. Shelves, worksurfaces and floors were generally clean. But the sink was lime-scaled and slightly stained. Items stocked included a range of baby care, healthcare, beauty and personal care items.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy provides its services safely and effectively and it makes its services accessible to everyone. The pharmacy takes extra care with high risk medicines. This makes sure that people can take their medicines safely. But the pharmacy does not always store its medicines safely. It does not always promptly remove date expired medicines from dispensing stock. This could mean that medicines could be given out after their expiry dates. The pharmacy team does not always properly label medicines removed from their original packaging or medicines to be supplied for the supervised consumption service. This increases the risk of mistakes and could mean that the team are not able to identify all stock affected by drug recalls or safety alerts.

### Inspector's evidence

Services were advertised at the front window for people to see and there was a small range of information leaflets available for customer selection. The pharmacy had an automatic door and wide, step-free access. Aisles were uncluttered and wide enough for wheelchair users to move around the shop floor.

There was a repeat prescription collection service and a prescription ordering service. The service was offered to a small number of patients who needed help to manage their prescriptions. SOPs had been signed as read and understood by staff. CDs were audited on a regular basis as per the SOP. A random sample of CD stock was checked during the inspection. The quantity checked was as stated in the register. As part of the dispensing process, dispensing labels were initialled by the person dispensing and the person checking to provide an audit trail.

Monitored Dosage System (MDS) trays were provided for patients who needed them. Product Information Leaflets (PILs) were offered with new medicines and on a regular basis thereafter. The medication in MDS trays was given a description including colour and shape to help people to identify their medicines. Labelling directions on trays gave the required BNF advisory information to help people take their medicines properly. Medicines summary sheets were created for each person and checked against prescriptions each time.

The pharmacy had procedures for targeting and counselling all female patients taking Sodium Valproate. Staff could locate warning cards, leaflets and the MHRA guidance sheet for pharmacists. Packs of Sodium Valproate in stock bore the updated warning label. Additional labels were available for quantities dispensed into plain cartons and older packs.

Medicines and Medical equipment were obtained from: AAH, Alliance Healthcare, Phoenix and Sigvaris. Unlicensed 'specials' were obtained from IPS or Rokshaw. All suppliers held the appropriate licences. Stock was generally stored in a tidy, organised fashion. A CD cabinet and a fridge were available for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read, recorded and monitored to ensure that the medication in them was being stored within the correct temperature range.

In general, stock was date checked every three months and records kept. Short dated stock was highlighted. But at the time of the inspection it had been over three months since the last expiry date check. The inspection took place on the eighth of the month but several samples of highlighted stock

had expired at the end of the previous month. But, the pharmacist said he and his team would always check the expiry dates when dispensing, particularly on highlighted stock, to ensure that it was in date at the point of supply and to ensure that it would remain in date for the duration of treatment.

At the time of the inspection, the pharmacy had scanners for FMD scanning but was awaiting the software. The pharmacist was awaiting further information from the Superintendent. Waste medicines were disposed of in the appropriate containers for collection by a licensed waste contractor. A list of Hazardous waste had been placed on the wall for staff to refer to.

Drug recalls and safety alerts were responded to promptly and records were kept. No faulty stock had been identified in the recent recall for Teva Losartan and Actavis Irbesartan and Hydrochlorothiazide products.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely.

### Inspector's evidence

There was a CD cabinet for the safe storage of CDs. The CD cabinet was appropriately secured into place. CD denaturing kits were used for the safe disposal of CDs. The pharmacy had the measures, tablet and capsule counting equipment it needed. Measures were of the appropriate BS standard and clean.

Precautions were taken to help prevent cross contamination by using a separate triangle for counting loose cytotoxic tablets. And amber dispensing bottles were stored with their caps on. Bottles were capped to prevent contamination with dust and debris. However, tablet and capsule counting equipment had a dusty residue. Staff said triangles and capsule counters were not used often and so would be cleaned before use.

There were up-to-date, information sources available in the form of a BNF, a BNF for children, NPA, and the drug tariff. Pharmacists also had access to a range of reputable online information sources such as the NHS websites, EMC, MHRA, GMC register and WebMD drug interaction checker.

There were four computer terminals available for use. Two in the dispensary, one on the counter and one in the consultation room. All computers had PMR facility, were password protected and were out of view of patients and the public. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was collected for confidential disposal by a licensed waste contractor.

It was noted that staff were using their own smart cards when working on computers. Staff used their own smart cards to maintain an accurate audit trail and to ensure that access to patient records is appropriate and secure.

## What do the summary findings for each principle mean?

Finding	Meaning
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.