

# Registered pharmacy inspection report

**Pharmacy Name:** Prenton Dell Pharmacy, Villa Medical Centre,  
Roman Road, PRENTON, Merseyside, CH43 3DB

**Pharmacy reference:** 1123726

**Type of pharmacy:** Community

**Date of inspection:** 03/02/2020

## Pharmacy context

The pharmacy is situated inside a GP medical centre in Prenton, Wirral. The pharmacy premises are easily accessible for people, with an automated entrance and adequate space in the retail area. It has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses private and NHS prescriptions. And it supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right time.

## 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 written procedures to help make sure the team provide services effectively. Members of the pharmacy team are clear about their roles and responsibilities. They know how to protect private information. And they record some things that go wrong. But they do not record or review all their mistakes, so they may miss some opportunities to improve. The pharmacy keeps the records required by law, but some information is missing, which could make it harder to understand what has happened if queries arise.

### Inspector's evidence

There were up-to-date standard operating procedures (SOPs) for the services provided, with sign off sheets showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of the pharmacy team were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing errors were recorded on the pharmacy computer. Near miss incidents were discussed with the member of the pharmacy team at the time and some were recorded in the near miss log. There were no near miss incidents recorded on several months in the last year and no evidence the near misses that were reported had been reviewed.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place, and a poster explaining how people were able to raise a concern was displayed in the retail area. Upon questioning, the pharmacist said that he aimed to resolve complaints in the pharmacy at the time they arose. A customer satisfaction survey was carried out annually. A member of the pharmacy team explained that some patients had provided negative feedback about the stock availability. She said the pharmacy had a good working relationship with the attached GP practice and the GPs would change the medication prescribed when there were long-term manufacturing problems.

A telephone conversation with the insurance provider confirmed that professional indemnity arrangements were place, with email confirmation of the details sent through to the pharmacy. The private prescription record and emergency supply record were in order. CD headers were missing from several pages in the CD register. A balance check for a random CD was carried out and found to be correct. Patient returned CDs were recorded. The responsible pharmacist (RP) record was up-to-date but had the time the RP ceased their duty missing on most occasions. The unlicensed specials record had the patient's details missing from some records.

Confidential waste was placed into a bag and collected by an authorised carrier. Confidential information was kept out of sight of people accessing pharmacy services. An information governance (IG) policy was in place and the accuracy checking pharmacy technician (ACPT) had read and signed a confidentiality agreement as part of their employment contract. The other team members had recently been employed and were in the process of reading and signing the IG policy. The computers were password protected, screens were positioned so that they were facing away from customers and assembled prescriptions awaiting collection were stored so that people's information was not visible. A privacy notice was not displayed. So, people may not be aware how the pharmacy handles their personal data.

The pharmacist and ACPT had both completed level 2 safe guarding training and a safeguarding policy was in place. But the team members had not read the safeguarding policy and there were no details of local safeguarding contacts present, which may make it more difficult for the team in the event of a concern arising.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Team members feel able to act on their own initiative and use their professional judgement. They complete appropriate training for their roles and get some extra training to help them keep up to date.

### Inspector's evidence

There was a locum pharmacist who had worked in the pharmacy previously on a few occasions, an accuracy checking pharmacy technician (ACPT) and two dispensers on duty. The dispensers had completed accredited training courses for their roles, and their certificates were present. The pharmacy team were busy providing services. They appeared to work well together and manage the workload adequately. The team were all new with the ACPT commencing her role in September 2019 and the other team members joining since then.

A member of the pharmacy team said the pharmacist and accuracy checking pharmacy technician (ACPT) were supportive and were more than happy to answer any questions they had. She explained that they completed online training modules periodically and provided copies of the certificates she had received. The pharmacy team were aware of a process for whistle blowing and knew how to report concerns if needed. Members of the pharmacy team were provided with information informally from the pharmacist and ACPT.

A member of the pharmacy team covering the medicines counter was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as Solpadeine, which she would refer to the pharmacist for advice. The pharmacist explained that there were no formal targets in place for professional services, in his role as a locum.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally clean and tidy. It is a suitable place to provide healthcare. And it has a consultation room so that people can have a conversation in private.

### Inspector's evidence

The pharmacy was generally clean and tidy. It was free from obstructions and had a waiting area. A member of the pharmacy team said that dispensary benches, sink and floors were cleaned regularly, but no record was kept. The temperature in the pharmacy was controlled by air conditioning units. Lighting was good.

The pharmacy premises were maintained and in an adequate state of repair. Pharmacy team facilities included a microwave, kettle, fridge, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was clean in appearance. It had a large quantity of out of date stock medication stored inside. This meant there was a possibility of unauthorised access to medicines if people receiving pharmacy services were left alone.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. And it generally manages and provides them safely. But members of the pharmacy team do not always know when high-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. The pharmacy team carries out some checks to make sure medicines are in good condition. But it does not always keep records, so it can't show that the checks have been done properly.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets. The pharmacy team were clear about what services were offered and where to signpost to services they did not provide. The opening hours were displayed near the entrance. The work flow in the pharmacy was organised into separate areas, with adequate dispensing bench space and a checking area for the pharmacist. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

A member of the pharmacy team explained that prescriptions with high-risk medicines such as warfarin, methotrexate or lithium were supposed to be highlighted prior to collection, with a speak to pharmacist sticker attached to the prescription. But an assembled prescription for methotrexate had not been highlighted. The team was aware of the risks associated with the use of valproate during pregnancy. The pharmacy had carried out an audit of patients prescribed valproate and had identified three people who met the risk criteria, who were all counselled by a pharmacist. The pharmacy had patient information resources available to supply with valproate.

A member of the pharmacy team demonstrated that prescriptions containing schedule 2 CDs had a CD sticker attached to the prescription. She explained that this was to act as a prompt for staff to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. She said prescriptions containing schedule 3 or 4 CDs were also highlighted in the same manner. But an assembled prescription for a schedule 4 CD had not been highlighted, which may increase the possibility of supplying a CD on an expired prescription.

The pharmacy provided medicines in multi-compartment compliance aid packs for some people. A member of the pharmacy team provided a detailed explanation of how the multi-compartment compliance aid service was managed. Details of any changes to medication were added to a printed list of medication that was kept for individual people, and the computer patient medication record (PMR) was updated. Disposable equipment was used, and individual medicine descriptions were present on the backing sheet that was attached to each compliance aid pack. Patient information leaflets were included with each supply. The pharmacy provided a prescription delivery service. People's signatures were routinely obtained for receipt of their prescription delivery. A note was left if people were not at home at the time of delivery and the prescription medicines were returned to the pharmacy for safe-keeping.

Stock medicines were sourced from licensed wholesalers and specials from a licensed manufacturer. Date checking of stock was carried out each month for designated areas and a record was kept. No out-

of-date stock medicines were found present from a number that were sampled. The full cardboard containers of patient returned medicine (DOOP) were being stored in the pharmacy team's toilet. This meant there was a risk of unauthorised access to medicines. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean fridge used to store stock medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete. Assembled fridge medicines that were awaiting collection were stored in a second fridge that had no thermometer and no monitoring carried out. Once highlighted, the ACPT removed the assembled fridge medicines and placed them in the other fridge. She said she would look at acquiring a thermometer and ensure that monitoring arrangements were in place before medicines were stored inside.

The pharmacy team were aware of the Falsified Medicines Directive (FMD) but had no FMD software or hardware installed. Therefore, the pharmacy was not complying with legal requirements. Medicines alerts and recalls were received via NHS email. These were actioned on by the pharmacist or pharmacy team member, but no record was kept. This meant there was no audit trail or assurance that alerts or product recalls were being dealt with. The pharmacy was not registered with the MHRA to receive notifications of alerts or recalls, which may increase the possibility of not receiving or actioning a notification in a timely manner.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. And it is used in a way that protects privacy.

### Inspector's evidence

The pharmacy had copies of the up-to-date BNF and BNFc. The pharmacy team used the internet to access websites for up to date information. For example, Medicines Complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order but had not been PAT tested for safety. So, there was a chance that the team may use equipment that was not effectively maintained.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. The computers were password protected with the screens positioned so that they were not visible from the public area of the pharmacy. A cordless telephone was present for private conversations.

### 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.  |