

Registered pharmacy inspection report

Pharmacy Name: Medicare Chemists Limited, Riverside Centre,
Huddersfield Road, Holmfirth, West Yorkshire, HD9 3AZ

Pharmacy reference: 9010103

Type of pharmacy: Community

Date of inspection: 30/01/2020

Pharmacy context

The pharmacy is on a high street in Holmfirth. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including medicines use reviews (MURs) and the NHS New Medicines Service (NMS). The pharmacy provides seasonal flu vaccinations. And supplies medicines to people in multi-compartment compliance packs.

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 has procedures to identify and manage risks to its services. And pharmacy team members follow these procedures to complete the required tasks. The pharmacy protects people's confidential information. And it keeps the records it must by law. Pharmacy team members know how to help safeguard the welfare of children and vulnerable adults. They record and discuss mistakes that happen when dispensing. And they sometimes make changes to help reduce the risks. But they don't record or discuss much detail about why mistakes happen. So, they may miss opportunities to improve and reduce the risk of further errors.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The sample checked were last reviewed in June 2019. And the next review was scheduled for June 2021. Pharmacy team members had not yet signed to confirm they had understood the latest SOPs. The pharmacy defined the roles of the pharmacy team members in each procedure. The pharmacy had Patient Group Direction (PGD) documents available for latest flu vaccination season. The documents had been signed by the superintendent pharmacist and the pharmacist delivering the vaccinations. The pharmacist had a declaration of competence available. It showed he had completed the required training to administer vaccinations. The pharmacist explained he had carried out a visual risk assessment of the pharmacy before delivering the vaccination service. But, he had not recorded the assessment or any findings. He said he had not identified any findings for improvement.

The pharmacist highlighted and recorded near miss errors made by the pharmacy team when dispensing. Pharmacy team members discussed the errors made. But, they did not discuss or record much detail about why a mistake had happened. They usually said misreading the prescription had caused the mistakes. And, their most common change after a mistake was to double check next time. They had made some changes in response to errors to help prevent mistakes happening again. One example was attaching stickers to the edges of shelves where affected medicines were kept helping highlight the risks when dispensing. The pharmacist analysed the data collected about mistakes. He explained he usually carried out the analysis every month. The last analysis had been in August 2019. He said he had analysed the data since. But had not recorded his findings. The pharmacist based his analysis on quantitative information collected, such as the medicines involved, or the number of strength errors being made. He did not analyse the data for patterns of causes. A recent analysis had identified frequent errors with co-careldopa and co-beneldopa preparations. And with different calcium preparations. They had discussed their findings. And the dispenser explained that she now shows the pharmacist the product she has selected before labelling and assembling the prescription, to confirm she has picked the correct item. And they had seen a reduction in errors involving these medicines. The pharmacy had a process for dealing with dispensing errors that had been given out to people. It recorded incidents using a template reporting form. The pharmacy had not made any dispensing errors since the last inspection. The pharmacist gave a clear explanation of how he would deal with a dispensing error.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a poster available for customers in the retail area which clearly explained the company's complaints procedure. Pharmacy team members collected feedback from people using questionnaires. And from verbal feedback. They

could not give any examples of any changes they had made to improve pharmacy services after receiving some feedback.

The pharmacy had up-to-date professional indemnity insurance in place. It kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And these were audited against the physical stock quantity monthly, including methadone. It kept and maintained a register of CDs returned by people for destruction. This was complete and up to date. The pharmacy maintained a responsible pharmacist record on paper. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. The pharmacy team monitored and recorded fridge temperatures daily. They kept private prescription records in a paper register, which was complete and in order. And, they recorded emergency supplies of medicines in the private prescription register. They recorded any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy kept sensitive information and materials in restricted areas. It shredded confidential waste. Pharmacy team members had trained to protect privacy and confidentiality. They had completed an online training course about the General Data Protection Regulations (GDPR) in March 2019. And, they had signed confidentiality agreements in June 2018. The pharmacy had a procedure in place detailing requirements under GDPR. When asked about safeguarding, a dispenser gave some examples of symptoms that would raise her concerns in both children and adults. She explained how she would refer to the pharmacist. The pharmacist said they would assess the concern. And would refer to local safeguarding teams for advice. The pharmacy had a procedure and contact details available for the local safeguarding service. The pharmacist had completed training via the Centre for Pharmacy Postgraduate Education (CPPE) in February 2017. This had not been updated since and the pharmacy did not provide formal training for other members of team.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete ad-hoc training. And they learn from the pharmacist and each other to keep their knowledge and skills up to date. Pharmacy team members feel comfortable making suggestions to help improve pharmacy services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist and a dispenser. Pharmacy team members completed training ad-hoc by reading various trade press materials. And by having discussions with the pharmacists about current topics. The pharmacy had an appraisal process. But the dispenser had not had an appraisal for some time. She said that any issues would be raised with the pharmacist informally. And he would support her to learn by teaching or by signposting her to appropriate resources. The pharmacist explained that approximately 80% of the pharmacy's workload was preparing multi-compartment compliance packs. This meant that the workflow was generally steady and predictable. The pharmacy had recently had a pre-registration pharmacist leave. And they had been replaced with a part-time dispenser. The pharmacist said that since the dispenser had started, they had frequently been reallocated to other branches to help with staff shortages. And this meant that, despite the pharmacy's predictable workload, pharmacy team members were sometimes unable to carry out key administration tasks on time, such as near miss error analysis or controlled drug (CD) register audits.

The dispenser explained she would raise professional concerns with the pharmacist, other pharmacists in the company or the superintendent pharmacist (SI). She felt comfortable raising a concern. And confident that her concerns would be considered. The pharmacy did not have a whistleblowing policy. So, pharmacy team members may not be clear about how to raise concerns anonymously. Pharmacy team members communicated with an open working dialogue during the inspection. The company asked pharmacy team members to achieve targets in several areas of the business. These included the number of medicines use review (MUR) and New Medicines Service (NMS) consultations completed. The pharmacist discussed targets with head office. And there were no consequences when a target was not met.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the health services provided. And the pharmacy has a room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. The pharmacy team used the room to have private conversations with people. The room was signposted by a sign on the door.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a toilet which provided a sink with hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible to people, including people using wheelchairs. The pharmacy has systems in place to help provide its services safely and effectively. It sources its medicines safely. And it adequately stores and manages its medicines. The pharmacy dispenses medicines into devices to help people remember to take them correctly. And pharmacy team members generally manage this service well. They take steps to identify people taking high-risk medicines. And they provide these people with advice to help them take their medicines safely.

Inspector's evidence

The pharmacy had level access from the street at the front of the premises. It advertised services in various places in the retail area. And, in the pharmacy's window. Pharmacy team members explained they could provide large-print labels to help people with a visual impairment. And, they would use written communication to help someone with a hearing impairment.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. The pharmacy had dispensing baskets available to help prevent prescriptions being mixed up. But pharmacy team members did not always use them. They sometimes lined prescriptions up along the bench with a gap between them ready for the pharmacist to check. This was discussed. And the pharmacist appreciated that dispensing baskets would help to reduce the risks of prescriptions being mixed up. And mistakes being made. The pharmacist counselled people receiving prescriptions for valproate if appropriate. He checked if the person was aware of the risks if they became pregnant while taking the medicine. And checked if they were on a pregnancy prevention programme. He referred people to their GP if he had any issues or concerns. The pharmacy had a stock of printed information material to give to people to help them manage the risks. The pharmacy supplied medicines in multi-compartment compliance packs when requested. The pharmacy provided backing sheets to the packs, so people had written instructions of how to take their medicines. But these sheets were not always attached to the packs. So, they might become separated. Pharmacy team members included the descriptions of what the medicines looked like, so they could be identified in the packs. And they provided people with patient information leaflets about their medicines each month. The pharmacy team documented any changes to medicines provided in packs on the patient's electronic medication record. The pharmacy delivered medicines to people's homes. It recorded the deliveries made and asked people to sign for their deliveries. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy. Pharmacy team members highlighted bags containing controlled drugs (CDs) with a sticker on the bag and on the driver's delivery sheet.

The pharmacy stored medicines tidily on shelves. And it kept all stock in restricted areas of the premises where necessary. Pharmacy team members were aware of the new requirements under the Falsified Medicines Directive (FMD). They had new scanners and software available. And the pharmacy had documented procedure that incorporated the requirements into the dispensing process. Pharmacy team members had received some training. They said the system had been working until August 2019, where they had experienced technical difficulties. They had reported their difficulties to head office. But the problems had not been resolved. So, they were unable to scan compliant packs to check for counterfeit medicines. Pharmacy team members said they were waiting for further instructions from

head office. The pharmacy had adequate disposal facilities available for unwanted medicines, including CDs. Pharmacy team members kept the CD cabinet tidy and well organised. And, out of date and patient returned CDs were segregated. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct. Pharmacy team members kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team members checked medicine expiry dates every 13 weeks. And records were seen. They highlighted any short-dated items with a sticker on the pack up to three months in advance of its expiry. And they recorded expiring items on a monthly stock expiry sheet, for removal during their month of expiry. The pharmacy responded to drug alerts and recalls. And, any affected stock found was quarantined for destruction or return to the wholesaler. It recorded any action taken. And, records included details of any affected products removed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well maintained measures available for medicines preparation. The pharmacy positioned computer terminals away from public view. And these were password protected. It stored medicines waiting to be collected in the dispensary, also away from public view. The pharmacy had a dispensary fridge, which was in good working order. And, pharmacy team members used it to store medicines only. They restricted access to all equipment, and they stored all items securely.

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.