

Registered pharmacy inspection report

Pharmacy Name: Well, Unit 4 Students Union Building, University of Keele, Keele, Newcastle, Staffordshire, ST5 5BG

Pharmacy reference: 9010134

Type of pharmacy: Community

Date of inspection: 06/06/2019

Pharmacy context

This is a community pharmacy located on the University of Keele campus. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over the counter medicines. It also provides a range of services such as seasonal flu vaccinations, minor ailment service, medicines use reviews, new medicine service and treatment for impetigo and urinary tract infections on a local scheme. Some patients receive their medicines inside multi-compartment compliance aids. The pharmacy opening hours are: Monday to Friday 8.30am to 5.30pm, Saturday 10am to 1pm and closed on Sunday.

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	1.7	Good practice	Pharmacy team members receive regular training, so that they know how to handle private information safely and securely.
2. Staff	Good practice	2.2	Good practice	Members of the pharmacy team are supported with ongoing training to help them keep their knowledge up to date.
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 team follows written instructions to help it work safely and effectively. Members of the team record mistakes they make so that they can learn from them. The pharmacy is generally good at keeping the records that it must keep by law. And staff are trained so that they know how to keep people's private information safe.

Inspector's evidence

The pharmacy had a full range of electronic SOPs in place, with an individual electronic training record available for each member of staff, showing which SOPs they had read. After reading the SOP, a number of test questions had to be answered before the SOP could be marked as completed. Compliance was monitored by head office and emails were sent to advise if any SOP completion was outstanding. The pharmacist said all completion was up to date.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). The pharmacist was able to describe how he would record and review errors to identify any learning. A recent example identified was where medication was handed out to a patient who it was not intended for. As a result, staff were reminded to carefully check the name and address of the patient, at the point of hand out.

Near miss incidents were recorded electronically and were reviewed monthly. Most staff worked part-time, and near misses were recorded on a paper log if the staff member was not available when the near miss was identified. This information was then transferred to the electronic records. The pharmacist said he would usually highlight mistakes to staff at the point of the accuracy check and ask them to rectify their own errors. The pharmacist gave an example of action they had taken to help reduce the likelihood of errors being repeated by segregating medicines with similar sounding names such as clobetasone and clobetasol cream.

The company shared learning between pharmacies by sending information about significant incidents that had happened at other branches. The pharmacy team said they discussed the information and related it to their practice.

Roles and responsibilities of the pharmacy team were described in individual SOPs. When questioned, a member of the pharmacy team was aware she could not sell P medicines in the absence of the RP or hand out any dispensed medication. The responsible pharmacist (RP) had their notice displayed prominently.

There was a pharmacy complaints procedure in place. A notice was displayed in the retail area explaining how complaints, comments and suggestions could be made. A current certificate of professional indemnity insurance was provided prior to inspection.

Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were appropriately maintained, with running balances recorded and checked weekly. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team received annual IG training and additional training when there were any updates. Confidential waste was collected in a designated bin and disposed of every four weeks. Prescriptions awaiting collection were not visible from the medicines counter. Computer terminals were not visible to the public and the pharmacy computers were password protected. Staff used their own NHS Smart cards, and these were stored securely overnight. Patient sensitive information such as the medication labels were removed when patients returned their medicines.

Safeguarding procedures were available, and the pharmacy team had completed in-house safeguarding training. The pharmacist, pre-registration student and pharmacy technician had completed level 2 safeguarding training. A chaperone policy was on display. Contact details of the local safeguarding organisations were available in a designated folder.

Principle 2 - Staffing ✓ Good practice

Summary findings

There are enough people working in the pharmacy to be able to safely manage the workload. Members of the team are appropriately qualified for the jobs they do. And they receive ongoing training to help keep their knowledge up to date and to learn new skills. They can share ideas and know how to raise concerns.

Inspector's evidence

The pharmacy team included a pharmacist - who was the pharmacy manager, a trainee health care assistant, a health care assistant and a pre-registration student. The pharmacy also employed four pharmacy students. One was a registered pharmacy technician and the others were employed as dispensers.

The usual staffing level was three dispensary staff, including the pre-registration student and a member of staff working on the medicines counter.

A locum pharmacist worked every other Saturday. A staff rota was used to maintain appropriate staffing levels throughout the week. The volume of work appeared to be managed.

The company provided the pharmacy team with an e-Learning training programme about procedures and services. Recent modules completed were on data input. Staff were allowed learning time to complete training and the pharmacist confirmed all staff were up to date.

A student gave examples about how he would sell a pharmacy medicine using the WWHAM questioning technique, refuse co-codamol sales he felt were inappropriate and refer to the pharmacist if needed. The pre-registration student said she received a good level of support from the pharmacist and felt able to ask for further help if she needed it.

Appraisals were conducted every six months by the pharmacy manager. Staff were aware of a helpline they could use to raise concerns and staff said that they would be comfortable to escalate any concerns to the Area manager or head office.

The pharmacist said there were company targets for services such as flu vaccinations. But he did not feel under pressure to achieve these and did not affect patient safety.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy environment is appropriate for the services provided.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. Staff cleaned according to a rota.

The size of the dispensary was adequate for the dispensing and checking process. Workbenches were segregated for the use of specific tasks to enable efficient workflow. A sink and washing facilities were available within the dispensary.

Access to the dispensary and medicines counter was restricted by use of a gate. The dispensary was well screened to provide privacy for the dispensing activity.

The staff had access to a separate staff area and toilet facilities; both with sinks and washing facilities. There was a seating area for patients waiting for prescriptions. Lighting was good throughout. A consultation room was available, which was suitable for private consultations and counselling.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services and they are easy for people to access. Its services are generally delivered safely and effectively. And it sources, stores and manages its medicines appropriately, to help make sure that all the medicines it supplies are fit for purpose.

Inspector's evidence

Entrance to the pharmacy was via a flat surface and a single door with push panel access. Various leaflets provided information about the services available and various healthcare topics. There was also information available on the company's website. The pharmacy opening hours were displayed at the entrance.

Staff were aware of the need to signpost patients requiring services not available at the pharmacy. An example was given that patients who needed to dispose of used sharps were signposted to their GP. There were local restrictions in the area which prevented the pharmacy from ordering prescriptions on behalf of patients.

The pharmacy offered a prescription collection and delivery service, with a delivery driver available on three days a week. On the other days, arrangements could be made for either the pharmacist or staff to deliver medicines if they were needed urgently. Signatures were obtained from the recipient to provide an audit trail. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Dispensing baskets were used for segregating individual patient prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied. The pharmacist said dispensing labels were normally initialled by the dispenser and checker to provide an audit trail. But a few of the dispensed medicines that were awaiting collection had not been initialled. The pharmacist said this must have been an oversight and said he would discuss the matter with the team.

Dispensed medicines awaiting collection were segregated away from the dispensing area on collection shelves, with barcodes used to identify where medicines were located in the retrieval system. The staff member scanned the unique barcode on the medication bag using a portable hand unit and then scanned the barcode where it was located. If medicine bags were put in the wrong allocated location, this was flagged up on the hand unit.

Prescription forms were filed in alphabetical order, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. CD and fridge items were also scanned with barcodes, so they could be located at the point of hand out. Staff were seen to confirm the patient's name and address when medicines were handed out.

Although none were present, the pharmacist said schedule 3 and 4 CDs were highlighted when stored on collection shelves to indicate their presence so that staff could check prescription validity at the time of supply. He said high risk medicines (such as warfarin, lithium and methotrexate) were also highlighted so patients could be counselled.

The pharmacist was aware of the risks associated with the use of valproate during pregnancy. An audit had been conducted and one person who met the risk criteria had been identified and counselled. There was educational material available to provide to patients and the pharmacist was aware that patients should be counselled, and educational material should be provided every time the medicines were dispensed.

Multi-compartment compliance aids were used to dispense medicines for some patients who had compliance difficulties, and these were organised into a four week system. An individual record sheet was kept for all multi-compartment compliance aid patients; containing details of current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Disposable equipment was used to provide the service. The dispenser and checker signed checking boxes on the compliance aid to provide a clear audit trail. The compliance aids were labelled with descriptions to enable identification of the individual medicines. Patient information leaflets (PILs) were not routinely provided. So, patients did not always receive all the information they may need about medication that they were taking. A patient was also supplied medication in a Pivotell device; a type of multi-compartment compliance aid with alarms. This was labelled with all the necessary information required.

Some repeat prescriptions were assembled off-site at a hub pharmacy. The pharmacist said patients were informed that their medicines were to be supplied in this way and that they could withdraw their consent, if they wanted to. The pharmacy team entered the data from the prescriptions on a computer linked to the hub. The pharmacist then logged onto the system to confirm that each prescription had been clinically checked. This data was then used to assemble the medicines and they were returned to the pharmacy to be supplied to the patients. The system had been recently installed, less than a week prior to the inspection, but no problems had been reported.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced via a special's manufacturer. The pharmacy was not yet compliant with the Falsified Medicines Directive (FMD), which is now a legal requirement. New equipment had arrived and had been installed but it was not working yet so the safety checks were not yet being conducted.

Monthly expiry date checks were carried out in accordance with computer listings and recorded electronically. A date checking matrix was signed by staff and shelving was cleaned as part of the process. Short dated stock was highlighted. Liquid medication had the date of opening written on. Waste medication was disposed of in designated bins for storing waste medicines which were collected quarterly.

Appropriate arrangements were in place for the storage of controlled drugs. There was a CD cupboard used for stock and for dispensed medicines awaiting collection.

There was a medicines fridge with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed that temperatures had been within the required range. Drug alerts were received electronically, and they were actioned, printed and filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs and maintains it appropriately.

Inspector's evidence

The staff had access to the internet for general information. This included access to medicine information on the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order.

A range of crown stamped conical measures were available, with some marked to show they were only to be used for CDs, to avoid cross contamination. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication.

Computers were password protected and screens were positioned so that they were not visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to 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.