

# Registered pharmacy inspection report

**Pharmacy Name:** Pharmacy Bond Ltd, G1 Governors House, 101 Alexandra Road, Farnborough, Hampshire, GU14 6BN

**Pharmacy reference:** 9010176

**Type of pharmacy:** Part closed. Community

**Date of inspection:** 19/06/2019

## Pharmacy context

A pharmacy close to the centre of Farnborough. The pharmacy premises are closed to the public for prescription services, but they are open to the public for anti-malarial preparations, travel vaccinations, chicken pox vaccinations, blood tests, and chlamydia screening and treatment services. The pharmacy supplies 95% of its prescriptions in multi-compartment compliance aids. It has an NHS contract and delivers medicines against NHS and private prescriptions to people living in the locality, including the residents of three local nursing homes and three assisted living residences.

## 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

In general, the pharmacy's working practices are safe and effective. Its team members generally understand their roles and responsibilities and they keep people's information safe. The pharmacy's team members log any mistakes they make during the dispensing process. They learn from these and take action to avoid problems being repeated. But, they could do more to reflect on what had gone wrong so that they could improve their procedures.

### Inspector's evidence

Staff worked under the supervision of the responsible pharmacist (RP), whose sign was displayed for the public to see. The pharmacy had a procedure for managing risks in the dispensing process. All incidents, including near misses, were recorded and discussed at the time to raise awareness and find ways of preventing the same mistakes from happening again. The team had placed a warning label to shelf edges in front of ezetrol and enalapril products, after there had been a near miss between the two, to remind staff to check that they were selecting the right one. Near miss records were reviewed periodically by the superintendent and discussed with team members to help them learn from their mistakes. But, near miss records did not show what the learning points were, or details of what could be done differently to help prevent a reoccurrence, such as following the steps as set out in a standard operating procedure (SOP). So, it was not clear whether staff had adequately reflected on what had gone wrong so that they could prevent similar mistakes in future. There were SOPs for staff to follow. But, although the dispenser had been given training by pharmacists she had not yet read and signed the pharmacy's dispensing SOP, and there was no SOP for the dispensing of multi-compartment aids for her to follow.

The pharmacy's team members had a positive approach to customer feedback. They had received comments from elderly customers who were anxious about receiving their deliveries later in the day. As a result, the last deliveries were now made between 6.00 pm and 6.30 pm. The pharmacy had a documented complaints procedure but said that concerns were generally dealt with at the time. They also said that complaints were rare. Formal complaints would be recorded and dealt with by the superintendent. Details of the local NHS complaints advocacy service and PALs could be provided if necessary.

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 30 September 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 and the responsible pharmacist (RP). Records of CDs returned by people were also kept for audit trail and to account for all the non-stock CDs which RPs had under their control. Records for emergency supplies were generally in order although the emergency supplies were not always clearly described as such.

Staff understood the importance of safeguarding people's private information. The driver and dispenser had been briefed by the superintendent but had not had any formal training. Discarded labels and tokens were shredded regularly, and delivery records protected the names and addresses of people receiving a delivery. The superintendent had completed level 2 CPPE safeguarding training. Remaining

staff had been briefed to refer their concerns to the superintendent but not had any concerns to report. Details of the local safeguarding authorities could be found online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team manages the workload safely and effectively and team members work well together. They are comfortable about providing feedback to pharmacists and are involved in improving the pharmacy's services.

### Inspector's evidence

The pharmacy was run by two regular pharmacists, one of whom was the superintendent. The rest of the team included a dispenser and a delivery driver. Regular locums were used to cover pharmacists' holidays or days off. On the day of the inspection the RP was the superintendent. He was supported by his colleague pharmacist and the dispenser. The delivery driver was also available to collect prescriptions and deliver peoples' medicines. There appeared to be an adequate number of appropriately skilled staff to manage the workload.

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, which were completed and ready for delivery to people on time. The dispenser said she had discussions with pharmacists on a day-to-day basis and was able to raise concerns and seek clarification when she was unsure about anything. The team had regular meetings, so she was always aware of what the priorities were at any time. She had not had many to make suggestions as to how things could be improved as the service worked well, however she tried to ensure that the workload for preparing compliance aids for nursing homes was spread as much as possible over the week and over the four-week dispensing cycle.

The pharmacists were not set targets for advanced services such as vaccinations and were able to make autonomous professional decisions as to when the services could be provided.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, secure and suitable for the services it provides.

### Inspector's evidence

The pharmacy's premises were situated in an established area of Farnborough where many of the residential properties had been converted into offices and business units. The premises occupied one of two ground floor business units in the same building. The other unit was occupied by a care company with whom the pharmacy worked. The pharmacy had its own external entrance and shared the car park outside. Although the pharmacy was located on a main road, it could be quiet at night. Light sensors had been installed outside which would be activated by anyone approaching.

The pharmacy was laid out with a consultation room to one side of the entrance and a small dispensary/ reception area to the other. A part height wall had been put in front of the dispensary/ reception area to provide protection and confidentiality. The pharmacy had a stock room, staff facilities and a larger dispensary to the rear.

The premises were clean and well maintained. Work surfaces and floors were generally free of clutter and shelves and sinks looked clean. The pharmacy was bright and well ventilated with temperature control systems in place. The pharmacy had a professional appearance and kept items related to healthcare only.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively and makes them available to everyone. Members of the pharmacy team give people the advice and support they need to help them use their medicines safely and properly. But the pharmacy could do more to ensure that team members have enough information on the procedures they should follow. In general, the pharmacy manages its medicines safely and effectively. The pharmacy's team members check stocks of medicines regularly to make sure they are in-date and fit for purpose. They store medicines appropriately and dispose of waste medicines safely. The pharmacy team checks stocks of medicines regularly to make sure they are in-date and fit for purpose. It stores medicines appropriately and disposes of waste medicines safely.

### Inspector's evidence

The pharmacy promoted its services on its website and by word of mouth to patients and care companies. For reasons of security, services were not promoted outside the premises. While the pharmacy was not open to the public for dispensing services, it was open for advanced services such as travel and flu vaccinations, chickenpox vaccinations and blood tests for sexual health such as Hepatitis B, Hepatitis C, HIV, Syphilis and chlamydia. The pharmacy also provides chlamydia treatment under a patient group direction (PGD) But, the pharmacy entrance had steps up to it which could limit access to services for some people, including wheelchair users.

The pharmacy's main service was dispensing prescriptions received electronically or collected from surgeries on patients' behalf. It supplied medicines to those unable to collect or manage their own prescriptions. Dispensed medicines were delivered directly to patients at home or their care home. Prescriptions were obtained from several surgeries across the local area. Families and carers of patients were often directly involved in assisting the pharmacy in ensuring that patients got their medicines when they needed them. Pharmacy services were generally available between 9.00am and 6.30pm Monday to Friday.

SOPs had been reviewed recently and staff were in the process of implementing the updated versions. A sample of SOPs was checked with regard to the management of CDs and the assembly labelling and accuracy checking process. Indications were that procedures were broadly being followed in that there was an audit trail of the dispensing process. CD records were maintained electronically but the pharmacy was experiencing problems with managing the system of audit and was in talks with the programme provider to find a solution. However, a random sample of CD stock was checked and the quantity in stock was as stated in the register. A sample of records for PGD services was inspected. The pharmacy was found to be delivering the chickenpox service in accordance with an appropriate PGD. Records were kept for each consultation and included details of the consultation and the product administered.

The pharmacy had procedures for counselling all females who had been prescribed sodium valproate. The pharmacist could locate warning cards and a guidance document. Packs of sodium valproate in stock bore the updated warning labels and pharmacists had spare warning labels for packs without it. Compliance aids were assembled and checked in the rear dispensary, ready for delivery. Compliance aids were provided for patients who needed them and patient information leaflets (PILs) were offered on the introduction of a new medicine and on a regular basis thereafter. The medication in compliance aids was described on the medication sheet to assist patients and carers with identification of their

medicines.

Medicines and Medical equipment were obtained from AAH, Alliance Healthcare, B&S Colorama and OTC direct.. There had not been any need to order any unlicensed 'specials'. The supplier was affiliated to the pharmacy and held the appropriate licence. Stock was stored in a tidy, organised fashion. Stock was date checked regularly and records kept. Date checking records could not be located during the inspection, but no out-of-date stock was found on pharmacy shelves. Items requiring refrigeration were stored in a fridge for which temperatures were recorded and monitored. The pharmacy was scanning products with a unique barcode in accordance with the European Falsified Medicines Directive (FMD).

Waste medicines were disposed of in the appropriate containers and collected regularly for disposal by a licensed waste contractor. There was a list of hazardous items available for reference. Records of drug recall were kept. Records were seen to be dated to show that the items concerned had been removed. Records were filed electronically for future reference. Staff described responding promptly to the recent recall for co-amoxiclav products.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities for the services it provides. It uses its facilities and equipment to keep people's information safe.

### Inspector's evidence

The pharmacy had all the necessary facilities and equipment for the services offered. There was a range of crown stamped measuring cylinders and tablet and capsule counting equipment. Equipment was clean and in good order. Amber dispensing bottles were found to have been stored with their caps on to prevent contamination with dust and debris.

Pharmacists and staff had access to up-to-date information sources in the form of a BNF, a BNF for children and the drug tariff. Pharmacists also had access to a range of reputable online information sources such as the NHS websites, the Drug Tariff and EMC.

There were four computer terminals available for use, although one was not in use. Two of the computers were in the front dispensary and one in the consultation room. Computers 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 shredded.

It was noted that staff were using their own smart cards when working on computers. Staff use 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
✓ 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.