

# Registered pharmacy inspection report

**Pharmacy Name:** Faringdon Pharmacy, 3 London Street, Faringdon, Oxfordshire, SN7 7AE

**Pharmacy reference:** 9010306

**Type of pharmacy:** Community

**Date of inspection:** 04/06/2019

## Pharmacy context

The pharmacy is located on the high street. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance packs (MDS blister packs) for people who have difficulty managing their medicines. Services include prescription collection, supervised consumption, stop smoking, NHS supply of urgent medicines, emergency hormonal contraception (EHC) and seasonal flu vaccination. The pharmacy has healthy living status.

## 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's working practices are generally safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk and keeps people's information safely. It asks for their views on pharmacy services. The pharmacy has written procedures which tell staff how to complete tasks safely. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand their role in protecting vulnerable people.

### Inspector's evidence

Near misses were recorded on the pharmacy computer and reviewed. A patient safety review (PSR) was compiled every three months and reported on Pharm Outcomes. The annual PSR included information on interventions, near misses including those involving 'Lookalike, soundalike' (LASA) medicines, dispensing incidents including those involving 'Lookalike, soundalike' (LASA) medicines and response to drug alerts. Action points and key learning points, included staff training, enhanced checking to minimise near misses and dispensing incidents when supplying Fostair. Sildenafil and sumatriptan had been separated on the dispensary shelves to minimise picking errors and a prompt added to the patient medication records (PMR) regarding correct selection of the medication.

A patient safety improvement point detailed improved communication with the pharmacy team to discuss near misses and encourage recording of near misses. Reflection points for the coming year included re-training of the pharmacy team to minimise risk and repeat of near misses and incidents which were to be promptly reported on National Reporting and Learning System (NRLS). The pharmacist planned to monitor compliance with standard operating procedures (SOPs).

Workflow: the pharmacist explained that a legal, clinical and stock check was undertaken on receipt of the prescription. Baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated by hand or scanning the bar code on the prescription. Medicines were picked from reading the prescription. There were separate dispensing and checking areas. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines. Often the pharmacist worked alone and self-checked prescriptions, so he tried to take a mental break prior to final check. Interactions were highlighted and checked by the pharmacist.

There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For "manufacturer cannot supply" items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary. Multi-compartment compliance packs (blister packs) were prepared for a small number of patients at a separate area upstairs. The pharmacy managed prescription re-ordering on behalf of patients. The pharmacist said he assessed the patient prior to recommending supply of medicines in a blister pack. The pharmacist liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a blister pack. Patient information and notes regarding blister packs were recorded on the patient medication record (PMR).

Labelling included a description to identify individual medicines and package information leaflets were supplied with each set of blister packs. The backing sheet included the start date for each blister pack.

High-risk medicines such as controlled drugs (CDs) and alendronate were supplied separately from the blister pack. The dates of CD prescriptions were managed to ensure supply within 28-day validity of the prescription. The pharmacist said there were currently no patients taking sodium valproate supplied in a blister pack but it would be supplied separately to manage its stability.

The practice leaflet was on display and included details of how to comment or complain. The annual patient questionnaire had been conducted and patients had commented on the size of the dispensary which the pharmacist said was not possible to alter. The SOPs were reviewed in Feb 2019 and being made available on the pharmacy computer system. SOPs included a complaints procedure and responsible pharmacist (RP) procedures.

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring 29 Feb 2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. The CD and methadone registers were generally complete and the balance of CDs was audited regularly although not always in line with the SOP. A random check of actual stock of one strength of MST reconciled with the recorded balance in the CD register. A discrepancy in a second strength of MST was investigated and resolved the day of the visit. Footnotes correcting entries were signed and dated. Invoice details for receipt of CDs included name and postal town of supplier and invoice number. There was a discussion about entering receipt and supply of a CD on the same line as it may lead to confusion. Patient returned CDs were recorded in the destruction register for patient returned CDs.

Records for private prescriptions and emergency supplies were generally complete. For prescriptions the pharmacist had issued as a pharmacist independent prescriber (PIP), patients were asked where they would like the prescription to be sent for dispensing. Patient group directions (PGDs) were on line and in date. PGDs included supply of EHC, trimethoprim to treat simple urinary tract infection, Champix for stop smoking and seasonal flu vaccination.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). The Data Security and Protection toolkit had been completed. NHS leaflets 'Your data matters to us' were displayed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS cards.

On arrival at the pharmacy a basket of prescriptions was on the dispensary end of the medicines counter. Confidential waste paper was sitting on top of the shredder. The pharmacist explained that the prescriptions had been left there inadvertently and gave an assurance that this was not usual practise and it would not happen again. The confidential waste paper was shredded. The pharmacist had undertaken accredited level 2 safeguarding training. Staff had completed dementia friends and safeguarding training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team manages the workload within the pharmacy and works well together. The team members are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

### Inspector's evidence

Staff comprised: three regular pharmacists who worked flexible hours but one was full-time and two were part-time, two full-time dispensers (one trained and one in training), two part-time medicines counter assistants (MCAs)(one trained and one in training) and one pharmacy student. There was one part-time staff vacancy.

The pharmacist explained plans for all three regular pharmacists to train in how to use a de-fibrillator as part of peer review in line with re-validation. Staff had access to non-pharmacist CPPE training for NVQ 1 staff and topics included EHC and asthma. Staff had completed POM to P training regarding Viagra Connect. The pharmacist selected training topics and a time frame for completion. Staff had completed Children's Oral Health and risk management training in line with quality payments criteria.

There were staff appraisals twice a year to monitor performance and review pay. Staff were free to provide feedback and suggested retail stock line which members of the public requested while reducing stock of items which were not popular. Staff had agreed that all records should be maintained on the pharmacy computer to save room and improve accessibility. Targets and incentives were set but staff did not believe patient safety and wellbeing was adversely affected.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure and suitable for the provision of its services.

### Inspector's evidence

The public facing retail area of the pharmacy was generally clean and tidy. The dispensary was cluttered in places and required additional cleaning. The pharmacist later confirmed that a comprehensive clean and tidy up had taken place throughout the premises.

The lavatory was clean and handwashing equipment was provided. The consultation room was locked when not in use and protected patient privacy. There was sufficient lighting and air conditioning.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are generally safe and effective, and it gets its medicines from reputable sources. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe and effective.

### Inspector's evidence

There was wheelchair access via a ramp from the entrance down into the pharmacy. Large font labels could be printed to assist visually impaired patients. Patients were signposted to other local services including doctors, dentist, out of hours service and NHS 111. Interventions were recorded on the PMR.

Patients taking warfarin were asked about blood test dates and for their record of INR which was recorded on the PMR. The dose of the warfarin and the colour of tablets in relation to strength of warfarin was explained. Advice was given about side effects of bruising and bleeding. Advice was given about diet containing green vegetables and cranberry which could affect INR.

Patients taking methotrexate were reminded of the weekly dose, specifying which day, and taking folic acid on a different day. Advice was given to visit the doctor if sore throat or fever developed. No methotrexate 10mg tablets were supplied. Audits had been conducted. The audit for sodium valproate had identified no patients for referral to the pregnancy prevention programme. There was a folder of information to distribute to patients who may become pregnant prescribed sodium valproate.

The NHS email and nhs.uk entry was current. The pharmacy had healthy living status. Health campaigns had been conducted to increase public awareness of stroke, 'blood in pee', sepsis, 'Protect your child's smile' and Stoptober. To meet quality payments criteria, the pharmacist had undertaken a risk assessment in connection with health and safety at work creating a safe environment for employees. Medicines and medical devices were delivered by the pharmacist by arrangement or if the doctor asked for a prescription item to be delivered in an emergency. Falsified medicines directive (FMD) hardware and software was operational at the time of the visit.

Medicines and medical devices were obtained from Alliance, AAH, Phoenix and Doncaster. Floor areas were not clear due to prescriptions awaiting collection in tote boxes. Stock was stored on the dispensary shelves and was date-checked and recorded. No date-expired medicines were found in a random check. Medicines were generally stored in original manufacturer's packaging although there were some loose strips of tablets. There was a discussion about ensuring medicines were stored in appropriately labelled containers, so the pharmacy could identify stock affected by drug alerts or date checks. Cold chain items were stored in the medical fridge. Waste medicines were stored separate from other stock in pharmaceutical waste bins.

Uncollected prescriptions were cleared from retrieval every three months. The doctor was notified and prescriptions were returned to the surgery. Uptake of services: around two patients were supplied trimethoprim and EHC via PGD per month which was reported on Pharm Outcomes. Around seven

patients accessed NHS Urgent Medicine Supply Advanced Service (NUMSAS) per month. Ten patients accessed substance misuse service either supervised or take away. The pharmacist provided Champix via PGD for stop smoking service and said he had around fifty successful quits to date. Drug alerts were actioned on receipt, annotated and filed.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

Current reference sources included BNF and Drug Tariff. There was a range of British standard glass measures to measure liquids including separate marked measures for methadone. The measures and the dispensary sink required treatment to remove lime scale.

The medical fridge was in good working order. Minimum and maximum temperatures were monitored daily and found to be within range 2 to 8 degrees Celsius. The CD cabinet was fixed with bolts. The blood pressure monitor was new. Cardio-chek test strips were date expired but the health check service was not currently active.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). The Data Security and Protection toolkit had been completed. NHS leaflets 'Your data matters to us' were displayed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS cards.

### 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.