

# Registered pharmacy inspection report

**Pharmacy Name:** Avicenna Pharmacy, 61 Stert Street, Abingdon, Oxfordshire, OX14 3JF

**Pharmacy reference:** 9010331

**Type of pharmacy:** Community

**Date of inspection:** 21/05/2019

## Pharmacy context

The pharmacy is located on the high street in Abingdon. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in monitored dosage system multi-compartment compliance packs (MDS blister packs) for people who have difficulty managing their medicines. Services include prescription collection and delivery, travel clinic and seasonal flu vaccination.

## 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 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 well and keeps people's information safely. The pharmacy asks its customers for their views. 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 consistently recorded, reviewed and actions taken to prevent a repeat near miss were completed for each incident. An action point was to keep the dispensing area clear. To minimise risk of picking errors, rivaroxaban were separated from other stock and prednisolone tablets were stored separately in line with Oxfordshire NHS policy. Monthly and annual patient safety reviews (PSR) were completed and reported on PharmOutcomes. There was a clinical governance folder which included records and standard operating procedures for record keeping, infection control, date checking, near miss and dealing with dispensing errors.

Workflow: baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated and medicines were picked from reading the prescription. Interactions were highlighted to the pharmacist. Two staff members were involved in the dispensing and labelling procedures. There were separate dispensing and checking areas. The dispensing audit trail was completed after the final check of medication by the pharmacist prior to transfer to the patient.

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 (MDS blister packs) were prepared for a number of patients according to a matrix. The pharmacy managed prescription re-ordering on behalf of patients. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a blister pack. Patient notes were recorded on the patient medication record (PMR). There was a folder to retain patient information such as discharge letters in individual polythene sleeves. Labelling included a description to identify individual medicines and patient information leaflets (PILs) were supplied with each set of blister packs.

Gloves were worn to handle tablets/capsules when preparing blister packs. High-risk medicines such as alendronate were supplied separately from the blister pack. CDs could be supplied in a blister pack. The dates of CD prescriptions were managed to ensure supply within 28-day validity of the prescription. Levothyroxine and lansoprazole were not supplied in compartments positioned to ensure it was taken before other medication or food. The pharmacist said there were currently no patients taking sodium valproate supplied in a blister pack. Medicines which were known not to be stable such as Pradaxa were not supplied in a blister pack. Medicines not supplied in the blister pack were included on a medicines administration record (MAR) chart to ensure adherence by the patient.

Staff were up to date with training in the standard operating procedures (SOPs) and training records were seen. The practice leaflet was on display and included details of how to comment or complain. The annual patient questionnaire had been conducted and had resulted in positive feedback. To protect patients receiving services, there was professional indemnity insurance in place provided by NPA. The responsible pharmacist notice was on display and the responsible pharmacist log was completed.

The CD registers were complete except for a small number of headers and the balance of CDs was audited weekly. A random check of actual stock of two strengths of MST reconciled with the recorded balance in the CD registers. Invoice details for receipt for CDs did not always include the address of the supplier. Patient returned CDs were recorded in the destruction register for patient returned CDs.

Records for private prescriptions, emergency and special supplies were generally complete although the prescriber details were not always recorded in full. Labels did include 'emergency supply' wording. A range of medicines and travel vaccines could be administered via patient group directions (PGDs) which were seen to be in date. Vaccination training was current.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). The Data Security and Protection (DSP) toolkit had been completed centrally. 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. There was an incident management procedure relating to GDPR and DSP incidents. Staff had undertaken safeguarding and dementia friends training and the pharmacist was accredited at level 2 in 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: one full-time regular pharmacist and locum pharmacist cover for Mondays, two full-time and one part-time dispensers also accredited as medicines counter assistants and one full-time delivery driver.

Staff were provided regular ongoing training by head office via 'my training' on line portal. Topics included new product information, eczema, stress, health and safety and equality and diversity. Staff could accumulate achievement points for completed topics. To meet quality payments criteria, staff had completed children's oral health and risk management training.

Staff performance and setting of objectives were due monitored through appraisal. Staff were free to feedback suggestions and had suggested standing prescriptions upright in the front of baskets to make locating medicines more efficient when people visited the pharmacy. Staff had decided that it was more efficient for the driver to deliver to outlying villages in the morning and locally in the town in the afternoon. There was a whistle blowing policy. 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 premises were generally clean and presented a professional image. The dispensary fittings were clean including the dispensary sink. Lavatory facilities were hygienic and hand washing equipment was provided.

There were two consultation rooms with keypad access. Patient privacy was protected. There were chairs in the waiting area of the pharmacy. There was sufficient lighting and air conditioning.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are 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 does not always record therapeutic monitoring checks, so it may not be able to show that appropriate counselling was provided. 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 were two sets of wide 'split' doors to enter the pharmacy. The doors were heavy to push open, so staff went to the door to assist people with limited mobility. Large font labels could be printed to assist patients with impaired vision. Staff could converse in French, Tamil and Hindi to assist patients whose first language was not English.

Patients were signposted to other local services including NHS 111 and family planning clinic. If appropriate signposting events were noted on the PMR. Interventions were recorded on the PMR including communication with the doctor and dispensing errors.

The NHS email and nhs.uk entry was current. The pharmacy had healthy living status and a healthy living display stand to raise public awareness to health matters such as sunscreen and summer skin care, stop smoking and healthy food choices. Health campaigns had included stroke, Stoptober and blood pressure monitoring. To promote the current children's oral health and England's 'Smile 4life' campaign, there were activity sheets to encourage children to clean their teeth including information on diet, statistics on tooth decay and games and quizzes to complete. In line with quality payments criteria risk assessment was conducted on fire safety including evacuation, identifying fire hazards and checking fire appliances.

Audits had been conducted to identify people for referral for use of inhalers in treatment of asthma, prescription of proton pump inhibitor for gastric protection during the non-steroidal anti-inflammatory drug (NSAID) audit. The audit regarding use of inhalers in the treatment of asthma resulted in no referrals to the doctor. No patients of child bearing potential had been identified in both phases of the sodium valproate audit. Both phases of the audit for sodium valproate and pregnancy prevention programme had been completed. The pharmacist was aware of giving out an information card to patients and making a record on the PMR each time sodium valproate was supplied.

Patients were counselled on how best to take their medicines and patients taking warfarin were asked about blood test dates and for their record of INR which was not always recorded on the PMR. Advice was given about side effects of bruising and bleeding. Advice was given about diet containing green vegetables and cranberry and alcohol consumption which could affect INR. People were asked to inform the pharmacist and dentist in relation to purchasing over-the-counter medicines and dental treatment which may be affected by taking warfarin.

Patients taking methotrexate were reminded of the weekly dose and taking folic acid on a different day. Advice was given to visit the doctor if sore throat or fever developed. CD warning stickers were not added to prescriptions for schedule 4 CDs to highlight the 28-day period of validity after which CDs could not be supplied. The pharmacist said uncollected prescriptions were removed from retrieval every two to three weeks when an uncollected CD would be detected.

Medicines and medical devices were delivered outside the pharmacy. For CD deliveries the patient was phoned before to confirm the delivery arrangement. For other deliveries, A second bag label was attached to the branch record sheet. A third bag label was attached to the delivery record book which was signed by the patient. To protect patient confidentiality there was one patient delivery details per page of the delivery record book. The driver had completed delivery driver training and read the SOP.

Falsified medicines directive (FMD) hardware and software was not operational at the time of the visit. Staff had completed FMD training. Medicines and medical devices were obtained from AAH, Alliance and Day Lewis. Medicines stock was date checked and recorded and no date-expired medicines were found. Liquid medicines were marked with the date of opening. Medicines were stored in original manufacturer's packaging. Cold chain items were stored in the medical fridge. Waste medicines were stored separate from other stock in pharmaceutical waste bins and cytotoxic waste bins.

Uptake of the travel clinic medicines was seasonal. The pharmacist checked requirements on 'Fit for travel' website to confirm appropriate vaccinations and malaria prophylaxis. Other medicines via PGD were new services including salbutamol inhaler and fexofenadine. Drug alerts were actioned on receipt, annotated and filed. Recalls were reported to head office. The most recent alert related to co-amoxiclav.



## 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 on line BNF and Drug Tariff. The medical fridge was in good working order. Minimum and maximum temperatures were monitored daily and found to be within 2-8. The CD cabinets were fixed with bolts. The dispensary sink was very clean. There was a range of clean British standard glass measures to measure liquids. The Kirby-Lester tablet/capsule counter was cleaned regularly.

There were two in-date adrenalin injection devices for use in the event of anaphylaxis following vaccination. Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). The Data Security and Protection (DSP) toolkit had been completed centrally. 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. There was an incident management procedure relating to GDPR and DSP incidents.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.