

Registered pharmacy inspection report

Pharmacy Name: Avenue Pharmacy, 73 The Avenue, Hertford,
Hertfordshire, SG14 3DU

Pharmacy reference: 9010660

Type of pharmacy: Community

Date of inspection: 22/06/2021

Pharmacy context

The pharmacy is in a community setting, in a parade of local shops on a housing estate, and provides services to the local population. The pharmacy provides general dispensing services as well as supplying medicines in multi-compartment compliance packs to some people. It also provides ear-syringing and vaccinations to people who request these services and supplies 'fit-to-fly' COVID-19 tests.

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

Members of the pharmacy team work to professional standards and identify and manage risks effectively. The team members understand how they can help to protect the welfare of vulnerable people. And the pharmacy team members keep people's private information safe. They discuss mistakes they make during the dispensing process with the regular pharmacist. And they try to learn from these to avoid problems being repeated. But because they don't always record these events it makes it harder for them to learn from these. The pharmacy generally keeps its records up to date. It must make sure a record is always kept about the responsible pharmacist.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) which had been issued a few years ago. The superintendent pharmacist (SI) told the inspector that he was reviewing a new set to be put in place once he returned from his holiday. The written procedures said the team members should record any mistakes they made in the dispensing process in order to learn from them. They logged some issues as they occurred but not all. They also discussed in the team how to prevent these mistakes recurring. The staff had all had risk assessments regarding the COVID-19 pandemic. They did not wear face masks in the dispensary or the counter area but would do so if they ventured beyond the plastic screening on the counter. Lateral flow tests were done by the staff twice weekly and reported to the government website.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law had been filled in correctly on the day of the inspection. But it was noted that there was no record on the computer for the days in which the SI was present as responsible pharmacist. The staff present were unaware of any other record kept. A record is required, by law, and must be made contemporaneously. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice when they were unsure of the information to give to people. Feedback recorded on-line from people using the pharmacy was very positive about the service provided, and staff said that they also received good feedback. The pharmacy had published the last NHS customer feedback survey on the NHS webpage about the pharmacy; it showed positive responses from customers. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team said that they recorded private prescriptions and emergency supplies in a book and the entries seen were up to date. The controlled drugs registers were kept electronically and were up to date and legally compliant. The team checked them regularly to ensure that there were no missing entries, that they were legally compliant, and that the stock levels were as expected. Fridge temperatures were recorded daily.

Private information could not be seen from the shop and was stored in the dispensary and on password-protected computer systems. All staff had their own NHS smart cards. But staff were using the NHS smart card of the owner to access the NHS spine, in his absence. This is contrary to the conditions of use and may pose a risk to patient privacy. The pharmacy team had all had some training about confidentiality and safeguarding vulnerable people and the locum pharmacist had completed appropriate courses on the subjects. There were contact details for the local safeguarding boards

available to the team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services, and they work effectively together and are supportive of one another. They have the appropriate skills and are working towards the appropriate qualifications for their roles, to deliver services safely and effectively. However, team members are not given time set aside for training, due to the pandemic, and this could make it harder for them to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacist owner (SI) was on holiday during the inspection. The pharmacy was staffed by a regular locum and two dispensers. There was a counter assistant also on holiday and another counter assistant who worked in the afternoons. All the shop staff were undertaking accredited training for their roles. The two dispensers had completed counter assistant training and were about halfway through their dispensing training. They reported that during the pandemic the training had taken a back seat, but that they were keen to complete the courses now that things were more settled. There was a delivery driver who had started during the pandemic. She had not had any formal training, but the SI said, later in a telephone call, that he would see that she was given some formal training for her role. The pharmacy was in a buying group and this meant that the staff had access to an on-going training programme which they would start when they had completed their formal training. They did not have regular time set aside for training due to the pandemic.

The team worked well together, and the dispensers had suggested that they should expand the area where dispensed prescriptions awaiting collection were stored. The SI had agreed, and this had been implemented. No targets were set for the staff by the owner.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had level access from the pavement. It was spacious and had air-conditioning. The pharmacy was limiting numbers of people in the shop to two customers at a time. The window was covered with posters giving information about the pandemic.

The shop was clean, tidy and bright. There was a Perspex screen between the staff and the customers, to provide a barrier to reduce transmission of COVID-19. There was hand gel available as customers walked into the pharmacy, and staff encouraged people to use it. The large consultation room was not regularly in use, due to the pandemic, but would provide a suitable space for private conversations. Touch points were cleaned regularly and the shop was wiped down with a viricidal spray on a daily basis.

The dispensary was clean, tidy and bright. There were three separate dispensing areas, as well as an area used for unpacking deliveries. Prescriptions were filed on a large range of shelves, easily accessible for staff. There were toilet and handwashing facilities for staff.

The rear door was locked but it was marked with 'fire exit' signs. In the event of a fire, it could not be easily used and might cause injury to the people inside, if they could not use the exit. The door led to an area where the rubbish bins were stored. The SI said that he would either remove the signs or get a push-for-exit lock on the door once he had consulted with his fire risk assessor who came on an annual basis.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy delivers its services in a safe and effective way and it gets its medicines from reputable sources. Pharmacy team members try to make sure that people have all the information they need so that they can use their medicines safely although there are times when this does not happen consistently. They could do more to make sure that people have all the information they need so that they can use their medicines safely. And this applies to when the pharmacy supplies valproate.

Inspector's evidence

The pharmacy was easily accessible from the road and parking areas. The consultation room door was wide enough to give easy access to people using wheelchairs. Information about the services the pharmacy offered was displayed in the windows of the pharmacy.

The use of baskets when dispensing helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Computer-generated labels included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced. And the multi-compartment compliance packs had a good audit trail for who had dispensed and checked the packs. Packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. There was a list of packs to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs.

Prescriptions for warfarin, lithium or methotrexate were not flagged so staff did not know to ask about any recent blood tests or the person's current dose. So, there was some risk that the pharmacy wasn't always able to monitor the patients in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were not routinely counselled about pregnancy prevention. And appropriate warnings stickers were not available for use if the manufacturer's packaging could not be used. The dispenser said that she would order some stickers immediately and the SI said, later on the telephone, that he would implement a system of flagging these high-risk medicines to ensure that appropriate counselling occurred. Schedule 4 controlled drug prescriptions were not always highlighted to staff who were to hand them out. This could increase the chance of these items being given out more than 28 days after the date on the prescription.

The pharmacy supplied 'fit-to-fly' Covid-19 PCR testing kits. This service just involved the pharmacy selling kits to people. The person buying a kit posted off the test to the laboratory themselves and they would then receive the result of the PCR test within 24 hours. No advice was given by the pharmacy to people buying the kits. The SI had checked with the supplier that he did not need to register with the government authority (UKAS) to provide this service. It was suggested that it might be helpful to have a written decision from UKAS confirming this exemption.

The pharmacy also provided a travel clinic (during non COVID-19 times) through an on-line provider. The buying group that the pharmacy was part of had provided training to deliver an earwax removal service, using suction. The SI had had training from an ENT specialist and had a specific protocol to follow.

The pharmacy got its medicines from licensed wholesalers and stored them on shelves in a tidy way.

There were coloured dots on the shelves and boxes to indicate items which were short dated. Regular date checking was done and no out-of-date medicines were found on the shelves. The fridge temperatures recorded showed that the medicines in the fridge had been consistently stored within the recommended range. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. Equipment used for the ear wax removal service was cleaned by the SI before and after each use, in accordance with the work protocol.

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.