

Registered pharmacy inspection report

Pharmacy Name: Waterbeach Pharmacy, 5 Greenside, Waterbeach, Cambridge, Cambridgeshire, CB25 9HW

Pharmacy reference: 9010685

Type of pharmacy: Community

Date of inspection: 24/07/2019

Pharmacy context

The pharmacy is situated in the centre of this rural village. It offers all the essential pharmacy services including dispensing NHS prescriptions and receiving waste medicines for safe disposal. It offers a prescription delivery service. And it supplies medicines in multi-compartment compliance aids to a small number of people who live at home. Most of this service was recently transferred to another pharmacy owned by the same company. Medicines Use Reviews (MURs) and the New Medicine Service (NMS) are undertaken by the pharmacist. A small number of people receive instalment supplies for substance misuse treatment. The pharmacy provides flu vaccinations seasonally and the pharmacists also offer travel vaccinations and other travel health advice. It occasionally provides emergency hormonal contraception under a patient group direction (PGD). It has a wholesale dealer's licence.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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

The pharmacy's team members generally follow safe practices. They keep the records they need to by law. They can show how they protect vulnerable people. And they understand what they can and cannot do when there is no pharmacist present. People's private information is largely kept safe. And the team members record some of their mistakes, so they can reduce risks. But the lack of written procedures about higher-risk medicines may mean that the pharmacy team are not fully aware of best practice when supplying these medicines.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) and the current versions had been put in place in December 2018. The procedures covered dispensing activities, management of controlled drugs (CDs), over-the-counter medicines sales, safeguarding vulnerable people, vaccination services, needle-stick injury, the pharmacy delivery service, and supplying medicines in multi-compartment compliance aids. There were also written procedures about protecting people's information and dealing with dispensing errors or other adverse incidents. However, though reference was made in some of the procedures to other SOPs about higher-risk medicines, there were no supporting documents for these available. One of the pharmacists was already aware of this omission and discussed plans to address this. There was an audit trail created by pharmacy staff signing the relevant SOPs to show that they had read the most recent versions.

The team members said that the pharmacist usually pointed out any dispensing mistakes the staff made. And staff were asked, where possible, to correct their own mistakes. These incidents were sometimes recorded but the details written down had very little information about exactly what had gone wrong and what may have caused the mistake. The records seen were largely made by the pharmacist rather than the person who made the mistake. One of the co-directors was providing additional pharmacist cover during some of the inspection and said she had already provided training for their staff about best practice in recording and reviewing dispensing mistakes. The staff said they would review how these events were captured and would include more information about what had happened and what they would do differently, so they could make the most of the opportunity to learn and improve.

To better manage the workload, most compliance aids were now dispensed at another pharmacy owned by the company. Once complete, the compliance aids were sent back to this pharmacy for collection. The staff explained how they double-checked the compliance aids that were dispensed elsewhere and let the other pharmacy know about any mistakes they spotted. They also informed the SI about any issues they were finding so these could be managed appropriately.

There was a process to record and report any errors which reached patients. There was some evidence that learning points from near misses and errors were shared with the team as part of a month-end safety review. But these were not done every month. Some medicines with similar sounding names, similar packs, or with multiple strengths had been more clearly separated on shelves to prevent selection errors. 'Check strength' stickers had also been attached to shelf locations to urge staff to be careful when selecting stock.

To help manage the risks associated with some medicines, there were alert stickers for higher-risk medicines and controlled drugs (CD) to highlight when additional care was needed when prescriptions for these items were handed out. When checked, these were generally used where appropriate though two prescriptions for methotrexate did not have alert stickers applied. This could make it harder for the pharmacy to be sure that people always receive the advice they need to take their medicines safely.

When asked, the team members could confidently explain what they could and couldn't do in the absence of a responsible pharmacist (RP). And there was a roles and responsibilities matrix in the SOPs for all the staff. Prescription labels, including those on compliance aids, were initialled at the dispensing and checking stages. This meant the pharmacy could be sure who had completed each of these tasks. Team members were observed asking people questions before selling medicines to establish if it was safe to proceed with a sale. They could explain which medicines were more closely controlled to minimise the risk of misuse, for example, pseudoephedrine-containing medicines and codeine-containing painkillers. And the staff referred queries to the pharmacists throughout the visit.

The pharmacy sought feedback from people about its services and results of the most recent feedback survey were displayed in the shop. Results overall were very positive. There was a complaints procedure which enabled people to raise concerns about the pharmacy and staff would refer people to the pharmacist if needed. There was no information displayed about how to make a complaint.

The pharmacy's services were appropriately insured. The RP notice showed who the pharmacist in charge was and it was displayed where the public could see it. The RP record was complete and provided information about who had been the pharmacist in charge of the pharmacy. Records about schedule 2 CDs were largely complete and running balances were kept. A small number of headers had not been filled in which could increase the chance of entries being made in the wrong register. A balance check of two items showed that the amount of physical stock was the same as the recorded balance. Patient-returned CDs were recorded when received. Private prescriptions and emergency supplies were recorded electronically. Most entries were complete but the prescriber's details in a recent entry were inaccurate. Records for the supplies of unlicensed specials were complete and certificates of conformity were kept.

The pharmacy protected sensitive information in several ways. Confidential waste was segregated and disposed of securely. The pharmacy was registered with the Information Commissioner's Office. There was a privacy notice displayed to members of the public explaining how their data was used. Staff had read and signed the written procedures about information governance. Patient medication records were password protected and could not be viewed from the shop floor. But the team members did not always keep their passwords private and there was some evidence that the individual Smartcards used to access electronic prescriptions were shared and used, even when the member of staff was not present. The pharmacist co-director said this should not be happening and said they would stop this practice.

There were procedures to help make sure the pharmacy took appropriate action to protect vulnerable people and the team had read these. Staff had all completed at least level 1 safeguarding training. Information about the pharmacy's chaperone policy was displayed to people visiting the pharmacy. The pharmacists had completed level 2 training about safeguarding. Contact information for local support agencies was available so concerns could be reported promptly. The team members were able to give examples of reacting appropriately to concerns about vulnerable people and providing additional support to help some people with compliance difficulties take their medicines safely.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members are suitably trained for the roles they undertake. They share ideas to improve how the pharmacy operates. And they can raise concerns if needed. The team members receive some support in keeping their skills and knowledge up to date. However, the lack of a formal review process coupled with the limited recording of dispensing mistakes may make it harder for the pharmacy to identify and support any staff learning needs or skills gaps.

Inspector's evidence

At the time of the inspection there was the RP (a locum pharmacist), two dispensers working in the dispensary, a pre-registration trainee, and a counter assistant. The pharmacy manager (the usual RP) was not present. There was also a second pharmacist present for most of the visit (one of the co-directors). The team appeared to be coping with their workload.

All team members had completed the required accredited training for their roles. They had some records of other training they had completed including evidence of training about safeguarding vulnerable people, allergy, cough, and oral health. Some staff had also completed the necessary training for the pharmacy to become a Healthy Living Pharmacy. The staff had limited opportunities to do training when at work but tried to fit it in when it was quiet. The company tried to hold two training evenings a year for staff and recent topics at these had included the General Data Protection Regulation and near miss events.

The pre-registration trainee said she had attended monthly training events during her placement, run by an external training provider. These events had given her the opportunity to share her experiences and learn from others going through the same training. During the inspection, the pre-registration trainee was observed working closely with the pharmacists and receiving on-the-job training and guidance. There was also evidence of the training undertaken by the pharmacists to provide services under several patient group directions.

The team members said they were happy to share ideas with each other about how to improve the pharmacy's services. One of the dispensers had developed a communication diary for making sure messages about the compliance aid service were recorded and passed on correctly. The staff also said they could and did discuss any concerns they might have about the pharmacy with the SI or the pharmacist co-director. The team members did not currently have annual appraisals with their manager, but this was under consideration. However, as this was a small team who worked closely with their manager and the SI, feedback about performance was given regularly on an informal basis.

There were targets set for some services including MURs, but the team said these were manageable. The RP explained that he felt able to exercise his professional judgement when delivering services, considering the needs of his patients and his capacity to provide additional services safely.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe, secure, and suitable for the services it provides. The pharmacy generally presents a professional image to people who use its services.

Inspector's evidence

The premises had been refitted since the last inspection. The pharmacy was generally well-presented and well-maintained. Aisles in the shop area were kept free of clutter and the premises were reasonably clean throughout. Quieter parts of the dispensary were used for specific tasks such as preparing multi-compartment compliance aids, so distractions were fewer.

There was a small step at the entry to the pharmacy. To assist members of the public to access the building, there was a portable ramp available. There was seating available for people waiting for services. A well-screened consultation room was also available and signposted. It was used for Medicines Use Reviews, flu vaccinations, travel vaccinations and private conversations with people. The room was large enough to enable access by wheelchair users and there was seating available. However, various pieces of equipment and sundries were left on display and made the room look cluttered. The room was not kept locked when not in use.

There was a sink equipped with hot and cold running water in the dispensary and separate handwashing facilities for staff. These were both reasonably clean.

The pharmacy could be secured against unauthorised access. The dispensary was separated from the rest of the shop and was not easily accessible by members of the public. Prepared medicines were held out of reach and sight of the public. Room temperatures were controllable, and levels of ventilation and lighting were appropriate during the visit.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally undertaken safely and effectively. It gets consent from people before making changes to the way it provides services to them. It takes the right action in response to medicine recalls and safety alerts to protect people's health and well-being. And it gets its medicines from reputable sources and generally stores them and other stock safely.

Inspector's evidence

There was some information displayed in the pharmacy about the services it provided and its opening hours. There was also information available about other healthcare matters and services provided by other agencies. However, the pharmacy did not have a pharmacy practice leaflet available for people. This could mean that people aren't fully aware of all the services the pharmacy can provide.

Space for general dispensing activities was quite limited and there were several stacks of baskets which contained prescriptions to be accuracy checked taking up space on the dispensing bench. This could increase the chance of items transferring between baskets. The staff tried to use over-bench shelving to store prescriptions waiting for stock to arrive.

The pre-registration pharmacist was aware of the need to provide information about pregnancy prevention to patients who may become pregnant who were supplied valproate-containing medicines. However, the pharmacy had no warning stickers to apply to dispensed medicines and no patient safety literature to hand out to people. She said she would order new supplies of these. The pharmacy team members said they made checks to make sure that people taking warfarin were being monitored appropriately. Some of these checks were recorded.

Medicines were supplied in multi-compartment compliance aids for some people who needed this level of support. Most of this work had been transferred to another branch to reduce pressure on space and workload at this pharmacy. Signed patient consent had been sought in advance of the change. This pharmacy still supplied a small number of people with compliance aids, largely where there were significant compliance problems or prescriptions involving CDs. These were prepared in accordance with a planned rota and in a separate area of the dispensary to reduce distractions. Prescriptions were ordered on behalf of some people and missing items or unexpected changes were queried with the person or their GP. Records of any interventions or changes were made on people's records. Patient information leaflets (PILs) were provided regularly, and the compliance aids were fully labelled and included tablet descriptions. Staff could explain the types of medicines they wouldn't put in the compliance aids, for example, medicines with varying doses or medicines which were hygroscopic.

Most pharmacists who worked at this pharmacy were appropriately trained to provide the vaccination services offered under PGDs. The consultation room was suitable for these services and the pharmacy had the right equipment available.

The pharmacy got its medicines from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Medicine stock for dispensing was stored in an orderly fashion, out of reach of the public. There was a process to date-check stock

regularly and this activity was recorded. Short-dated stocks were highlighted to reduce the risk of supply beyond the expiry date. Dates of opening were applied to most liquids which had reduced shelf-lives once opened. No out-of-date medicines were found when stock was spot-checked. Out-of-date medicines and patient-returned medicines were transferred to designated bins and these were stored away from dispensing stock.

The staff had not yet completed any training about the Falsified Medicines Directive (FMD). The company was currently deciding on which equipment supplier to use and would ensure that staff received the relevant training to support its introduction. Appropriate arrangements were in place for storing CDs. There was enough storage capacity for medicines requiring refrigeration. The medicines fridge was equipped with a maximum and minimum thermometer and temperatures were checked daily and recorded. The records seen were within the appropriate range. The pharmacy had a process to receive drug recalls and safety alerts. The pharmacy provided evidence of how recent alerts had been received and acted upon.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. It maintains its equipment appropriately, so it is safe to use.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources available to support its services. Patient records were stored electronically and there were enough terminals for the workload undertaken. Access to these was password protected. Computer screens were not visible to the public. The staff had access to cordless phones and could move to quiet areas of the dispensary to make phone calls out of earshot of waiting customers.

There were suitable, clean measures available to measure liquids accurately. Other counting equipment, which included tablet triangles, was clean. The blood pressure meter was new for 2019 and had been marked with the date of first use so the pharmacy could easily judge when it needed replacing in future. All electrical equipment appeared to be in good working order. Fire safety equipment and alarms were checked and serviced regularly and there was emergency lighting available if needed.

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.