

Registered pharmacy inspection report

Pharmacy Name: Biddulph Pharmacy, 1-3 Tunstall Road, Biddulph, Stoke-on-Trent, Staffordshire, ST8 6HJ

Pharmacy reference: 9010958

Type of pharmacy: Community

Date of inspection: 24/08/2020

Pharmacy context

This busy community pharmacy is located in the town centre and most people who use the pharmacy are from the local area. It stays open for 100 hours per week, opening early in the morning and closing late in the evening. The pharmacy dispenses NHS prescriptions and it sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. The inspection was undertaken during the Covid 19 pandemic.

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	1.7	Good practice	The pharmacy has robust working practices to protect people's confidential information.
2. Staff	Standards met	2.2	Good practice	The team members have the appropriate skills, qualifications and competence for their role and the pharmacy supports them to address their ongoing learning and development needs.
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 generally manages risks to make sure its services are safe, and it acts to improve patient safety. It manages and protects information well and it explains how it uses people's private information. It completes the records that it needs to by law and asks its customers for their views and feedback. Members of the pharmacy team are clear about their roles and responsibilities how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided, with signatures showing that some members of the pharmacy team had read and accepted them. Newer members of the team had not confirmed that they had read the SOPs, so they may not have a full understanding of the pharmacy's procedures. Roles and responsibilities were set out in SOPs and the pharmacy team members were all performing duties which were in line with their role. They were wearing uniforms, although there was nothing to indicate their role, so this might not be clear to people visiting the pharmacy. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

The RP confirmed he had considered the risks of coronavirus to the pharmacy team and people using the pharmacy. He had completed a checklist provided by head office and introduced several steps to ensure social distancing and infection control. A memo was sent from head office when the wearing of face coverings by people visiting the pharmacy was introduced. Individual staff risk assessments had been completed and forwarded to head office. The RP was aware of the Health and Safety Executive (HSE) guidance on the expectations and duties in relation to reporting cases of Covid-19 transmission that happened in the workplace under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. He said that he would contact head office for advice and support, if this was to occur.

Dispensing incidents were reported and forwarded to head office. Learning was shared with other pharmacies in the group when this was appropriate. Confirmation was required that the appropriate action had been taken, when a memo was received from head office. The memos were retained in a designated folder for future reference. For example, when one patient's repeat slip was given to a different patient a memo was sent from head office advising all teams to review their procedures and reminding them of the importance of maintaining confidentiality and reporting any breaches. Near misses were recorded on logs and learning points were included and discussed with the pharmacy team. Following an incident Adizem SR capsules were better separated from Adizem XL capsules on the dispensary shelves, to avoid a selection error. Care was taken that other look-alike and sound-alike drugs (LASAs) were clearly separated. Support was offered to team members if they were seen to be making more errors than others, and one member of the team always obtained a check of the stock they collected, before they commenced assembling compliance aid packs. A patient safety report was usually completed monthly when dispensing incidents and near misses were reviewed. The RP admitted he was behind with these due to the increased workload during the pandemic.

A notice was on display near the medicine counter with the complaint procedure and the details of who

to complain to. A customer satisfaction survey was carried out annually and was taking place at the time of the inspection. Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy.

Private prescription and emergency supply records, the RP record, and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. A CD balance was checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately

The pharmacy team had received training on the General Data Protection Regulation (GDPR) and had completed an assessment to test their understanding. Members of the team had read and signed information governance (IG) policies which included information about confidentiality and data protection. Training on IG was included in staff's induction training. Confidential waste was collected in designated places and collected by an appropriate waste disposal company. A dispenser correctly described the difference between confidential and general waste. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. A privacy statement was on display, in line with GDPR.

The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 and level 3 training on safeguarding. An introduction to safeguarding and level 1 training were available on the pharmacy's online training resource (Media Pharm). The pharmacy had policies on safeguarding, such as a child protection declaration, and team members had a basic understanding about safeguarding. The delivery driver said she would voice any concerns regarding vulnerable people to the pharmacist working at the time. The pharmacy had a chaperone policy. There was a notice highlighting this to people, however this was inside the consultation room, so some people might not see the notice and realise this was an option. The RP was not aware of the 'Safe Space' initiative, where pharmacies were providing a safe space for victims of domestic abuse, and the pharmacy was not registered to take part in it. But he confirmed the consultation room was always available for anyone requiring a confidential conversation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely, and they work effectively together. Team members are well trained, and the pharmacy encourages them to keep their skills up to date and supports their development. They have opportunities to discuss issues informally and they are comfortable providing feedback to their manager.

Inspector's evidence

There was a pharmacist, two NVQ2 qualified dispensers (or equivalent), a trainee dispenser, a medicines counter assistants (MCA), a trainee MCA and a delivery driver on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the patients. Planned absences were organised so that not more than one person was away at a time and absences were covered by re-arranging the staff rota. One of the dispensers was the store manager and part of her role was completing the staff rota to ensure there was an adequate staff level and skill mix throughout the day. The RP was the regular pharmacist and worked full time in the pharmacy. Two regular locums worked the remaining opening hours.

Members of the pharmacy team had completed appropriate training for the services they were carrying out and used various sources to ensure their training was up to date. New members of staff were given a welcome pack and worked through an induction checklist, which was sent to head office when completed. Team members had completed a module on oral health on 'Virtual Outcomes' which was an online training site recommended by the local pharmaceutical committee (LPC). The trainee MCA displayed his training profile on Media Pharm, which showed that he had completed modules on over-the-counter medicines, winter health and mental health. He confirmed that he was given time to complete this and was supported by the pharmacist. He also carried out training in his own time at home. One of the dispensers was completing an NVQ3 dispensing assistant course and was given protected time to complete this.

The store manager explained that she gave team members positive and negative feedback informally, but said she was going to introduce an appraisal process to formally manage performance and development. There were blank templates available for this. Day to day issues were discussed as they arose and the pharmacy team used 'WhatsApp' messenger system to send messengers to each other, taking care never to include any patient details. The MCA said she felt comfortable admitting mistakes and could make suggestions or criticisms informally. She said she would talk to the regular pharmacist or store manager about any concerns she might have. There was a whistleblowing policy.

The RP felt empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate. He said a diary was used to record the sales and refusals of medicines which could be abused, and the description of people requesting them, to help when deciding if a medicine was being misused. The RP was encouraged to complete Medicines Use Reviews (MUR) but he was not under any pressure to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a professional environment for people to receive healthcare services. The pharmacy has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

Inspector's evidence

The pharmacy premises, including the shop front and fascia, were clean, spacious and in a good state of repair. The retail area was free from obstructions and professional in appearance. There was a large waiting area which had two wipeable chairs and a children's play area. The temperature and lighting were adequately controlled. The pharmacy was fitted out to a good standard, and the fixtures and fittings were in good order.

There were two stockrooms and a separate room which was used to store returned and date expired medicines. Staff facilities included a kitchen area and a WC with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. There were information notices about Covid-19. For example, posters showing correct hand washing techniques and reminders of the requirement to maintain social distancing. Only two people were allowed into the pharmacy and floor markings and signs were used to ensure adequate space between them. The front door was automatic and touch surfaces, such as the handrail were sanitized regularly. A cleaner worked at the pharmacy three times a week.

The consultation room was large enough to enable social distancing and was equipped with a sink and Perspex screens. It was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door and at the medicine counter. This room was used when carrying out services such as MURs and when customers needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are generally well managed and easy for people to access. The pharmacy team members are helpful and give healthcare advice and support to people in the community. The pharmacy sources, stores and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. Services provided by the pharmacy were advertised in the window of the pharmacy along with the opening hours. There was a range of healthcare leaflets and posters advertising local services. For example, slimming world and stop smoking groups. The pharmacy team were clear what services were offered and explained that some of the services had been suspended during the pandemic, but they hoped to start them again as soon as possible.

There was a home delivery service with associated audit trail. The service had been adapted to minimise contact with recipients, in light of the pandemic. The delivery driver stayed a safe distance away whilst the prescription was retrieved from the doorstep, and then confirmed the safe receipt in their records. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. The delivery driver wore a face mask and disposable gloves, and sanitized her hands between deliveries.

Space was adequate in the dispensary, and the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised and reasonably neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available. The pharmacy had a text service, so people received notification when their prescription was ready for collection. This was to avoid unnecessary trips to the pharmacy.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. There were SOPs for 'Supplying anticoagulation therapy' and 'Supply or oral methotrexate' which outlined what counselling and extra checks were required when supplying these high-risk medicines. The RP said he always checked INR levels during MURs for people prescribed warfarin or when people didn't seem sure about their target levels and recent test results. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and three people in the at-risk group had been identified. The pharmacist had discussions with these people or received confirmation that they had a discussion with their GP about pregnancy prevention, and there was a note on their patient medication record (PMR) confirming this. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling.

Multi-compartment compliance aid packs were well managed with an audit trail for communications with GPs and changes to medication. A dispensing audit trail was completed, and disposable equipment was used, to reduce the risk of contamination. Medicine descriptions were added to the labelling to

enable identification of the individual medicines and packaging leaflets were included, so people had easy access to information they needed. The RP explained that they had carried out an assessment at the start of the pandemic as to the appropriateness of a pack for their patients, and it was found that some people did not need their medicine in a pack and another adjustment was more appropriate to their needs. This reduced the numbers to a more manageable level.

The trainee MCA explained what questions he asked when making a medicine sale and when to refer the person to a pharmacist. He was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if he suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in a CD cabinet which was securely fixed to the floor. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were generally stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out. The pharmacy was not compliant with the Falsified Medicines Directive (FMD). They had the hardware needed to comply, but the team had not received any training on FMD and were not currently scanning to verify or decommission medicines. The store manager said this had been delayed due to Covid-19.

Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins.

Alerts and recalls were received via email messages from head office and the MHRA. A copy was retained in the pharmacy with a record of the action taken so the team were able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe and use it in a way that protects privacy.

Inspector's evidence

Face masks and disposable gloves were available, but team members did not routinely wear personal protective equipment (PPE) when working in the dispensary. The RP explained that they had done at the start of the pandemic, but had stopped wearing it as lockdown measures were relaxed. He said the advice from head office was that the team should be wearing PPE, so he was going to review this practice. Hand sanitizer gel was available in the retail area for customers to use, and in the dispensary for staff use. The store manager confirmed that staff washed their hands or used the hand gel frequently. There were Perspex protective screens at the medicine counter and in the consultation room to provide protection from contamination, during consultations.

Current versions of the British National Formulary (BNF) and BNF for children were available and the pharmacist could access the internet for the most up-to-date information. The pharmacy manager said he used the electronic BNF as he found this easier than the printed form. There was a clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.