

# Registered pharmacy inspection report

**Pharmacy Name:** Halls The Chemist, Stilton Memorial Hall, 39a North Street, Stilton, Peterborough, Cambridgeshire, PE7 3RP

**Pharmacy reference:** 9011041

**Type of pharmacy:** Community

**Date of inspection:** 14/10/2019

## Pharmacy context

This community pharmacy is the only pharmacy in the village and it has recently relocated to larger premises. At the time of the inspection some building works were still ongoing. The pharmacy's main activities are dispensing NHS prescriptions, selling medicines over the counter, and providing advice to people about health matters. It delivers medicines to some people and provides medication in multi-compartment compliance packs. And the pharmacist administers seasonal flu vaccinations. The pharmacy is also able to receive sharps waste.

## 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 generally identifies and manages the risks associated with its services well. It is aware of the impact that the current building works might have on the dispensing process and has identified ways to reduce the chances of mistakes happening. It keeps all the records that it needs to by law. It makes sure that people's private information is protected. And the pharmacy team members understand their role in protecting vulnerable people.

### Inspector's evidence

The pharmacy had written procedures for its services, showing how tasks should be undertaken. These were reviewed every two years and had been signed by the responsible pharmacist (RP) and the members of staff. The procedures included those required by legislation, management of controlled drugs (CDs), dispensing activities, selling medicines over the counter, dealing with dispensing incidents, date checking, the delivery service, and supplying higher-risk medicines. The SOPs also indicated the roles of those who had signed the documents.

The pharmacy team said they usually recorded any dispensing mistakes that were corrected during the dispensing process. This recording process had been interrupted by the relocation though staff said the pharmacist always pointed out mistakes found at the accuracy check and asked the dispensers to correct these.

Dispensing errors were recorded on the patient medication record system; information was sent to head office and reported to the national reporting scheme. Dispensing errors were reviewed to identify any learning points. These along with near misses were reviewed monthly as part of a safety review audit at the pharmacy. Copies of the reviews were also sent to head office and the most recent review from September 2019 was available. The RP explained that the company circulated reviews from other branches, so all teams could learn from each other.

To reduce risks associated with the relocation and ongoing building works, the team prioritised their work to reduce distractions. The dispensers said they double-checked their own work before asking the RP to complete the final accuracy check. The RP had her own section of bench for checking. Baskets were used to keep prescriptions clearly separated. Staff were aware of medicines with similar sounding names or in packs which looked similar. The new premises had increased the storage space available, so the team had been able to separate stock in the dispensary more effectively.

When asked, staff could explain what they could and couldn't do in the absence of an RP. They understood that some medicines could be misused and were aware of the legal limits on sales of medicines containing pseudoephedrine. They were observed referring queries to the pharmacist throughout the inspection. There was a clear audit trail on dispensed items and prescriptions showing who had completed various tasks during the dispensing process.

An annual survey was conducted to seek people's views about the service provided by the pharmacy. There was information for people about how to raise a complaint contained in the pharmacy's practice leaflet. The staff commented that they received very complimentary feedback about the pharmacy and

a member of the public visiting during the inspection echoed this.

The pharmacy had appropriate insurances for the pharmacy services provided. The correct RP notice was displayed where members of the public could see it. The RP record was up to date and was complete. The private prescription record and emergency supplies were recorded in a book. Most of the entries were complete but on one private prescription entry viewed, the prescriber's details were incomplete. Records about CDs were complete. Running balances were kept and checked regularly. Patient-returned CDs were recorded in a designated register when received and their destruction was witnessed.

Members of the public could not easily see or overhear confidential information. The pharmacy had written procedures to protect data. The staff had read and signed confidentiality clauses and training about protecting information though they weren't all familiar with the General Data Protection Regulation. The electronic patient medication records were password protected. The staff were using their own NHS smartcards to access electronic prescriptions. Confidential waste was shredded onsite. The consultation room in use was screened and provided a space where people could have conversations with the pharmacy team in private. There was no confidential material in the consultation room. The room was lockable. There was always a member of staff present in the pharmacy to accompany external contractors involved in the building works. And the pharmacy kept a visitors log.

The RP had completed level 2 safeguarding training. She knew how to find details for external safeguarding leads, using an internet search, but would contact the superintendent pharmacist in the first instance if she had any safeguarding concerns. The pharmacy had written procedures about protecting vulnerable people. Staff had completed some training about dementia to help them offer better support to people with this condition. The pharmacy had not had any formal safeguarding concerns to date.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide pharmacy services safely. The team members are completing the required accredited training for their roles. And pharmacy professionals can act in the best interests of people. The pharmacy's team members receive some support for training. However, they aren't always able to get time at work to do their training, so it may be harder for them to keep their skills and knowledge up to date.

### Inspector's evidence

The pharmacy team comprised of a pharmacy manager who was also the regular pharmacist, two part-time trainee dispensing assistants, and delivery drivers who also delivered for other pharmacies in the same company. When needed, the staff worked extra time to cover for each other and additional staffing would be arranged by head office. The team arranged their workload and planned services to make best use of staff availability. And they were coping with the workload during the inspection. There was an appointment system for flu vaccinations so this service could be managed safely.

The team were working closely together during the inspection and there was an obvious rapport amongst them and with their customers. One of the owners was also present during the inspection. It was clear that staff could discuss any concerns with them or make suggestions about pharmacy operations. The team had been kept closely informed and involved in the relocation and fit-out. The pharmacist said she felt able to make professional decisions in the interests of patients and this was not affected by any targets for services.

The dispensing assistants were enrolled on accredited training courses. The staff received other training to help keep their skills and knowledge up to date. Most recently, the company had organised staff training about the new patient medication record system. Time for training had been considered and included in staffing plans. However, staff members said it wasn't always possible to get time at work to complete their training. They said the pharmacist was very supportive and would answer any queries they had.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are suitable for the services the pharmacy provides. The team members have more space to work in and store medicines safely. When complete, the new premises will provide improved facilities for people using the pharmacy's services.

### Inspector's evidence

The relocation of the premises had increased the space available for dispensing, storing medicines and serving customers. Some building works were still ongoing at the time of the inspection so the pharmacy team and people using the pharmacy were not yet benefitting from all the improvements planned. One of the two consultation rooms was operational and provided a well-screened space for services. The addition of the second room was intended to increase the range of services the pharmacy could provide.

As the new premises were above street level, there were plans to install a lift so people with mobility problems or with prams could readily access the pharmacy. The preparatory work for this was seen. All doors and other parts of the shop area were wheelchair accessible.

There was adequate lighting in place, with some fit-out works ongoing. Air-conditioning had been installed and the room temperatures were appropriate for the storage of medicines. There was hot and cold running water in the dispensary. And good hygiene facilities for staff. The premises could be secured at night.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely. It gets its medicines from reputable sources and it makes sure that its medicines are safe to use. The pharmacist works with other pharmacies in the company to source medicines, so people's care is not adversely affected. The pharmacy could improve how it records information relating to higher-risk medicines, so it can show that people get all the advice they need to take these medicines safely.

### Inspector's evidence

This was the only pharmacy in the village and there were no other healthcare providers in the village. Feedback from customers visiting the pharmacy was very positive about having this pharmacy close by and about the availability of the pharmacist when looking for advice and help about healthcare matters. The pharmacy had a practice leaflet which told people about the services it provided. And there were other leaflets available to people, providing information and support. For some people living in the local area, prescriptions were delivered using employed delivery drivers. The driver obtained signatures from all recipients when medicines were delivered. The pharmacy was also a drop-off point for sharps waste. The staff knew how to accept this waste correctly to prevent the possibility of needle stick injuries.

Most of the pharmacy's activity was dispensing NHS prescriptions. Dispensing was undertaken in an orderly manner. Prescriptions were kept with dispensed items until they were collected so could be referred to easily. The pharmacy added symbols to people's records to be able to identify which services applied to that person. For example, to show if the person received their medication in multi-compartment compliance packs.

The RP was aware of the guidance about pregnancy prevention for people taking valproate. She explained how she had counselled someone in the at-risk group appropriately. Safety literature to provide to people was available. The pharmacy staff said they used to keep records about therapeutic monitoring for people to whom they supplied warfarin and other higher-risk medicines. Since the new patient medication record system had been installed, they had not been making the same records as they were not yet familiar enough with the system. Prescriptions for controlled drugs were highlighted and staff knew that these prescriptions were only valid for 28 days.

There was an audit trail on all dispensed items, including multi-compartment compliance packs, which showed who had dispensed and checked each item. Record sheets were kept for each person who received their medication in a compliance pack and these records included an audit trail of any changes that had been made. Prescriptions were ordered on behalf of patients and the pharmacy checked prescriptions against their records and queried any unexpected changes. There was a tracker to manage the work and make sure packs were supplied on time. The packs were labelled with the dose, description and any warnings. The packs were sealed as soon as they were dispensed. Patient information leaflets (PILs) were supplied each month.

In preparation for the seasonal flu vaccination service, head office had provided the pharmacy with the support materials they needed and a checklist to make sure the service was provided safely and effectively. The pharmacy had in-date and signed patient group directions and the pharmacist had completed the necessary training. Signed patient consent for the service was sought and checks were

made about possible allergies and other exclusion criteria. The pharmacy recorded the batch number and expiry date of the vaccinations administered.

The pharmacy obtained its medicines from licensed wholesalers and specials manufacturers. Dispensing stock was stored in an organised way in the dispensary; there was no stock on the floor. The RP explained how she dealt with stock shortages, sourcing supplies from another branch in the same company where needed. Waste medicines were segregated from other stock and disposed of off-site by licensed waste contractors.

Medicines stock had been last date-checked when transferred to the new premises in July 2019. A record had been made of this activity. When a sample of medicines were checked at random there were no out-of-date medicines found. Some medicines with short shelf-lives were highlighted so staff could check the date when dispensed. The dates of opening were recorded for medicines with altered shelf-lives after opening. So, staff could assess if the medicines were still safe to use. CDs were stored securely. Medicines requiring refrigeration were stored in the fridge. There was a process to check and record the maximum and minimum fridge temperatures. The records showed that medicines in the fridge had been kept at the required temperatures.

The pharmacy had the equipment and software it needed to comply with the Falsified Medicines Directive but was not yet using it. It was changing to a new provider and contracts had already been agreed. Staff were to receive training on its use. The pharmacy received information about medicine safety alerts and product recalls and the RP could describe the action she would take in response to these.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it protects personal information stored on its equipment.

### Inspector's evidence

The pharmacy had internet access and it also had a range of other reference sources to use for clinical checks and advice. The pharmacy's patient medication record system had been changed recently and staff were still becoming familiar with how the new system worked. All screens containing personal information were away from public view.

The pharmacy's phone system was capable of recording calls meaning details of phone conversations could be checked if there was a future query. The phone handsets were cordless, so staff could make calls out of earshot of people in the shop.

There was a range of measuring cylinders of an appropriate standard available with some measures designated for specific purposes to reduce the risk of cross-contamination. All measures were clean. There was ample capacity for medicines which required secure storage.

### 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.