

Registered pharmacy inspection report

Pharmacy Name: Aston Pharmacy, 13-15 Gladstone Road,
Scarborough, North Yorkshire, YO12 7BQ

Pharmacy reference: 9011105

Type of pharmacy: Prison / IRC

Date of inspection: 25/07/2019

Pharmacy context

The pharmacy is in Scarborough, a popular coastal resort in North Yorkshire. The pharmacy has recently re-located to its present position. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides NHS services such as flu vaccinations, emergency hormonal contraception (EHC) and a smoking cessation service.

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 has processes and up-to-date procedures to help the team manage the risks to services. The pharmacy's team members record and report any errors made when dispensing. And it keeps the records it must by law. It advertises how people can provide feedback and raise concerns and listens to their feedback to make improvements for people accessing the pharmacy. The pharmacy keeps people's private information safe. It has processes available to its team members, to help them protect the welfare of vulnerable people.

Inspector's evidence

There was a generously sized retail area to the front. And a well laid out pharmacy. There was a separate area to the back of the dispensary where multi-compartmental compliance aids were prepared. The pharmacy had a set of up-to-date standard operating procedures (SOPs) for the team to follow. And these included SOPs for dispensing controlled drugs (CDs). There was a record of competence for each member of staff. And these were signed to indicate that team members had read and understood SOPs. The Superintendent (SI) had authorised the SOPs. And these had all been reviewed on various dates in 2019.

Each member of the pharmacy team had their own log to record near miss incidents. The pharmacist on picking up an error, handed the prescription back to the dispenser responsible to correct. The pharmacist discussed near misses and as they occurred. The records lacked some details such as the contributory reasons why the error had occurred. And what changes had been made to prevent a similar error occurring. The action taken section was not completed on any of the near miss logs looked at. There were no specific examples of changes made following a dispensing incident. But the pharmacy team members explained that they discuss medicines that have similar packaging and separate these. One of the dispensing assistants explained that there had been no dispensing errors reported since the pharmacy had relocated. But there was an SOP and a form to complete if there was a dispensing error.

There was a pharmacy leaflet that provided details of how people can make suggestions or make a complaint. And this was on display for self-selection in the retail area. There had been no complaints made to date. The pharmacy team members said that they would refer any concerns to the manager of pharmacist in the first instance. The team responded to people's preferences, and when possible, stock people's preferred brands.

The pharmacy had appropriate professional indemnity insurance. A sample of the CD register entries checked met legal requirements. The pharmacy maintained the register with running balances. And these were audited weekly. Headers were completed in the CD register. The private prescription records looked at were complete. A register was maintained of CDs returned by patients for destruction and was complete and up to date. A sample of records for the receipt and supply of unlicensed products were complete.

Pharmacy staff had completed information governance training in June 2019. Confidential waste was segregated. The team said that the waste was collected and destroyed on site. The team were aware of the importance of, and the need to protect people's private information. The pharmacy's team members had completed training about safeguarding vulnerable adults and children. And had

contacted the police when they had a serious concern about a vulnerable patient’s welfare.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained and skilled team members to provide its services safely. The pharmacy team receive training on procedures. But do not have regular performance reviews. This could mean that gaps in their skills and knowledge are not identified and supported.

Inspector's evidence

The pharmacy team, on the day consisted of the RP, two dispensing assistants and one medicines counter assistant. The pharmacy team members advised that they managed with the current staffing levels. There was a budget for pharmacy members to work overtime if necessary. And there was also the option of borrowing staff from the other two local company owned pharmacies. The team had completed training on the SOPs. The pharmacy team had completed Perrigo training about inspections. The pharmacy team read information that was provided through manufacturers about new over the counter medicines.

The pharmacy team members advised that they had never had a performance review. But they were aware the company were in the process of setting up appraisals for pharmacy team members. The manager discussed any issue with individuals as they occurred. And gave on the spot feedback. The team thought that the manager was approachable. And they felt able to discuss any concerns or issues they had. Some members of the pharmacy team had made suggestions for change. For example, about location of stock on the shelves. The pharmacy team had discussions about tasks that needed completing. And about dispensing incidents. There were no notes taken at these discussions. Targets were in place for the services offered such as MURs. These were completed when time allowed for the benefit of people. And the RP felt able to use their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and suitable to provide its services safely. The pharmacy's team appropriately manages the available space. And it has a suitable consultation room for people to have private conversations.

Inspector's evidence

This was a newly fitted pharmacy and the fixtures and fittings were in good condition. The pharmacy premises were clean. The dispensary had separate areas for dispensing and checking prescriptions. And there was an efficient workflow. The consultation room was suitable for private consultations and counselling. There was a desk and chairs. Its location was well advertised. The consultation room was accessed by a door from the dispensary and a door for people to access from the retail area. No patient confidential information was accessible.

The layout of the premises was such that confidential information was not visible from the public areas. The pharmacy's premises were appropriately safeguarded from unauthorised access. There was adequate heating and lighting throughout the premises. And running hot and cold water was available.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The services are generally well managed. The pharmacy may not always identify people who take higher-risk medicines. And this may mean that these people do not always get the information they need to help take their medicines safely. The pharmacy gets its medicines from reputable suppliers. And it mostly stores and manages its medicines appropriately.

Inspector's evidence

There was a wide door to the front of the premises. And this made it easier for wheelchair users to access the pharmacy and its services. The pharmacy opening hours were displayed in the pharmacy. There were some leaflets on display for self-selection. Multi-compartmental compliance packs were supplied to people to help them to take their medicines on time. The pharmacy offered a free delivery service to people in their own homes. The delivery driver got signatures from the person accepting the medicines. And there was a separate sheet for people to sign for CD deliveries.

A controlled drugs cabinet was available for the safe custody of controlled drugs. The cabinet was appropriately secured. There was some patient returned and out of date CDs in the controlled drugs cabinet. These were marked and segregated. Dispensed controlled drug or fridge items such as insulin were stored in clear plastic bags which provided the opportunity for additional accuracy checks when being collected by the patient. There was a date checking matrix and this was up-to-date. The procedure was to sticker short-dated medicines. For example, Exemestane was marked as out of date in August 2019. Random checks of the pharmacy shelves found that stock was in date and the procedure was being followed. Opened bottles of liquid medications were marked with the date of opening to ensure they were still safe to use when used for dispensing again.

The dispensers were observed using baskets to ensure prescriptions were prioritised and assembled medication remained organised. Computer generated labels included relevant warnings and were initialled by the pharmacist and dispenser which allowed an audit trail to be produced. There was an adequately sized retrieval area where dispensed medication for collection was stored. People collecting their prescriptions were routinely asked to confirm their details to ensure that medication was supplied to the correct patient safely.

The pharmacy team were aware of the Pregnancy Prevention Programme. And were aware that there was guidance that had to be provided to people who may become pregnant who received valproate. The cards and leaflets were on the checking bench. There were no eligible patients. People taking high risk medicines such as warfarin were not routinely counselled. This may mean that opportunities are missed to advise people about the safe use of their medicines.

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication. A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers such as AAH, Alliance and Phoenix. Stock requiring refrigeration was stored at appropriate temperatures. And electronic records were maintained to ensure temperatures were within the appropriate ranges. The records showed that

these were consistently recorded.

The pharmacy team members said that the pharmacy had adjusted to meet the Falsified Medicines Directive (FMD). The scanners were in place. And the stock was decommissioned when the prescription was handed out. There was a SOP and staff had been trained on the procedure. Recalls and MHRA alerts were received electronically. These were printed off, actioned and filed. The file was up to date.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and safe, and the pharmacy uses it appropriately to protect people's confidentiality.

Inspector's evidence

References sources were in place. And the team had access to the internet as an additional resource. The resources included hard copies of the current issues of the British National Formulary (BNF) and the BNF for Children. The pharmacy used a range of CE quality marked measuring cylinders. Tweezers and gloves were available to assist in the dispensing of multi-compartmental compliance packs. There was a large LEC medical grade larder fridge used to store medicines. And this was of an appropriate size. Prescription medication waiting to be collected were stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't on view to the public. The computers were password protected. Cordless phones assisted in undertaking confidential conversations. Members of the pharmacy team had their own NHS smart cards. And were using them appropriately.

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.