

Registered pharmacy inspection report

Pharmacy Name: Hednesford Pharmacy, 100 Market Street,
Hednesford, Cannock, Staffordshire, WS12 1AG

Pharmacy reference: 9011545

Type of pharmacy: Community

Date of inspection: 17/11/2021

Pharmacy context

This community pharmacy is located in the centre of Hednesford, a market town in Staffordshire. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy primarily dispenses NHS prescriptions, and it provides some other NHS funded services. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them. The inspection took place during the COVID-19 pandemic.

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 effectively manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely. They discuss their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again. The pharmacy team keeps people's information safe and team members understand their role in supporting vulnerable people.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. The SOPs had been prepared by the superintendent pharmacist (SP) in preparation for the pharmacy opening in April 2021, when it relocated from another premises in the same town. The team members, including the pharmacists, had transferred to the new pharmacy and were following the same processes as they had followed previously. Roles and responsibilities were highlighted within the SOPs.

The current near miss log was available at the pharmacists checking area. The dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. The responsible pharmacist (RP) gave some examples of different types of mistakes and how the learning from these was used to try and not make the same error again. The team had noticed that near miss picking errors were happening, possibly due to the stock layout. So, the team had reviewed where stock was kept and reorganised the shelves to make it easier for them to find the product they were looking for, and they explained that this had helped. Previous near miss logs could not be located during the inspection. There was an SOP for investigating dispensing incidents and the SP would be contacted for advice as part of the investigation.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales. Coronavirus information was displayed throughout the premises and personal protective equipment (PPE) was available and was being worn by the pharmacy team.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written and online. The pharmacy team tried to resolve issues that were within their control and would involve the SP if they could not reach a solution. The team said that their business was growing through word of mouth which they thought was a positive indicator that they were giving a good service. The Community Pharmacy Patient Questionnaire's (CPPQ) had been printed out and was due to start imminently.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and a random balance check matched the balance recorded in the register. Patient returned CD's were recorded in a register and promptly destroyed. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team had their own NHS Smartcards and confirmed that passcodes were not shared. The pharmacy professionals had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding and the details of local safeguarding bodies were available. The pharmacy team had been briefed on safeguarding and explained some of the concerns that they had shared with the RP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy always has enough cover to provide the services. They work well together in a supportive environment and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacy manager (RP at the time of the inspection), a pharmacist who was providing day off cover, four dispensing assistants, two trainee dispensing assistants and a home delivery driver. Holidays were requested in advance and cover was provided by other staff members as required. Several team members worked part time hours and were flexible in covering absences and working extra hours when required. The pharmacy manager arranged his annual leave with the SP. The SP also worked regular days at the pharmacy and provided holiday cover for the pharmacists.

Two members of the team were enrolled on a NVQ2 course and were able to take study time during quieter periods. The team worked well together during the inspection and were observed helping each other. Members of the team discussed any pharmacy issues with their colleagues as they arose and held regular meetings within the dispensary. Pharmacy staff were wearing uniform and name badges.

The pharmacy staff said that they could raise any concerns or suggestions with the RP or SP and felt that they were responsive to feedback. Team members said that they would contact the GPhC if their concern was about a registered professional. Details of the whistleblowing policy were in the staff handbook. The RP was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions, or with people on the telephone. No formal targets were set for the team relating to pharmacy services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services. The pharmacy team uses a consultation room for some of its services and if people want to have a conversation in private.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the SP or the landlord. The dispensary was large, and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a smaller dispensary to the back of the pharmacy which was used to assemble multi-compartment compliance packs. The consultation room was professional in appearance and the door to the consultation room was locked to prevent unauthorised access.

Various COVID-19 related signs had been produced and Perspex screens had been installed between the shop area and the counter. The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by the pharmacy team. The sinks in the dispensary and staff areas had hot and cold running water. Hand towels and hand soap were available. The pharmacy had air conditioning and the room temperature was comfortable during the inspection. The lighting was adequate for the services provided. Prepared medicines were stored securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions. The team supplies medicines in multicompartment compliance packs for those who may have difficulty managing their medicines.

Inspector's evidence

The pharmacy had a step free entrance from the pavement and a home delivery service was offered to people who could not access the pharmacy. The pharmacy staff referred people to local services when necessary. They used local knowledge and the internet to support signposting.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise certain prescriptions. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Notes and stickers were attached to medication when there was additional counselling required or extra items to be added to the bag. Home delivery patients were contacted by telephone if there were any counselling or messages to pass on, this was done prior to the delivery. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available. The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given. Counselling notes were recorded on the PMR.

Multi-compartment compliance packs were used to supply medicines for some patients. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. Each person had a record sheet to show what medication they were taking and when it should be packed. Notes about prescription changes and queries were kept on the patient medication record. A sample of dispensed compliance packs were labelled with descriptions of medication and patient information leaflets (PILs) were sent with each supply. The dispensing assistant used a common-sense approach when talking to people about changes to compliance packs and did what was best for the patient.

Date checking took place regularly and no out of date medication was found during the inspection. There was a date checking matrix available for both the dispensary and the shop to record date checking. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in a designated area. Medicines were obtained from a range of licenced wholesalers.

The CD cabinet were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2° and 8° Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team uses equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were used for the preparation of methadone. Counting triangles were available. Computer screens were not visible to the public as members of the public could not access the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.