

# Registered pharmacy inspection report

**Pharmacy Name:** Evans Pharmacy, Unit N & O, The Dales, West Hallam, Ilkeston, Derbyshire, DE7 6GR

**Pharmacy reference:** 9011593

**Type of pharmacy:** Community

**Date of inspection:** 23/02/2022

## Pharmacy context

This community pharmacy is situated opposite a medical centre in a small parade of shops. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. It supplies some medicines in compliance aid pouch packs to help people take their medicines at the right time. The pouch packs are assembled at another pharmacy in the company. The pharmacy offers a vaccination service which includes Covid-19 vaccines. 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
<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	4.1	Good practice	People can easily access a wide range of services, and health and wellbeing are promoted to the community.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy adequately manages risks, and it takes steps to improve patient safety. Members of the pharmacy team work to professional standards and they are clear about their roles and responsibilities. The pharmacy has written procedures on keeping people's private information safe and protecting the welfare of vulnerable people. It asks its customers for their views and the team generally completes all the records that it needs to by law.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services provided, with signatures showing that members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy manager had considered the risks of coronavirus to the pharmacy team and people using the pharmacy and had introduced several steps to ensure social distancing and infection control. Risks were assessed before the introduction of the Covid-19 vaccination service. There were SOPs on cleaning of the pharmacy premises and infection control, which included information on good sharps practice and the management of blood and body fluid. SOPs were also available on needle stick injury and disposal of clinical waste. Cleaning of the consultation room and chairs had been increased and anaphylaxis kits and sharps bins were in place.

Dispensing incidents and near misses were reported and discussed with the pharmacy team. Actions were taken to reduce re-occurrences such as placing alert stickers in front of look-alike and sound-alike drugs (LASAs) so extra care would be taken when selecting these. The dispenser was comfortable discussing errors and explained how the team tried to learn from any mistakes.

There was a SOP for dealing with complaints. A notice was on display with the pharmacy's complaint procedure and people were encouraged to provide feedback, comments, or suggestions to a member of the pharmacy team. The details of who to complain to and the local Patient Advice and Liaison Service (PALS) were also displayed. The pharmacy had appropriate professional indemnity insurance arrangements in place.

Private prescriptions and the RP log were recorded electronically. The incorrect prescriber had been recorded for some of the private prescription records, which compromised the accuracy of the record. The RP record was generally in order, although the time which the RP ceased their duties was not usually entered which might cause confusion in the event of a problem or query. The controlled drug (CD) register was appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

All members of the pharmacy team had read and signed information governance SOPs, which included

information about confidentiality. The dispenser correctly described the difference between confidential and general waste. They explained that confidential waste was collected in designated bags before being sent away for disposal. 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. There were 'How we look after and safeguard information about you' leaflets on display which contained information about how the pharmacy recorded, processed, and shared information. They also contained the name of the company's data protection officer. The pharmacy manager confirmed that they obtained people's consent before they sent their prescription details to the pharmacy which assembled their compliance aid pouch packs, although this was not usually recorded. There was a SOP which covered accessing Summary Care Records (SCR) which included the requirement to obtain patient consent.

The pharmacy manager had completed level 2 training on safeguarding. Other staff had read the SOP on safeguarding vulnerable adults and children and the dispenser said they would voice any concerns to the pharmacist working at the time. The pharmacy had a chaperone policy, and this was highlighted to people. The pharmacy manager was aware of the 'Safe Space' initiative, where pharmacies were providing a safe space for victims of domestic abuse and they said the consultation room was always available for anyone needing to speak to a member of the pharmacy team in private.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members work well together, and they have the right training and qualifications for the jobs they do. Team members are comfortable providing feedback to their manager and they receive feedback about their own performance.

### Inspector's evidence

The pharmacy manager was working as the RP and there was an NVQ3 qualified dispenser on duty. 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 people who visited the pharmacy. Planned absences were authorised by the pharmacy manager and the company's HR team. If required, absences could be covered by increasing staff hours and there was the option of transferring staff from neighbouring branches. A pharmacy technician (PT) was shared between two of the local branches.

Members of the pharmacy team carrying out the services had completed appropriate training and ongoing training was structured. For examples, modules had been completed on inhaler technique, remote consultations, weight management and antimicrobial resistance, and stewardship. There were individual training folders for each member of the team and these included copies of certificates of the training they had completed. The pharmacy team were given formal appraisals where performance and development were discussed. A communication book was used to relay messages about the retail area. Informal meetings were held where a variety of issues were discussed, and concerns could be raised. The dispenser said they would feel comfortable talking to the pharmacy manager about any concerns they might have. The team could make suggestions or criticisms informally and there was a whistleblowing policy. There was a notice on display in the staff area offering mental health support to members of the team, and this included access to confidential counselling and helplines.

The pharmacy manager felt empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because they felt it was inappropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are safe, secure, and suitable for the pharmacy services provided. The pharmacy is clean and well maintained. It has a private consultation room that enables it to provide members of the public with the opportunity to receive services in private and have confidential conversations.

### Inspector's evidence

The pharmacy premises, including the shop front and fascia, were clean, well maintained and in a good state of repair. The retail area was free from obstructions and professional in appearance. It had two separate waiting areas with five chairs. One waiting area was next to the consultation room and was used for people receiving vaccinations. The temperature and lighting were adequately controlled. The pharmacy had been fitted out to a good standard when it relocated into the new premises around six months ago, and the fixtures and fittings were well maintained.

Staff facilities were limited to a small 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. Perspex barriers were used in between chairs in the waiting areas and at the medicine counter to reduce the spread of infection. Touch surfaces such as the front door handle and chairs were cleaned regularly.

The consultation room was equipped with a sink, and it was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as vaccinations 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 advice and support to people in the community to help improve their health and wellbeing. 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. But it does not always provide people receiving compliance aid pouches with packaging leaflets, so some people might not have all the information about their medicine that they might need.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. A list of the services provided by the pharmacy was displayed in the window of the pharmacy along with the opening hours. There was a range of healthcare information on topics such as cancer awareness and weight loss. The pharmacy was taking part in a NHS programme to help detect undiagnosed hypertension. People over 40 years of age, who were not on medication for hypertension, were offered a free blood pressure check. The results were recorded on PharmOutcomes as a patient brief intervention, and depending on their blood pressure, people continued to be monitored by the pharmacy or they were referred to their GP for treatment. The pharmacy offered flu, travel, and occupation health vaccines. The pharmacy manager was an independent prescriber and they prescribed in areas they were competent in. For example, they prescribed hepatitis B vaccines and some treatments for minor ailments. Details of the consultations and vaccinations were recorded on PharmOutcomes. If people had consented to their information being shared, medical practices which had signed up to receive information digitally from PharmOutcomes received notification of the treatment or intervention automatically. But if the patient's medical practice was not signed up to this, the pharmacy printed out a copy and sent it instead. This was to ensure all treatments and interventions were shared with the patient's own GP when people had consented to this.

The pharmacy carried out Covid-19 vaccine clinics one day each week and bookings were made at five minute intervals between 9am- 12pm and 3-6pm via the National Booking Service. A second pharmacist was always present at the clinic to carry out the vaccinations. The pharmacist prepared the vaccines, asked the clinical questions, and talked through any concerns that the patient might have. They also made the appropriate records of the vaccination.

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 door-step, and they 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.

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, 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.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Speak to Pharmacist' stickers were used to highlight when patient counselling was required. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and two people in the at-risk group had been identified. The pharmacy manager confirmed that they were aware that pregnancy prevention was necessary. 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 pouches were generally well managed. The pharmacist carried out the clinical check on prescriptions before the details were sent to the other pharmacy to assemble. Additional medication labels were attached to the outer packaging at the pharmacy and a second accuracy check was carried out before the pouches were supplied. Medicine descriptions were included on the pouches to enable identification of the individual medicines. Packaging leaflets were not usually included. So, people might not have easy access to all of the information they need. Disposable equipment was used.

The dispenser explained what questions they asked when making a medicine sale and when to refer the person to a pharmacist. They were clear what action to take if they suspected a customer might be abusing medicines such as a codeine containing product. A form was completed for every sale of medicines containing codeine. The patient's name and proof of identity was requested if they were not known to the team. The fact that the medicine was addictive was highlighted, and the person buying the medicine was told why the pharmacy were monitoring supplies. If the person requested a codeine containing medication again, their form was retrieved and their purchase history viewed before a decision was made whether to supply the medicine or not. If the sale went ahead the date and details of the new sale was added.

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

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials'. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short-dated stock was highlighted. Expired and unwanted medicines were segregated and placed in designated bins. Alerts and recalls were received via email messages from head office. 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 effective and use it in a way that protects privacy.

### Inspector's evidence

Team members routinely wore face masks and were carrying out twice weekly lateral flow tests, to avoid spreading Covid-19. Alcohol spray and hand sanitizer were freely available. 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. There was a large clean medical fridge in the dispensary and a fridge in the consultation room to store vaccines. 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. The pharmacy had a range of clean equipment for counting loose tablets and capsules.

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.