

Registered pharmacy inspection report

Pharmacy Name: Hereford Pharmacy, The Pharmacy Unit, Station Medical Centre, Station Approach, Hereford, Herefordshire, HR1 1BB

Pharmacy reference: 9011683

Type of pharmacy: Community

Date of inspection: 30/03/2022

Pharmacy context

This is a pharmacy located in the grounds of a medical centre in a rural town. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It offers a range of services including smoking cessation and a seasonal 'flu vaccination service. This inspection visit was carried out 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	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	3.1	Good practice	The pharmacy premises is purpose-built and is extremely clean, tidy, spacious and well-maintained
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 written procedures to help make sure the team works safely. Its team members record and review things that go wrong so that they can learn from them. And they take action to help stop mistakes from happening again. The pharmacy keeps the records it needs to by law. It keeps people's private information safe. And its team members understand how to recognise and report concerns about vulnerable people to help keep them safe.

Inspector's evidence

The pharmacy had some systems in place to identify and manage risk, including the recording and analysis of dispensing errors and near misses. However, the pharmacist said that no dispensing errors had been made since the pharmacy had opened in October 2021. Some action had been taken to reduce risk when selecting medicines. For example, caution stickers had been attached to dispensary shelves following some near misses to help reduce the risk of errors with 'Look-Alike, Sound-Alike' or 'LASA' drugs, such as amitriptyline, amlodipine, allopurinol and atenolol. The superintendent pharmacist demonstrated that as an additional safeguard, amitriptyline tablets had been moved to a separate part of the dispensary. Azathioprine and azithromycin tablets had also been separated in the dispensary to reduce the risk of selection errors. The risks associated with the influenza vaccination service had been assessed, and posters describing the process to follow in the event of needlestick injury and anaphylaxis were displayed in the main consultation room. A range of written standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. Staff present understood which activities could and could not take place in the absence of the responsible pharmacist.

The pharmacy had received positive verbal feedback from people using the pharmacy since it had opened in October 2021. It had also received positive comments on its social media pages. A formal complaints procedure was in place although this was not advertised.

A current certificate of professional indemnity insurance was on display. All necessary records were kept and were properly maintained, including responsible pharmacist (RP) records, electronic private prescription and emergency supply records, unlicensed specials records and electronic controlled drug (CD) records. Each dispensary staff member had their own pin number to access the electronic CD register, or in the case of another registrant, could use their registration details to log in. CD running balances were checked monthly.

The dispensing assistant said that the pharmacists had discussed the importance of protecting patient confidentiality with her, although she had not signed a confidentiality agreement. She was able to identify confidential waste and understood how to dispose of it appropriately. The pharmacists had undertaken formal safeguarding training. They had access to guidance and local contact details that were available in the dispensary. The dispensing assistant had also received training in the past but said that she would benefit from refresher training. The team were able to give examples of how they had identified and supported potentially vulnerable people, which had resulted in positive outcomes. The pharmacy's chaperone policy was advertised in posters displayed on the consultation room doors.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. They are properly trained for the jobs they do. And they feel comfortable speaking up about any concerns they have.

Inspector's evidence

Two full-time pharmacists worked at the pharmacy as part of a job-share. The superintendent pharmacist worked from Monday to Friday and another pharmacist worked at weekends, as well as acting as the second pharmacist on some days during the week. The pharmacists were assisted by a full-time dispensing assistant. The staffing level appeared adequate for the services provided. The pharmacy was quiet during the inspection and the pharmacy team were able to comfortably manage the workload. The dispensing assistant had the necessary training and qualifications for her role. The superintendent pharmacist said that she was currently recruiting colleagues to assist in the dispensary as there had been an increase in business since COVID restrictions had been lifted.

There were no specific targets or incentives set for the services provided. The pharmacy team worked well together and had an obvious rapport with customers. The atmosphere in the pharmacy was calm and professional. The dispensing assistant was happy to make suggestions and felt comfortable raising concerns with the pharmacists or other senior members of the company. She had access to a whistleblowing procedure available in the SOP file which provided details of how to raise a concern outside the organisation.

The dispensing assistant used appropriate questions when selling over-the-counter medicines to patients and referred to the pharmacists on occasion for further advice on how to deal with a transaction. There was no formal training programme in place, although the superintendent pharmacist discussed topics in continuing professional development (CPD) articles from various training magazines with the dispensing assistant several times a month. There was no formal appraisal system in place, but staff could discuss issues informally with the pharmacists whenever the need arose. The lack of a structured training and development programme increases the risk that individuals might not keep up to date with current pharmacy practice and that opportunities to identify training needs could be missed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is very clean and tidy. It is secure and has enough space to allow safe working. And the pharmacy layout has been designed to provide services effectively and to protect people's privacy.

Inspector's evidence

The pharmacy had recently moved into spacious purpose-built premises. It was very clean, tidy and well-organised. Some stock and prescriptions were being temporarily stored on the floor of the retail area, but they did not constitute a trip hazard. The sinks had hot and cold running water and soap and cleaning materials were available. Posters describing hand washing techniques were displayed near the sinks. Hand sanitiser was available in the retail area and the dispensary for customer and staff use. Two well-appointed lockable consultation rooms and a smaller treatment room were available for private consultations and counselling. Their availability was clearly advertised. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy for people to access. If it can't provide a service, it directs people to somewhere that can help. The pharmacy's working practices are safe and effective. It stores medicines appropriately and carries out some checks to help make sure that they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation rooms. The pharmacy team said that they would signpost people requesting services they could not provide to nearby pharmacies or other local healthcare providers. Some health promotional material was displayed near the medicines counter. The pharmacy provided services on Saturday mornings and for two hours every Sunday. This ensured that people living within the local area had access to a pharmacy each day.

The dispensary was very tidy and well-organised with a logical workflow. Dispensing staff used a colour-coded basket system to help ensure that medicines did not get mixed up during dispensing and to differentiate between different prescriptions. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. Controlled drugs requiring safe custody and fridge lines were dispensed in clear bags to allow staff members to check these items at all points of the dispensing process and reduce the risk of a person receiving the wrong medicine. The pharmacists worked closely with the adjacent GP practice. They had a direct telephone number for the practice pharmacist which allowed them to resolve queries quickly and efficiently. A pharmacist who worked at weekends said that he self-checked some walk-in prescriptions as there was not always a dispenser present. He was aware that self-checking could increase the risk of errors and explained that he always took a mental break between the dispensing and checking processes.

Prescription tokens were attached to bags of dispensed medicines awaiting collection. Stickers were attached to prescription bags to identify people eligible for the NMS service and to alert staff to the fact that a controlled drug (CD) requiring safe custody or fridge item was outstanding. Prescription tokens for Schedule 3 CDs were highlighted to ensure that they were not supplied to a person or their representative more than 28 days after the date on the prescription. However, this was not the case for Schedule 4 CDs and there was a risk that these might not be checked for validity before handout.

Prescriptions tokens for high-risk medicines such as warfarin, lithium and methotrexate were highlighted to identify people for counselling. However, one prescription token for methotrexate was found not to be marked in this way. Evidence showed that relevant information about blood tests and dose changes was usually recorded on the patient medication record (PMR). The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacist said that anyone prescribed valproate who met the risk criteria would be counselled appropriately and provided with information which was available in the dispensary. Significant clinical interventions were recorded on the PMR for reference.

Signatures were obtained for prescription deliveries. Separate signatures were not obtained for controlled drugs. However, CDs requiring safe custody were supplied in separate clear bags and the

delivery sheet was marked with a CD sticker, which alerted the driver to notify the person they were receiving a controlled drug. In the event of a missed delivery, the delivery driver put a notification slip through the letterbox and brought the prescription back to the pharmacy.

Disposable compliance aid trays were used to supply medicines to some people. Compliance aids were labelled with descriptions to enable identification of individual medicines and patient information leaflets were routinely supplied.

Each person receiving a compliance aid had a section in a dedicated file that included their personal and medication details, contact details for representatives where appropriate, details of any messages or queries for communication purposes and any relevant documentation. A list of people receiving compliance aids and their delivery or collection arrangements was available at the front of the file for reference. A progress log was available and showed the status of each person's compliance aid at any given time.

The pharmacy provided a delivery service to one substance misuse client. The pharmacy team had good communication channels with the substance misuse agency and reviewed the client's delivery status on a regular basis, with the agency's input. The pharmacy provided a blood pressure (BP) measurement service as the adjacent surgery no longer provided routine BP measurement. The service was not free, but the pharmacists said that they used their discretion when charging patients. For example, a person had recently required BP readings to be taken every day for a week, as requested by their GP. They had asked the pharmacy to carry out the measurements, as they found using a home BP monitor difficult. The pharmacist had agreed to carry out a week's measurements for a single charge. She had created a form for the patient to supply to his GP and had populated it daily with two or three repeat measurements taken a few minutes apart to increase accuracy.

Medicines were obtained from licensed wholesalers and were stored appropriately. Medicines requiring cold storage were stored in a large, well-organised drug fridge. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored appropriately in two large, well-organised CD cabinets and obsolete CDs were segregated from usable stock. However, cash was also being stored in one CD cabinet. There was a risk that this might lead to unnecessary access which could consequently increase the risk of accidental loss or diversion of CDs. Some P medicines were displayed in the retail area enclosed in Perspex boxes marked 'Please ask for assistance'. Others were displayed as dummy packs marked 'Pharmacy only medicine – please take this pack to the counter to obtain your medicines'.

Stock was subject to regular expiry date checks. These were documented, and short-dated items were highlighted with stickers. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. There was no separate bin for disposing of cytotoxic waste. However, the pharmacy was in the process of obtaining a new bin from its waste contractor and the pharmacists said that cytotoxic waste would be segregated pending its arrival. A list of cytotoxic medicines was displayed in the dispensary for reference. The pharmacy received drug alerts and recalls via MHRA emails, which were printed, filed and signed to show that they had been actioned. The pharmacist was able to describe how she had previously dealt with drug recalls by contacting patients where necessary, quarantining affected stock and returning it to the relevant supplier.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Its team members use equipment and facilities in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Separate measures were used for methadone. Triangles were used to count loose tablets and separate triangles were available for use with loose cytotoxics. Staff washed measures and triangles after use. The pharmacy had a range of up-to-date reference sources. All equipment was quite new as it had been purchased when the pharmacy had opened the previous year. It was clean and in good working order. The pharmacy had a maintenance contract for the repair and replacement of computer hardware. Personal protective equipment including gloves, masks and face shields was available for staff use. Equipment and facilities were used to protect the privacy and dignity of patients and the public. For example, the computer was password-protected and the consultation rooms were used for private consultations and counselling.

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.