

Registered pharmacy inspection report

Pharmacy Name: Ditton Pharmacy, 37 Ditton Lane, CAMBRIDGE,
Cambridgeshire, CB5 8SR

Pharmacy reference: 1029212

Type of pharmacy: Community

Date of inspection: 19/06/2019

Pharmacy context

This community pharmacy is in a parade of shops. It mainly dispenses NHS prescriptions which it receives from a nearby GP surgery. It is in a residential area of Cambridge and provides a range of services to local people.

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	2.2	Good practice	The pharmacy sets aside time for its team members to regularly complete further training, so they can keep their knowledge and skills up to date.
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 generally manages its risks well. It monitors its dispensing service and makes improvements to its safety. The pharmacy keeps the records that it needs to and makes sure that they are accurate. Its team members manage people's personal information properly. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The pharmacy's team members signed SOPs to confirm their understanding. The superintendent pharmacist had recently introduced new versions of SOPs after reviewing them in May 2019. Some team members were currently reading the newer SOPs so had not yet signed these off. The team had signed the previous version of SOPs.

The pharmacy team recorded near misses that happened during the dispensing process. The records were made on a template and they made included some contributing factors and actions to prevent recurrence. The pharmacist said that the team generally discussed individual near misses rather than trends. He said that this was because there was not many near misses that occurred.

There were labels attached to several shelves to highlight 'lookalike and soundalike' (LASA) medicines. Carbimazole and carbamazepine tablets had been highlighted so that team members were careful to pick the right medicine.

The pharmacy displayed its insurance certificates. The employer's liability insurance certificate was in date. The public liability and professional indemnity insurance certificate had expired in March 2019. The superintendent pharmacist later sent a copy of the up-to-date certificate which showed the pharmacy had appropriate insurance arrangements.

The pharmacy kept necessary controlled drug (CD) records. And it kept records about running balances. It checked the running balances regularly. CD registers included records of running balance checks dated every two to three weeks. Two CDs were chosen at random and the quantity in stock matched the recorded running balances. Other records about the responsible pharmacist, returned CDs, unlicensed medicines and private prescriptions were kept and maintained adequately.

The pharmacy handed-out regular surveys to people, so they could give feedback about the pharmacy and its services. The latest results were positive. Team members said that they received additional verbal feedback from people who used the pharmacy. The pharmacy had a SOP about managing complaints. The superintendent pharmacist said that there had been no formal complaints in the past year.

The pharmacy had trained its team members about safeguarding vulnerable people. The pharmacist had also completed additional safeguarding training from the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy had contact details for local safeguarding organisations.

The pharmacy separated confidential waste so that it could be destroyed by a third-party company. The superintendent pharmacist said that all team members had been encouraged to read the General

Pharmaceutical Council’s guidance about confidentiality. The pharmacy had procedures about information governance that had been read by its team members. The pharmacy’s team members had their own NHS smartcards to access electronic prescriptions. The pharmacy displayed information about how it handled people’s personal information in its retail area.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely provide its services. Its team members obtain suitable qualifications and do ongoing training to competently perform their roles. The pharmacy sets aside time for its team members to regularly complete further training, so that they can keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection there was the superintendent pharmacist, one dispenser and one medicines counter assistant present. The pharmacist said that there was one dispenser absent. He said that the dispenser on duty was covering the absence to maintain the staffing level. The staffing level appeared adequate to safely manage the workload. The pharmacist said that there was a one vacancy for a part-time dispenser. He said that the vacancy had been advertised for a month.

The pharmacist said that team members generally worked the same hours each week. He said that absences were usually planned, so that appropriate cover could be arranged. The superintendent pharmacist provided certificates which indicated that team members had completed appropriate pharmacy qualifications for their roles. The medicines counter assistant had recently joined the pharmacy and had been enrolled on an appropriate course.

The medicines counter assistant was using a 'Counterskills' booklet to update her knowledge about over-the-counter medicines. The pharmacist described monthly ongoing training that was provided to the team. He said that the team members were provided with set time to complete training. The team had also completed training about dementia and oral health.

The pharmacist said that the company's director monitored the pharmacy's financial performance. He said that he was able to have open and honest conversations with the company's director. And said that he did not feel undue pressure to increase the pharmacy's profit. The pharmacist said that he used informal conversations to provide team members with feedback. He said that the team members were comfortable to provide suggestions about improvements to the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy safely provides its services from suitable premises.

Inspector's evidence

The pharmacy was clean and tidy. Its team members used workbenches to separate different stages of the dispensing process. The pharmacist's checking area was kept clear to reduce distractions. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available.

The pharmacy had a suitable consultation room to have private conversations in. There were appropriate security arrangements to protect the pharmacy's premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services well. It sources its medicines from reputable suppliers. And its team members store medicines in the right conditions, so they can be used safely. The pharmacy generally provides safe and effective services and helps people use their medicines safely. However, it could do better to make sure it provides people with up-to-date information. The pharmacy's team members identify higher-risk medicines and generally provide appropriate advice to help people use their medicines safely.

Inspector's evidence

There was a doorbell at the pharmacy's entrance. The pharmacist said that people who found it difficult to access the building could ring the bell, so that the team could help. There were leaflets in the retail area that provided information about the pharmacy and its services. However, they provided outdated information about getting out-of-hours health advice and making complaints.

The pharmacy supplied medicines in multi-compartment compliance packs to around 40 people. The workload was arranged across four weeks which helped to keep it organised. The pharmacy kept records about medicines, administration times and changes to medicines. Assembled packs included descriptions which helped people identify individual medicines. The packs included the dispenser's and checker's initials to provide an audit trail. The packs were supplied with patient information leaflets so that people had the information they needed to take their medicines safely. The pharmacy's team members said that most people ordered their prescriptions directly from GP surgeries. The pharmacy kept records about prescriptions it ordered.

The pharmacy had invoices which showed that medicines were obtained from licenced wholesalers. Stock requiring cold storage was stored in the fridge. The pharmacy kept fridge temperature records to make sure that the right conditions were maintained. The pharmacy stored its CDs appropriately. The expiry dates of medicines were checked every three months. The pharmacy kept records about completed checks and when they occurred. This included records about medicines that were approaching their expiry date. The date was marked on bottles when liquid medicines were used. This was so team members knew whether the medicine was still safe to use. Several medicines were checked at random and were in date.

Expired and returned medicines were segregated and placed in pharmaceutical waste bins. These bins were kept safely away from other medications. The pharmacy had a list to help its team members identify cytotoxic medicines. Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions between medicines. Team members said that they verbally informed the pharmacist about interactions. They said that these warnings could also be printed.

The pharmacy kept records about relevant blood tests when they supplied people with warfarin. The pharmacist described advice that he provided about antibiotics, methotrexate and lithium. The pharmacist was aware about the pregnancy prevention advice to provide to people in the at-risk group who received sodium valproate. However, the pharmacy's guidance materials were outdated so may not have reflected recent advice. The inspector provided information to the pharmacy team about

obtaining the updated guidance materials.

The pharmacy delivered some people's medicines and generally kept appropriate records for its deliveries. But the pharmacy did not obtain signatures from recipients for all deliveries. This could make it harder for the pharmacy to show that medicines were delivered safely.

The pharmacy had updated its SOPs to reflect the Falsified Medicines Directive (FMD). The pharmacy had scanners which were used to help verify its medicines' authenticity. The pharmacy received information about medicine recalls and it kept records about the actions it had taken. This included a recent recall about paracetamol tablets.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment to safely provide its services. And it maintains them appropriately.

Inspector's evidence

The pharmacy's equipment appeared to be maintained appropriately. The company's director was responsible for resolving maintenance issues. Confidential information was not visible to people using the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records.

Sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy to accurately measure liquids. The pharmacy accessed up-to-date reference sources on the internet.

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.