

Registered pharmacy inspection report

Pharmacy Name: Rydale Pharmacy, 18 North Street, Coppenhall,
CREWE, Cheshire, CW1 4NL

Pharmacy reference: 1029606

Type of pharmacy: Community

Date of inspection: 15/01/2020

Pharmacy context

This is a community pharmacy located on a busy main road adjacent to a post office. NHS dispensing is the main activity. The pharmacy also offers a number of other NHS services, including a flu vaccination service, and it sells a range of over-the-counter medicines. Medicines are supplied in multi-compartment compliance aids for a number of people, to help them take the medicines correctly.

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	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 written procedures to help the team work safely and effectively. But the procedures do not cover all of the pharmacy's services, so staff may sometimes be unsure what is expected of them. Members of the team record things that go wrong so that they can learn from them. But the records lack detail, so some learning opportunities may be missed. The pharmacy keeps the records that are needed by law. And staff understand how to safeguard vulnerable people.

Inspector's evidence

The pharmacy had a set of written SOPs in place that were annotated to show they had been reviewed in 2019. Each SOP included a declaration that staff had signed to confirm they had read and accepted it. The SOPs did not cover all of the procedures required by the responsible pharmacist regulations, so staff may sometimes be unclear about what is expected of them. And there were some older versions of SOPs still present in the dispensary, which could cause confusion. There was a folder in the dispensary containing records of dispensing incidents. There were two types of record sheet in the folder, to be used for recording dispensing errors and near misses respectively. Both record sheets were similar and included a number of headed columns to capture brief details of the incident. Several records had been made on each of the sheets, but the pharmacist said she thought that all of the records related to near miss incidents. She said she was not aware of any recent dispensing errors reaching a patient, and thought sometimes incidents had been recorded on the wrong sheet. She said incidents were normally discussed with staff at the time they occurred, and there had been a recent staff meeting to discuss the risks associated with 'look alike, sound alike' medicines.

A responsible pharmacist (RP) notice was prominently displayed behind the medicines counter. Staff roles and responsibilities were described in the SOPs. And dispensing labels were initialled by the dispenser and checker to provide an audit trail. The pharmacy had a complaints procedure in place but there were no posters or leaflets to advise people about how they could provide feedback. A current certificate of professional indemnity insurance was displayed in the dispensary. Controlled drugs (CD) records were appropriately maintained. Running balances were recorded and they were normally checked after each supply. A random balance was checked and found to be correct. Patient returned CDs were recorded in a separate register and the records appeared to be up to date. Records of RP, private prescriptions, and emergency supplies were in order. Unlicensed specials records were not available, because they had apparently been taken home by the owner. The pharmacist confirmed that certificates of conformity were normally retained, but said patient details were not always recorded, so the pharmacy may not have a complete audit trail.

An information governance (IG) policy was available and all staff had signed confidentiality agreements. Confidential waste was collected separately and periodically shredded. The dispenser said anything with names or addresses on would be treated as confidential. A privacy notice was displayed in the retail area to advise people how information would be handled. A safeguarding SOP was in place and the pharmacists had completed level 2 training. There was a notice on the dispensary wall with brief information about safeguarding vulnerable people and it included contact details for the local safeguarding boards. During the inspection the pharmacist dealt effectively with a safeguarding concern that arose, after contacting the safeguarding board for advice.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to safely manage the workload and they are appropriately trained for the jobs they do. Members of the team work well together and they can ask for help if they need it.

Inspector's evidence

The pharmacy employed four regular part time pharmacists to cover its opening hours, two of whom were directors of the company. Three trained dispensers were also employed. The normal staffing level was a pharmacist and one or two assistants. A second pharmacist sometimes also worked with the responsible pharmacist, this was usually one of the directors who primarily helped with administrative tasks. During the inspection one of the directors attended to work as a second pharmacist. The pharmacy team were able to comfortably manage the workload during the inspection and the pharmacist said the staffing level was normally adequate. The director said staff read articles in trade magazines to keep up to date and they had also completed some training booklets about common ailments and over-the-counter treatments.

The dispenser gave examples of questions she would ask when selling medicines, based on the WWHAM sales protocol. She said she would refer to the pharmacist if unsure, for example if the customer was taking other medicines. The director said he was aware that codeine products were liable to abuse and would refuse sales if he thought they were inappropriate. But he was not aware of any current concerns. Members of the pharmacy team appeared to work well together and had a good rapport with customers. The owners regularly worked at the pharmacy so they were available if staff needed to raise any concerns. The dispenser said in the first instance concerns would normally be discussed with the pharmacist. There were no specific performance targets set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and generally tidy. But the standard of decoration is below average, and fixtures and fittings are basic and showing signs of age, which detracts from the professional image. There is a consultation room available to allow private conversations.

Inspector's evidence

The pharmacy was generally clean and tidy, but fixtures and fittings were showing signs of age. The standard of decoration was below average, and a letter was missing from the shop fascia sign. This detracted from the professional appearance of the pharmacy. There was a long narrow dispensary which had enough space to allow safe working, but the layout restricted the effectiveness of the workflow.

A consultation room was available for privacy. It was basic, but it was clean and tidy and equipped with chairs and a desk. To access the room people had to go through a gate at the side of the medicines counter and pass the front part of the dispensary, which meant there was a possibility confidential information could be visible. All parts of the pharmacy were adequately lit. The dispensary sink was fitted with hot and cold water. An electric radiator was in use to provide heating. A staff toilet was available on the first floor of the property. The toilet area and the access route to the toilet were cluttered with old shelving and other material. This presented a potential trip hazard and made it difficult to keep the area clean. The toilet was clean and there was a sink for handwashing.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy for people to access. And its working practices are generally safe and effective. But members of the team do not always know when they are handing out higher-risk medicines. So they may not give people all of the information they may need to make sure they are using the medicines safely. The pharmacy generally stores its medicines appropriately, but it does not always carry out effective checks. So it may not be able to show that all of its medicines are in good condition.

Inspector's evidence

The pharmacy entrance was level with a conventional door. It was suitable for wheelchairs, but there was a small rail below the door that could make access more difficult for wheelchair users. Posters and leaflets were displayed in the retail area giving information about the pharmacy's services and other healthcare matters. The pharmacy offered a delivery service, but only on one day a week. Deliveries were made by one of the pharmacists, but signatures were not normally obtained from the recipient so there was no reliable audit trail to demonstrate what had been delivered. Medicines were sometimes left with a neighbour or posted through the letterbox, but the pharmacist said this was only done if the patient had given consent.

Dispensing baskets were used to keep individual prescriptions separate and avoid medicines being mixed up during dispensing. Dispensed medicines awaiting collection were bagged and kept on a bay of shelves, and prescription forms were retained for reference. The pharmacist said they would use stickers to highlight when controlled drugs were present, so they could check the prescription had not expired before handing out. But it was unclear whether all of the pharmacists adopted this practice so there was a risk that some schedule 3 or 4 CDs may not be highlighted. High-risk medicines such as warfarin were not normally highlighted so the pharmacy team would not always be aware when they were being handed out. Staff were heard checking names and addresses when medicines were handed out to make sure the patient was correctly identified. Owing slips were used to provide an audit trail for any medicines that could not be immediately supplied.

The pharmacist was aware of the risks associated with the use of valproate during pregnancy and there was a notice on the wall with information about the pregnancy protection protocol. The pharmacist said the pharmacy currently only had one female patient who was prescribed valproate, and she was a child whose mother had been counselled. Educational material was available to supply with any valproate dispensed. The pharmacy supplied medicines in multi-compartment compliance aids (MDS) for about 30 people. A file was kept containing record sheets for all of these patients, showing their current medication and dosage times. This information was checked against repeat prescriptions and any changes would be confirmed with the surgery. The MDS trays were labelled with descriptions so that individual medicines could be identified. MDS trays for two patients had been left unsealed on a dispensary shelf. The pharmacist explained they had been filled the previous evening but had not yet been accuracy checked. She checked and sealed them as soon as this was pointed out. And she gave an assurance that in future trays would be sealed as soon as they had been assembled to make sure the medicines were properly protected.

The pharmacy obtained its medicines from licensed wholesalers and unlicensed specials were ordered

from a specials manufacturer. No extemporaneous dispensing was carried out. The pharmacy had an account with SecureMed but did not yet have appropriate scanners to meet the safety requirements of the Falsified Medicines Directive. Therefore, it was not able to decommission medicines and so was not currently complying with the legislation. Stock medicines were stored tidily in the dispensary. Expiry date checks were carried out about every three months and recorded. A sample of stock was checked, and no expired medicines were found. Short dated stock was marked with a highlighter pen and listed in a book for removal at the appropriate time. There was a medicines fridge in the dispensary. It was a domestic fridge equipped with a maximum/minimum thermometer. The maximum and minimum temperatures were recorded daily and the records indicated they had remained within the required range. However, the current minimum temperature reading was below the required range. This appeared to be because the thermometer sensor had been moved so that it was resting against the fridge's cold panel. The pharmacist agreed that he would replace the fridge with a specialist pharmacy fridge to avoid this issue arising in future. Pharmacy medicines were stored behind the medicines counter so that sales could be controlled. Controlled drugs were appropriately stored in a standard cupboard. Waste medicines were disposed of in dedicated bins that were collected periodically by a specialist waste contractor. Drug alerts were received by e-mail from MHRA. The e-mails were checked daily by the pharmacist or the dispenser, and records were kept to show that they had been actioned.

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. And they use the equipment in a way that protects privacy.

Inspector's evidence

The pharmacy had various reference books, including recent editions of BNF. And the team could access the internet for general information. Crown stamped measures were used to measure liquids. Electrical equipment appeared to be in good working order. A blood pressure meter was in use. There was no record of calibration, and the machine was not dated. The pharmacist said the machine was about a year old.

The dispensary was screened to provide privacy for the dispensing operation. The consultation room was used for services that required privacy and for confidential conversations and counselling. A cordless phone was available so that phone calls could be made without being overheard. Pharmacy computers were password protected and screens were positioned so that they were not visible to the public.

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.