

Registered pharmacy inspection report

Pharmacy Name: Coopers Chemist Gt. Ayton Limited, 131 High Street, Great Ayton, MIDDLESBROUGH, Cleveland, TS9 6BW

Pharmacy reference: 1029940

Type of pharmacy: Community

Date of inspection: 01/05/2019

Pharmacy context

This is a community pharmacy situated in Great Ayton. The pharmacy serves a mixed population, with a large aging population. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. It also supplies medicines in multi-compartmental compliance devices to people living in their own homes.

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 generally identifies and manages the risks associated with its services. The pharmacy asks people for their views. And it deals with feedback to improve the services it provides. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. The pharmacy looks after people's private information and it explains how they will use it. And the pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had a full set of standard operating procedures (SOPs) which were reviewed in January 2017. The pharmacy owner confirmed that these were in the process of being reviewed by the Superintendent (SI). The team members advised they had read and signed these.

The retail area was well stocked with over the counter medicines and a range of candles and gifts. The pharmacy area was small. The workflow in place provided separate areas for the labelling, dispensing and checking of prescriptions. There was a separate room for preparation of multi-compartmental compliance packs.

Near misses were found and corrected during the dispensing process. And these were discussed with the pharmacy team members. These were usually recorded by the checker. The records lacked details such as the reason code. And the recommendations for change to prevent a similar error occurring. The errors were reviewed by the Superintendent (SI) who was also the manager. And there was a laminate on the wall with the most common errors. For example, selection errors with sertraline and sumatriptan. The team advised that dispensing errors were recorded electronically, and a copy was sent to head office. All errors were reviewed annually, and the findings were circulated to all branches.

A complaints policy ensured that staff handled complaints in a consistent manner. The policy helped the pharmacy team resolve issues. And managed the incidence of people escalating complaints. There was a pharmacy leaflet which informed people about the complaints process and provided contact details. The team could not recall any recent complaints. The team provided an example of how they reacted positively to people's request for a preferred brand of medicine. And these were supplied when possible. There were over 50 marked baskets with medication saved for people. These were kept in baskets with the patient's details, on designated shelves in the rear dispensing and storage area.

The pharmacy had current NPA indemnity insurance with an expiry date of July 2019.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs regularly. There were no ongoing discrepancies that they were aware of. The pharmacy recorded controlled drugs that people returned for destruction. And these were segregated in a CD cabinet.

A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the medication.

The pharmacy team completed data protection training. The pharmacy stored prescriptions for collection out of view of the waiting area. And computer screens were not visible. The pharmacy team used a password to restrict access to patient medication records. Confidential waste was segregated for shredding on site.

The team advised that there was a procedure in place to protect children and vulnerable adults. And all members of the pharmacy team would approach the RP if they had a concern. The team were aware that there were contact details for both the adult services lead and the children lead. But were unable to locate them during the inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. The pharmacy team members work within their skills and qualifications. The pharmacy team undertakes some training. But the lack of a formal performance review process may make it difficult to tailor training to the needs of the individual. And to meet the needs of the business.

Inspector's evidence

There was a company employed pharmacist who was covering for the managers day off. The manager was also the SI. There were four dispensers and two Medicine Counter Assistants (MCAs) working in the pharmacy at the time of the inspection. Certificates of qualifications were available for the team. And some were displayed. Team members said that they managed with the current staffing levels. And there was also a zero hours contract counter assistant who covered when necessary.

The team did not receive formal reviews. But the team thought that these would be helpful. Any issues were discussed as they arose. The team thought that the manager was approachable. And felt able to make suggestions for change.

Team members said that they had previously received training through Alphega training. But the tablet no longer worked. And the team have not received training for five or six months.

The team worked well together. And communicated information to help the pharmacy run efficiently. Such as when people called back for their prescription, the counter assistant would alert the dispensary staff. The team could raise concerns about any issues within the pharmacy by speaking to the manager or the supervisor.

There were no targets set for services. But they usually completed 20 Medicine Use Reviews (MURs) a month. The team said that people appreciated the information they were given during these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable to provide its services safely, are tidy and well organised. The pharmacy's team appropriately manages the available space. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy was tidy and well organised. The pharmacy was small. The team made the best use of the space available.

The consultation room was suitable for private consultations and counselling. And was used to give advice or discuss sensitive information. The door was closed. But it did not lock. The pharmacy team members regularly used the consultation room to print out prescriptions. The pharmacy team members said that prescriptions were never left in the consultation room unattended.

The pharmacy's premises were appropriately safeguarded from unauthorised access. The store was alarmed. There was CCTV.

There was adequate heating in the summer. But the team thought that it could be cold in the winter. Running hot and cold water was available. Maintenance issues were reported to the owner.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The services are generally well managed. The pharmacy may not always record advice given to people who get higher-risk medicines. So, it may not be able to refer to this information in the future if it needed to. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use. It adequately sources and manages its medicines, so they are safe for people to use.

Inspector's evidence

There was direct access into the pharmacy from the street. The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was some customers seating. The pharmacy provided a range of services. Practice leaflets were openly available and listed the pharmacy's services.

A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers.

Stock requiring refrigeration was stored at appropriate temperatures. Paper records were maintained to ensure temperatures were within the appropriate ranges. There was a procedure to follow if the temperatures went out of the accepted range.

Controlled drugs cupboards were available for the safe custody of controlled drugs. The cupboards were appropriately secured. The contact details for the accountable officer were in the files. Expired controlled drugs were segregated to prevent mixing up with stock for patient use. Patient returned CDs were marked and segregated in a CD cabinet.

The pharmacy had a process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. Sections were completed regularly. Medicines were checked at random and were found to be in date. Short dated items were stickered and removed from the shelves before expiry to ensure that they were not supplied to people. Opened bottles of liquid medications were marked with the date of opening to ensure they were still safe to use when used for dispensing again.

The supply in multi-compartmental compliance packs helped people take their medicines. The dispenser advised that two members of the team usually assembled the trays. And took overall responsibility for them. Most of the trays were monthly supplies. The team supplied Patient information leaflets (PILs) once each cycle. All patients had a section on the shelf for their basket and completed trays. Changes were documented on patient record sheet. And details such as who had asked for the change were recorded. The pharmacy had a tick checking process which tracked each stage.

The pharmacy team members were observed using baskets to ensure prescriptions were prioritised and assembled medication remained organised. Computer-generated labels were initialled by the pharmacist and dispenser which allowed an audit trail to be produced.

The shelving system enabled enough storage and retrieval of dispensed medication for collection. People collecting were routinely asked to confirm the name and address of the patient to ensure that medication was supplied to the correct patient safely. The dispenser explained that when a fridge line or controlled drug needed to be added, it was written on the bag. This alerted the members of the team handing out the prescription, that the item needed to be added.

Prescriptions for higher-risk medicines were highlighted at the labelling stage. So that appropriate counselling could be provided. It was usual practice to counsel patients. But the pharmacy team did not usually make a note of these conversations on the patient's medication record.

The pharmacy had completed a sodium valproate audit. And had identified two eligible patients. The pharmacy team members said that these were counselled, and the information leaflet and the warning card was supplied. There was no information stored on the shelf near to the sodium valproate. And the team were unable to locate the information pack in the pharmacy.

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication.

The pharmacist said that the pharmacy had not yet adjusted to meet the Falsified Medicines Directive. The pharmacy did have scanners to verify barcodes. But these were not working. There were no SOPs or training given to the team. This may have reduced the ability of the pharmacy to verify the authenticity of its medicines.

Drug alerts or recalls of medicines or medical devices were received electronically. The pharmacy had a folder of collated alerts which had been signed and dated to confirm they had been completed. The file was a little untidy and the recalls were not in chronological order.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment and facilities are suitable for its advertised services.

Inspector's evidence

Up to date reference sources were available and included the BNF and BNF for Children. There was access to the internet which was used for a range of uses including leaflets for patients and PharmOutcomes.

A range of CE quality marked measures were in use which were cleaned after use. The pharmacy also had a range of equipment for counting loose tablets and capsules with a separately marked tablet triangle that was used for cytotoxic drugs. Tweezers and gloves were available. There was a first aid kit.

The fridges used to store medicines were from a recognised supplier and an appropriate size for the volume of medicines requiring storage at such temperatures.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Access to patients' records restricted by Smart cards.

Medication awaiting collection was stored out of view and no confidential details could be observed by customers. prescriptions were filed in boxes out of view of patients keeping details private.

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.