General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Cartwrights Pharmacy, 298 Kiln Road, Thundersley, BENFLEET, Essex, SS7 1QT

Pharmacy reference: 1030984

Type of pharmacy: Community

Date of inspection: 28/11/2019

Pharmacy context

The pharmacy is located on a small parade of shops in a largely residential area. The people who use the pharmacy are mainly older people. It receives around 80% of its prescriptions electronically. And it dispenses private, veterinary and NHS prescriptions. It supplies medications in multi-compartment compliance packs to a few people who live in their own homes to help them manage their medicines.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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

Overall, the pharmacy adequately identifies and manages the risks associated with its services to help provide them safely. It protects people's personal information and it regularly seeks feedback from people who use the pharmacy. It keeps its records up to date and accurate. And the pharmacist understands his role in protecting vulnerable people. But the pharmacy doesn't always record mistakes that happen during the dispensing process. And this could mean that it is missing out on opportunities to learn and improve its services.

Inspector's evidence

The pharmacy adopted adequate measures for identifying and managing risks associated with its activities. These included; documented, up-to-date standard operating procedures (SOPs). The pharmacist ensured that the SOPs were reviewed regularly and the reviews were documented. The pharmacist explained that if a near miss occurred during the dispensing process, then he would rectify it. He did not keep records for any near misses, but he had separate items in similar packaging or with similar names where possible to help minimise the chance of the wrong medicine being selected. The pharmacy dispensed a relatively low number of prescriptions. The pharmacy had designated forms available for recording dispensing incidents and the pharmacist said that a root cause analysis would be undertaken. He confirmed that there had not been any recent dispensing incidents reported to the pharmacy.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped the pharmacist to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The pharmacist signed the dispensing label when he had dispensed and checked each item to show that these tasks had been completed. A poster was displayed in the dispensary with the checking process, this helped the pharmacist to remember to take a mental break.

The pharmacy had current professional indemnity and public liability insurance. Records required for the safe provision of pharmacy services were available and all elements required by law were complete. All necessary information was recorded when a supply of an unlicensed medicine was made. The private prescription records and emergency supply records were completed correctly. Controlled drug (CD) registers examined were filled in correctly, and the CD running balances were checked at regular intervals. The recorded quantity of one CD item checked at random was the same as the physical amount of stock available. The responsible pharmacist (RP) log was completed correctly and the right RP notice was clearly displayed.

Confidential waste was shredded, computers were password protected and the people using the pharmacy could not see information on the computer screens. The pharmacist used his own smartcard to access the NHS electronic services. Bagged items waiting collection could not be viewed by people using the pharmacy. The pharmacist had completed training about the General Data Protection Regulation.

The pharmacy carried out yearly patient satisfaction surveys; results from the 2018 to 2019 survey were displayed in the shop area and were available on the NHS website. Results were positive and 96% of respondents were satisfied with the pharmacy overall. The complaints procedure was available for the

pharmacist to follow if needed and details about it were available in the pharmacy leaflet. The pharmacist said that there had not been any recent complaints.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. He could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the relevant authority. He confirmed that there had not been any safeguarding concerns at the pharmacy. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. The team maintains its knowledge by undertaking various courses and it has time during the day to complete these. The pharmacist can take professional decisions to ensure people taking medicines are safe.

Inspector's evidence

There was one pharmacist working on the day of the inspection and he appeared confident when speaking with people. The pharmacy did not employ any other staff, and the level of dispensing was relatively low. The dispensing workload was up to date. The pharmacist was aware of the restrictions on sales of pseudoephedrine containing products. And said that he would speak with people if he noticed that they had regularly requested to purchase medicines which could be abused or may require additional care. He explained that he would refer them to their GP if he felt this was needed. He used effective questioning to establish whether medicines were suitable for the person.

The pharmacist was aware of the continuing professional development requirement for the professional revalidation process. He had recently completed several courses provided by the CPPE, including minor ailments and summary care records. He had time during the day to complete these. The pharmacist said that he felt able to take professional decisions. He explained that any services were provided for the benefit of the people using the pharmacy. And the pharmacy did not have any targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services.

Inspector's evidence

The pharmacy was secured from unauthorised access. The pharmacist said that the pharmacy would remain closed if he had not turned up. It was bright, clean and tidy throughout; this presented a professional image. Pharmacy-only medicines were kept behind the counter. There was a clear view of the medicines counter from the dispensary. Air conditioning was available; the room temperature was suitable for storing medicines.

There was one chairs in the shop area for people to use. This was positioned in front of the medicines counter. The pharmacist said that he would allow a person access behind the medicines counter if they wanted to speak with him in a more private setting. He said that there was rarely more than one person in the pharmacy at a time so most conversations could be had in the shop area. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them well. The pharmacy gets its medicines from reputable suppliers and stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. The pharmacist had a clear view of the main entrance from the dispensary and could help people into the premises where needed. Services and opening times were clearly advertised and a variety of health information leaflets was available.

The pharmacist said that he sometimes checked monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin. But a record of blood test results was not kept. This could make it harder for the pharmacy to check that the person was having the relevant tests done at appropriate intervals. Prescriptions for higher-risk medicines were not highlighted, but all prescriptions were handed out by the pharmacist. So, there was the opportunity to speak with these people when they collected their medicines. The pharmacist said that the pharmacy supplied valproate medicines to one person. He explained that the person was in the at-risk group and he had spoken to them about the risks. All packs of this medicine had the warning cards on and information leaflets inside.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked every six months and this activity was recorded. Short-dated items were not marked. The pharmacist said that he always ensured that the expiry date was checked during the dispensing processes. There were no date-expired items found in with dispensing stock and medicines were kept in their original packaging.

There were currently no part-dispensed prescriptions at the pharmacy. The pharmacist said that 'owings' notes were provided when prescriptions could not be dispensed in full and people were kept informed about supply issues. He explained that prescriptions for alternate medicines were requested from prescribers where needed. And said that prescriptions were kept at the pharmacy until the remainder was dispensed and collected. There were not many uncollected prescriptions at the pharmacy. The pharmacist said that any items left uncollected after around two months would be returned to dispensing stock and the prescriptions would be returned to the NHS electronic system.

The pharmacist said that assessments were carried out by people's GPs if they requested to have their medicines in multi-compartment compliance packs to show that these were needed. Prescriptions for people receiving their medicines in multi-compartment compliance packs were ordered in advance so that any issues could be addressed before people needed their medicines. Prescriptions for 'when required' medicines were not routinely requested; the pharmacist said that he ordered items when people needed them when their packs were due. The pharmacy kept a record for each person which included any changes to their medication and they also kept any hospital discharge letters for future reference. There were no assembled packs available to inspect on the day of the inspection. The pharmacist explained how the packs were labelled and he said that the backing sheets were attached to the packs. He confirmed that medication descriptions were put on the packs to help people and their

carers identify the medicines and he said that patient information leaflets were routinely supplied.

CDs were stored in accordance with legal requirements and they were kept secure. Denaturing kits were available for the safe destruction of CDs. Expired CDs were clearly marked and segregated. Returned CDs were recorded in a register and destroyed with a witness; two signatures were recorded.

Deliveries were made by the pharmacist when needed. The pharmacy did not obtain people's signatures for deliveries. This could make it harder for the pharmacy to show that the medicines were safely delivered. The pharmacist said that he carried out the deliveries at the end of the working day.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. Any action taken was recorded and kept for future reference. This made it easier for the pharmacy to show what it had done in response.

The pharmacy had the equipment to be able to comply with the EU Falsified Medicines Directive but it was not yet being used. The pharmacist said that he had undertaken some training on how the system worked. And he confirmed that the pharmacy planned to start using the equipment in the near future.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people’s personal information.

Inspector's evidence

Suitable equipment for measuring liquids was available. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination.

Up-to-date reference sources were available in the pharmacy and online. The shredder and weighing scales were in good working order. The phone in the dispensary was portable so it could be taken to a more private area where needed.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and was not overstocked.

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.