

Registered pharmacy inspection report

Pharmacy Name: Codicote Pharmacy, 123 High Street, Codicote,
HITCHIN, Hertfordshire, SG4 8UB

Pharmacy reference: 1032219

Type of pharmacy: Community

Date of inspection: 30/07/2019

Pharmacy context

This community pharmacy is located along a village high street. It mainly dispenses NHS prescriptions from a local surgery and it provides services to local people and nearby villages. The pharmacy supplies medicines to care homes and it supplies some medicines in multi-compartment compliance packs.

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	1.2	Good practice	The pharmacy manages its risks well and it makes improvements to its dispensing process, so it is safer.
		1.8	Good practice	The pharmacy's team members escalate their concerns about vulnerable people so that they can receive the right support.
2. Staff	Standards met	2.2	Good practice	The pharmacy's team members have the right qualifications for their roles and they keep their skills and knowledge up to date through regular ongoing training.
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 manages its risks well and it makes improvements to its dispensing process, so it is safer. The pharmacy keeps the legal records that it needs to and generally makes sure that they are accurate. The pharmacy's team members escalate their concerns about vulnerable people so that they can receive the right support. The pharmacy team makes sure that people's personal information is managed properly.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were kept up to date and had been signed by the pharmacy's team members. The responsible pharmacist's name and registration number was displayed on a notice, but it was obscured by some over-the-counter medicines behind the till. This may have made it difficult for people to see the notice. The pharmacy's team members used monthly checklists to make sure that tasks were completed.

The pharmacy's team members had read SOPs about safeguarding vulnerable people. Some team members had completed additional training from the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacist described face-to-face training that had been provided to update him on safeguarding issues. He described a previous concern that had been escalated to a social worker and GP of a vulnerable adult. Team members had suggested the use of multi-compartment compliance packs to people who could not regularly use their medicines. The pharmacy had contact details for local safeguarding organisations so that it could appropriately escalate concerns.

The pharmacy made records about dispensing errors and near misses. Near miss entries were generally recorded by the dispensers and reviewed individually. The pharmacy had clearly separated different formulations of the same medicines to help make sure the right product was supplied. The pharmacy highlighted 'lookalike and soundalike' medicines so that dispensers completed extra checks for these medicines. Dispensing errors were reported to the superintendent pharmacist. Electronic records were kept for previous errors. The pharmacy's team members regularly used a highlighter on prescriptions for an inhaler so extra accuracy checks could be completed. This was completed due to a previous error. The pharmacy collected monthly data about errors and near misses to make improvements.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. Team members said that they received additional feedback verbally. The pharmacy had made sure the delivery van had been thoroughly cleaned after receiving feedback from people. The pharmacy had also provided additional seating for people waiting in the pharmacy. The pharmacy had a SOP about managing complaints and team members would escalate complaints to the superintendent pharmacist if needed.

Team members had read SOPs about information governance and confidentiality. This included recent training about the General Data Protection Regulations (GDPR). Team members had their own NHS smartcards to access electronic prescriptions. Confidential waste was separated so that it could be appropriately managed. A third-party company collected the pharmacy's confidential waste so that it could be destroyed.

Certificates were displayed which showed that the pharmacy had current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept required records about controlled drugs (CDs). The records included running balances which helped the pharmacy make sure the records were accurate. Two CDs were chosen at random and the stock matched the recorded balances. The responsible pharmacist register did not always include the time that the pharmacist's shift finished which may have made it more difficult for the pharmacy to find this information. This was highlighted to the responsible pharmacist so that the entries could be completed. The pharmacy's private prescription register was generally kept adequately, but sometimes prescription dates or prescriber details were recorded incorrectly. Other records about unlicensed medicines and CDs that had been returned by people were kept and maintained adequately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely manage its workload and it takes care to maintain its staffing level. The pharmacy's team members have the right qualifications for their roles and they keep their skills and knowledge up to date through regular ongoing training.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (regular pharmacist), one dispenser and one counter assistant present. The staffing level was adequate to manage the pharmacy's workload. The pharmacy was part of a small chain so staff from local branches could also provide additional staffing cover. The pharmacy's team members arranged their annual leave with the superintendent pharmacist so that the staffing level could be maintained. Team members said that overtime could be used to provide additional cover if needed.

The pharmacy kept records about pharmacy qualifications that its team members had obtained. It kept training records which showed ongoing training which had been completed by team members. Completed topics had focussed on healthy living and headlice. Team members completed training during quieter periods of their shift. The pharmacy's team members used a WhatsApp group to share information about new legislation or targets. The group was also used to provide general feedback to the team. Information about medicines recalls were also shared with the team in this way. The superintendent pharmacist provided feedback to team members through regular appraisals. A recent appraisal had occurred two weeks ago. The pharmacist said that he felt appropriately supported by the superintendent pharmacist to achieve targets and to efficiently provide the pharmacy's services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy safely provides its services from suitable premises. It has enough space to carry out daily tasks and safely dispense medicines. The pharmacy's consultation room provides privacy to people who use it.

Inspector's evidence

The pharmacy was clean and tidy. The pharmacy had enough space to store dispensed medicines and it had a separate room for assembling multi-compartment compliance packs which reduced distractions to dispensers. The pharmacy's team members kept workbenches tidy so that there was enough space to complete tasks safely. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had an appropriate consultation room which was suitable for private consultations and conversations. And it had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services well and makes sure they are provided efficiently. It makes sure that its medicines are safe for people to use. The pharmacy's team members make sure that people get the right advice when they are supplied with higher-risk medicines.

Inspector's evidence

There was a small step at the entrance to the pharmacy. The pharmacy's team members said that they would help people who could not easily access the pharmacy. The pharmacy team could not locate the pharmacy's practice leaflets which may have restricted some people's access to information about the pharmacy and its services.

Most people who were supplied medicines from the pharmacy used the repeat prescription service. This meant that people generally made prescription orders for the next month when they were supplied their medicines. The pharmacy kept records about people's prescriptions orders to make sure the correct medicines were supplied on time.

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. Dispensed prescriptions also included information about new medicines and dose changes. The pharmacy's dispensing software highlighted interactions to the team. The pharmacist generally labelled prescriptions which helped him to identify any clinical issues. The pharmacy used notes attached to checked medicines to make sure appropriate advice was provided to people.

The pharmacy kept records about relevant blood tests when people were supplied with warfarin. It had treatment books which could be given to people taking higher-risk medicines. The pharmacist knew about pregnancy-prevention advice to be provided to people in the at-risk group who were supplied sodium valproate. The pharmacy had the updated guidance materials to help provide this advice. The pharmacy delivered some people's medicines and it kept records about these deliveries which included the recipient's signature. The deliveries were carried out by a driver who had read the pharmacy's SOPs.

The pharmacy supplied medicines to people in care homes and people who received care in their own homes. The medicines were generally supplied in multi-compartment compliance packs. The workload was arranged over four weeks which helped it to be more easily organised by the pharmacy's team members. Prescriptions were generally ordered three weeks before the packs were supplied which allowed enough time to resolve queries. The pharmacy kept records about the medicines included inside the packs and their administration times. Team members also made records about changes to medicines so that the packs were accurately assembled. Assembled packs included descriptions which helped people to identify individual medicines. Patient information leaflets were supplied every month to people who received the packs.

The pharmacy kept invoices which showed that its medicines were obtained from licenced wholesalers. Stock that required cold storage was kept in a fridge. The pharmacy kept fridge temperature records, so it could monitor storage conditions for these medicines. The pharmacy had reported a defective fridge

to the superintendent pharmacist because recent records were outside of the required range. Medicines were currently stored in a fridge with a monitor that read 3.3 degrees Celsius. CDs were stored appropriately. Expired CDs were separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates every three months. It kept records about checks that it completed and expired medicines. Recent checks were dated in July 2019. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto bottles when liquid medicines were first opened. This helped the team members to know that the medicine was suitable if they needed to use it again. Expired and returned medicines were separated and placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used for hazardous medicines. A list was displayed to help identify these medicines.

The pharmacy was updating its SOPs in line with the Falsified Medicines Directive. The pharmacy had the required software to help it verify the authenticity of its medicines. The pharmacy received information about medicine recalls. It kept records about recalls it had received from the superintendent pharmacist and other sources. This included a recent recall about co-amoxiclav.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members make sure that equipment is properly maintained. The pharmacy uses up-to-date reference sources when providing its services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Maintenance issues were firstly escalated to the responsible pharmacist and then managed by a company director. The pharmacy's blood pressure monitor was calibrated every two to three months to make sure that it provided accurate results. The pharmacist said that the glucose meter was calibrated when the device prompted team members, but the pharmacy did not keep records about calibration. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had suitable measures to accurately measure liquids. Separate measures were used for controlled drugs. The pharmacy had appropriate equipment to count loose tablets. The pharmacy had access to up-to-date reference sources.

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.