

# Registered pharmacy inspection report

**Pharmacy Name:** Clarendon Pharmacy, 7 Kemsing Walk, SALFORD, Lancashire, M5 4BS

**Pharmacy reference:** 1033912

**Type of pharmacy:** Community

**Date of inspection:** 31/12/2019

## Pharmacy context

This is a community pharmacy situated in a small shopping-parade near to a busy main road. It serves the local population and it mainly supplies NHS prescription medicines. It orders prescriptions on behalf of people and it prepares some of these medicines in weekly multi-compartment compliance packs to help make sure people take them safely. The pharmacy also offers home deliveries. It provides other NHS services such as flu vaccinations and minor ailment consultations.

## 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
<b>1. Governance</b>	Standards met	1.8	Good practice	The pharmacy team effectively protects and supports vulnerable people.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally manages its risks well. It provides the pharmacy team with written instructions to help make sure it provides safe services. The team records and reviews its mistakes so that it can learn from them. Pharmacy team members receive training on protecting people's information. And they clearly understand the importance of their role in protecting and supporting vulnerable people.

### Inspector's evidence

The pharmacy had written procedures that it kept under review. These covered the safe dispensing of medicines and controlled drugs (CDs). It had some written procedures for the responsible pharmacist (RP) regulations but these did not cover a change or absence of the RP. Records indicated that staff had read these procedures, and they had been briefed on what they should do if the RP was absent.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they had supplied and assisted with investigating and managing mistakes. The pharmacy team discussed and recorded mistakes it identified when dispensing medicines and it addressed each of these mistakes separately. The team reviewed each month's records for any trends. However, staff usually did not record the reason why they thought they had made each mistake, so they could miss additional opportunities to learn and mitigate risks in the dispensing process.

The team received positive feedback across several key areas in its last patient satisfaction survey, which was conducted between 2017 and 2018. The pharmacy had leaflets that explained how people could make a complaint, but these were not publicly displayed. Staff had completed the pharmacy's complaint handling procedures, so they could effectively respond to any concerns raised.

The pharmacy had professional indemnity cover for the services it provided. The RP, who was the superintendent and resident pharmacist, displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP and CD transactions. It rarely received any private prescriptions, so there were no corresponding records relating to recent medication supplies. The pharmacy also kept records of medicines manufactured under a special licence that it had obtained and supplied, but these did not always include the identity of the person who had been supplied. So, it may find it difficult to confirm this information in the event of a query. The pharmacy also maintained its records for flu vaccinations and minor ailments. And it kept the necessary supply records on the rare occasions it received requests from people who urgently needed their medication without a prescription.

All the staff had signed confidentiality agreements and completed General Data Protection Regulation training. They securely stored and destroyed confidential material, but they stored shredded papers in an unlocked room that the public could access. They obtained people's written consent to access their information in relation to prescription ordering and electronic prescription services, flu vaccinations and minor ailment consultations. They used passwords to protect access to people's electronic data, and the pharmacists used their own security cards to access people's electronic NHS information. However, some team members sometimes used a colleague's card, because they did not have their own. The RP said they would apply for a card for these staff. The pharmacy had leaflets that stated it complied with the NHS code on confidentiality and data protection, but they were not available in the retail area. And there was no publicly displayed information about the pharmacy's privacy notice, so people might not

know about this. The pharmacy had not completed the equivalent of a data protection audit, so it might miss opportunities to make improvements.

The RP and regular locum pharmacist had level two safeguarding accreditation, and the registered pharmacy technician was completing their accreditation. Two of the dispensers had experience of caring for vulnerable people and they had completed safeguarding training in their previous employment. The trainee dispenser had completed a safeguarding module as part of their training. The RP said that they planned for all the dispensers to complete level one safeguarding accreditation. The pharmacy had the local safeguarding board's procedures and contact details. It also had its own safeguarding procedures, which staff had read.

The team had discussed any safeguarding concerns with the GP or appropriate carer if they noted anyone who might be showing signs of forgetfulness, confusion or difficulties staying independent. Most of the people who used compliance packs had their medication supplied every seven days, which could help them to avoid becoming confused. The pharmacy had informally assessed all its people on compliance packs, and it kept records of their care arrangements and next of kin details for most of them.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together and new staff complete their training on time. But qualified staff don't complete any ongoing training, so their knowledge may not always be fully up to date.

### Inspector's evidence

The staff present were the RP, a registered pharmacy technician, and a trainee dispenser employed at the pharmacy for around one year. The other staff not present included an experienced dispenser, a delivery driver and a regular locum pharmacist.

The pharmacy had enough staff to comfortably manage its workload. It usually had repeat prescription medicines, including those dispensed in compliance packs, ready in good time for when people needed them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services, which helped to increase service efficiency. It had a steady footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. The pharmacy did not have any targets for the services it provided.

Staff worked well both independently and collectively. They used their initiative to get on with their assigned roles and did not need constant management or supervision. All dispensers provided the compliance pack service. The trainee dispenser had almost completed her dispenser training course. Staff did not participate in an appraisal process, and there was no formal training plan or ongoing programme for accredited staff.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has a private consultation room, so members of the public can have confidential conversations and maintain their privacy.

### Inspector's evidence

The pharmacy was situated in a retail unit, which had appropriate shop and dispensary fittings that were professional in appearance and suitably maintained. The retail area and counter could accommodate the number of people who usually presented at any one time. The dispensary and compliance pack area provided enough space for the volume and nature of the pharmacy's services. The consultation room was accessible from the retail area, and it could accommodate two people, but its availability was not prominently advertised, so people may not know about this facility. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are suitably effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and generally manages them effectively to make sure they are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy was open 9am to 5.45pm Monday to Friday, except Wednesday when it was open until 1pm. It was also open Saturday 9am to 1pm. It had a low- step front entrance and staff could see anyone needing assistance entering the premises. Both regular pharmacists were flu vaccination accredited. They followed written procedures when providing this service, and people could usually access the service at a time convenient to them.

The team prompted people to confirm the repeat medications they required, which helped it limit medication wastage and made sure people received their medication on time. The team also made records of these requests, which assisted in effectively resolving any queries if needed.

The pharmacy did not have any written procedures that covered the safe dispensing of higher-risk medicines. The RP had previously checked for any people taking valproate, which confirmed the pharmacy did not have anyone in the at-risk group. They were also completing a formal audit of this. The team did not always check if people on other higher-risk medicines had a recent blood test or advise them about potential side-effects or interactions. So people might not always get all the information they need.

The team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time. However, it did not always know the day each of these people were due to start taking their medication, which could help it to manage its workload better. The superintendent's office was also in discussions with the medical centre about prescriptions for some people on compliance packs as these were not being issued until the day their medication was due to be supplied, so that the workload could be managed more effectively.

The team kept a record of people's current compliance pack medication that also stated the time of day they were to take them, which helped it effectively query differences between the record and prescriptions with the GP surgery, and reduced the risk of it overlooking medication changes. The pharmacy also kept verbal communications about medication queries or changes for people using compliance packs. However, these were recorded in an unstructured format, so important information could be overlooked when preparing medication. The team labelled each compliance pack with a description of each medicine inside it, which helped people to identify each of them.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. And it marked part-used medication stock cartons, which helped make sure it gave patients the right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. It did not have a system for complying with the Falsified Medicines Directive (FMD), as required by law.

The pharmacy suitably secured its CDs, quarantined its date-expired and patient-returned CDs and had kits to denature them. The team suitably monitored the medication refrigerator storage temperatures. The RP said that stock was expiry-date checked monthly, but they could not locate any supporting records. Randomly selected stock generally had a long shelf life, but one or two medicines were due to expire in the next two or three months. Staff usually highlighted any stock due to expire within four months, which helped to reduce the risk of short-dated or expired medicines being supplied. The team also took appropriate action when it received alerts for medicines suspected of not being fit for purpose and kept confirmatory records. It disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The RP checked the deadline date to supply each CD before dispensing them, and they regularly checked it for those already prepared and awaiting collection. This helped to make sure the pharmacy only supplied CDs when it had a valid prescription. The team used an alphabetical system to store people's dispensed medication. So, it could efficiently retrieve patient's medicines when needed.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment that it needs to provide its services effectively, which it properly maintains. And it has the facilities to secure people's information.

### Inspector's evidence

The team kept the dispensary sink clean, it had access to hot and cold running water and an antibacterial hand sanitiser. The team had a range of clean measures, so it had facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. Staff had access to the latest version of the BNF and a recent cBNF, which meant they could refer to pharmaceutical information if needed. All the equipment required for flu vaccinations was available.

The pharmacy team had facilities that protected peoples' confidentiality. It viewed their electronic information on screens not visible from public areas and regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions away from public view.

### 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.