

Registered pharmacy inspection report

Pharmacy Name: John Carrington Limited, 128 Rake Lane,
WALLASEY, Merseyside, CH45 5DL

Pharmacy reference: 1034740

Type of pharmacy: Community

Date of inspection: 06/08/2019

Pharmacy context

This is a community pharmacy situated amongst a small number of other retail shops. It is located in a residential area of Wallasey in the Wirral, Merseyside. The pharmacy premises are easily accessible for people, with adequate space in the consultation room and the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses private and NHS prescriptions. It provides some people's medicines in multi-compartment compliance aids.

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	1.3	Good practice	The pharmacy can demonstrate how it manages risks when tasks are delegated to other members of the pharmacy team.
		1.7	Good practice	Members of the pharmacy team receive information governance training. The pharmacy carries out regular audit and assessment of their information governance process to provide assurance that it understands and complies with its responsibilities.
2. Staff	Good practice	2.2	Good practice	Staff are encouraged to develop their skills and there are clear career progression opportunities.
		2.5	Good practice	Regular team meetings are held and minutes are recorded and shared.
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 the risks associated with its services and protects peoples' information. It demonstrates how it manages risks when tasks are delegated to other members of the pharmacy team. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again.

Inspector's evidence

There were standard operating procedures (SOPs) for the services provided, with signature sheets showing that members of staff had read and accepted them. Some of the SOPs had recently been updated and the staff were in the process of reading and signing them. Roles and responsibilities of staff were set out in SOPs. A dispenser was observed to be dispensing a patients repeat prescription in accordance with the process described in the SOP for this task. She was able to clearly describe her duties.

A dispenser demonstrated that dispensing incidents and near miss errors were reported on the computer. Near miss errors were reviewed for trends and patterns on an annual basis and a copy of the last annual patient safety review was present. As a result of a near miss error trend being identified with atenolol 100mg and allopurinol 100mg, the stock had been highlighted and separated. Several further examples of different stock medicines being highlighted because of a near miss or dispensing error were provided by staff members. Look alike sound alike (LASA) medicines stock were also highlighted to act as a prompt for the staff during dispensing. A stamp was used on prescriptions to identify that they had received a clinical check from a pharmacist. The pharmacist explained that the accuracy checking pharmacy technician (ACPT) was only able to accuracy check if the prescriptions had been stamped and intialled by the pharmacist

A list of daily tasks to be completed was displayed, with each task allocated to individual members of staff. It was evident from the list of tasks that all staff members were multi-skilled and were rotated through the tasks each week. The tasks included, multi-compartment compliance aids, dispensing, electronic prescription service (EPS), ordering, file prescriptions, shop stock and office. A dispenser said they liked the allocated tasks as it helped ensure tasks were completed each day and allowed staff members to be involved in different aspects of the pharmacy operation, as opposed to only being involved with the same task each day, which would make it more difficult to manage service provision when staff were absent.

A complaints procedure was in place. The pharmacy had a practice leaflet that included a section on customer comments, feedback and complaints. The pharmacist said he aimed to resolve complaints in the pharmacy at the time they arose, but he would refer the customer to the superintendent if he felt it was unresolved. A customer satisfaction survey was carried out annually. The senior dispenser said because of negative feedback from a patient regarding prescription medicines that were regularly owed, an owing's audit was carried out and the process was reviewed. The owing's process was changed to ensure that medicines owed were dispensed as soon as the stock arrived, instead of being dispensed when the patient came into the pharmacy to collect their prescription.

The company had appropriate professional indemnity insurance in place. The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. The responsible pharmacist record, CD register, private prescription record, emergency supply record and specials procurement record were in order. Patient returned CDs were recorded and disposed of appropriately. Records of CD running balances were kept and regularly audited.

Confidential waste was shredded. And confidential information was kept out of sight of patients and the public. Staff had received information governance training. An information governance SOP was in place and all staff had read and signed confidentiality agreements. A dispenser explained how the staff ensured that the confidentiality of the patient was maintained, including, the computers were password protected and screens were positioned so that they were facing away from the customer. Assembled prescriptions awaiting collection were stored on shelves in a manner that protected patient information from being visible. A privacy notice was displayed in the retail area. The pharmacy completed a data, security and protection toolkit online on an annual basis to ensure that information governance processes remained up-to-date. Each staff member had their own NHS smart card and they were observed to be using these appropriately when accessing the computer.

The two regular pharmacists and the ACPT had completed the level 2 safeguarding training. A safeguarding SOP was in place. And the local contact details for seeking advice or raising a concern were displayed.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are trained, work effectively together and are actively encouraged to develop their skills. They are comfortable about providing feedback to the manager. The pharmacy enables its team members to act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services.

Inspector's evidence

An ACPT was employed as the pharmacy manager. At the time of inspection there was a regular locum pharmacist, four dispensers and a delivery driver on duty. The staff were kept busy throughout the inspection. They appeared to work very well together as a team and manage the workload effectively.

The staff said the pharmacists and pharmacy manager were very supportive and were more than happy to answer any questions they had. A dispenser explained that they had a staff meeting every two weeks to discuss aspects of the pharmacy operation, to provide feedback between each other and to receive training. For example, a talk on specific over-the-counter medicines, such as hay fever preparations in the spring and cold and flu remedies in the winter. Detailed staff meeting minutes were kept. All staff members had completed an oral health training course online and the dementia friends training in the last year. All staff had received a performance appraisal with the pharmacy manager in the last year, and a copy of an appraisal template was available.

A dispenser explained that he had been actively encouraged to enrol on an NVQ level 3 course to become a pharmacy technician. He said that the pharmacy owner fully supported the staff to develop in their roles. From speaking to different staff members, it was evident that they all enjoyed working in the pharmacy and they felt supported by the pharmacy owner to develop in their roles if they chose to.

The staff were aware of a process for whistle blowing and knew how to report concerns about a member of staff if needed. A dispenser covering the counter was clear about his role. He knew what questions to ask when making a sale and when to refer the patient to a pharmacist. He was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if he suspected a customer might be abusing medicines such as co-codamol which he would refer the patient to the pharmacist for advice. The pharmacist explained that there were no specific targets or incentives set for professional services provided.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. A dispenser said that dispensary benches, the sink and floors were cleaned regularly and some of the cleaning tasks were included on the list of allocated tasks for staff.

The temperature in the pharmacy was controlled by air conditioning units. Lighting was good. The pharmacy premises were maintained in an adequate state of repair. Maintenance problems were reported to the pharmacy owner and dealt with.

Staff facilities included a microwave, kettle and two fridges, a WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are generally well managed, so people receive their medicines safely. But members of the pharmacy team do not always know when high-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. It sources and stores medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a wide selection of healthcare leaflets displayed. Staff were clear about what services were offered and where to signpost to a service if this was not provided. For example, needle exchange. The opening hours were displayed outside, above the entrance.

Each staff area of the premises was clearly designated, with a description stated on the entrance to each area. For example, dispensary, multi-compartment compliance aid room, office and consultation room. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Wooden barriers were used to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

A dispenser explained that prescriptions containing CDs were highlighted with the prescription date being underlined in red pen. He said that prescriptions containing schedule 2 CDs also had a red line on the top of the prescription to act as a prompt for staff to remove it from the CD cabinet at the time of supply. Examples of assembled CD prescriptions for schedule 2,3 and 4 CDs were observed to follow this rule.

A dispenser explained that assembled prescriptions awaiting collection containing warfarin, methotrexate or lithium were not routinely highlighted prior to collection. He said the staff were aware of patients who were prescribed high risk medicines and they were spoken to by a pharmacist when necessary. The pharmacy had patient information resources for the valproate alert, including, patient cards, patient information leaflets and warning stickers. The pharmacy had not carried out a clinical audit for patients prescribed valproate who met the risk criteria. The pharmacist said if a patient presented with a valproate prescription and they met the risk criteria, they would be counselled and referred to the prescriber if appropriate.

The compliance aid service assembly room was well organised, clean and tidy. A dispenser provided a detailed explanation of how the service was provided. She said that the service was organised with an audit trail for changes to medication being added to the patient medication record on the computer, after the changes had been clarified with the GP. Disposable equipment was used. She explained that patient information leaflets for the medicines supplied were routinely provided. The assembled compliance aid packs awaiting collection had individual medicine descriptions and patient information leaflets included. The dispenser explained that some of the compliance aid packs were supplied to patients residing in care homes and she demonstrated that these patients were provided with a medicines administration record (MAR) chart to aid the carers in the care home. She said that each MAR chart produced was visually checked for accuracy during both the dispensing and final accuracy

check process.

The delivery driver explained how the prescription delivery service was provided to patients. He demonstrated that patient signatures were obtained electronically on a handheld device for receipt of all prescription deliveries. He said if a patient was not at home at the time of delivery a note was left, and the prescription was returned to the pharmacy.

A dispenser provided an example of a recent clinical intervention that had been identified by the pharmacy owner. He explained that a prescription had been received for a patient prescribed sertraline and risperidone. And due to the clinical interaction between these medicines, the GP had been contacted and had changed the risperidone to mirtazapine.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. A dispenser said date checking was carried out every three months and a record was kept, but this was not present. So, there was no evidence to show whether all stock had been checked. Short dated medicines were highlighted. No out of date stock medicines were present from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and a record was kept. A balance check for a random CD was carried out and found to be correct. There were two clean fridges for medicines, equipped with thermometers. The minimum and maximum temperature was being recorded daily and the records were complete.

The pharmacy was compliant with the Falsified Medicines Directive (FMD). A 2D barcode scanner was observed in use. All staff had received FMD training and a dispenser provided a demonstration of how FMD worked during the dispensing process. Alerts and recalls etc. were received via email. These were actioned on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide the service safely.

Inspector's evidence

The staff used the internet to access websites for up to date information. For example, BNF, BNFc and Medicines Complete. Any problems with equipment were reported to the pharmacy owner. All electrical equipment appeared to be in working order and was PAT tested.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter and a Kirby KL9 electrically operated tablet counter that was in working order.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless telephone was available in the pharmacy and the staff said they used these to hold private conversations with patients when needed.

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.