

# Registered pharmacy inspection report

**Pharmacy Name:** Cox Pharmacy, 87 Oakdale Road, NOTTINGHAM,  
Nottinghamshire, NG3 7EJ

**Pharmacy reference:** 1035709

**Type of pharmacy:** Community

**Date of inspection:** 11/07/2019

## Pharmacy context

This community pharmacy is in a residential area of Nottingham. It dispenses NHS prescriptions that it mainly receives from one local GP surgery. It supplies some medication in multi-compartment compliance packs to help people take their medicines. And it provides Medicines Use Review (MUR) 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	N/A	N/A	N/A
<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. Its team members monitor and make improvements to the dispensing process to improve its safety. The pharmacy keeps the legal records that it needs to and generally make sure that these are accurate. It handles confidential information properly, and its team members know how to protect vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were kept up to date and were signed by the pharmacy's team members to show that they had read them. There was a list displayed in the dispensary which showed weekly tasks for team members to complete. The responsible pharmacist's name and registration number was displayed on a notice in the retail area. The location of the notice was perpendicular to the pharmacy counter which made it difficult for people to see. The pharmacist said that the notice's location would be moved.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. Team members advised that they received additional feedback verbally and that complaints would be escalated to the pharmacist and superintendent pharmacist. The pharmacy had a SOP about managing complaints. Information about the pharmacy's complaints process was in its practice leaflet.

The pharmacy had contact details for local safeguarding organisations which made it easier to escalate concerns. No previous safeguarding concerns had been identified and the pharmacy team were clear they would refer their concerns to the pharmacist. Team members had received safeguarding training in the SOPs and from the Centre for Pharmacy Postgraduate Education (CPPE).

The pharmacy had SOPs about information governance and confidentiality. Confidential waste was segregated from other waste so that it could be shredded. Team members had their own NHS smartcards to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS code of conduct on confidentiality was in its practice leaflet.

The pharmacy kept records about dispensing errors and near misses. The pharmacy completed monthly reviews about near misses and errors. The team had separated different strengths of medicines into baskets on dispensary shelves. This made it more difficult for the medicines to become mixed up.

Certificates were displayed which showed that there were 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. Two CDs were chosen at random and the stock found matched the recorded running balances. There were some CD registers where the headers were not completed when entries were made. This may have increased the risk of entries being made in the wrong register. Other records about the responsible pharmacist, returned CDs and private prescriptions were kept and maintained adequately.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to safely offer its services. Its team members have pharmacy qualifications that are appropriate for their roles and they complete ongoing training to keep their knowledge and skills up to date. The pharmacy's team members receive adequate support to competently perform their roles and safely provide services to people.

### Inspector's evidence

At the time of the inspection there was the responsible pharmacist (pharmacy manager), two dispensers and two medicine counter assistants present. This staffing level was adequate to manage the workload. The pharmacist said that enough cover was arranged to cover absences. The pharmacy employed several part-time staff who could do overtime if needed. Team members had pharmacy qualifications that were appropriate for their roles. There were certificates displayed which showed the qualifications that had been completed. The team members accessed ongoing training on an e-Learning platform. The completion of training modules was monitored by the pharmacist using an electronic record. Previous modules had focussed on eczema and self-care. The team members completed modules during quieter periods.

The pharmacy's team members said that informal discussions were used to share messages and allowed them to raise any concerns. They said that the pharmacist provided feedback to them during informal discussions. The pharmacy had targets. The pharmacist said that she received adequate support from the superintendent pharmacist. She said that there wasn't any undue pressure to achieve targets and she said she was comfortable to raise concerns with the superintendent pharmacist if needed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy safely provides its services from suitable premises. Its team members keep the pharmacy clean. The pharmacy has enough space to safely manage its workload. And it has appropriate security arrangements to protect its premises.

### Inspector's evidence

The pharmacy was clean and tidy. Its 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 a suitable-sized 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. Its team members make sure its services are organised and safe. The pharmacy sources its medicines from reputable suppliers and stores them properly. It takes the right action in response to safety alerts, to make sure that people get medicines and medical devices that are safe to use. Its team members provide appropriate advice to people to help them take their medicines safely.

### Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. The pharmacy had leaflets that provided information about its services, but these were kept in its consultation room. This may have restricted people's access to this information. Some team members could speak the preferred languages of people who used the pharmacy such as Punjabi and Urdu. This meant that the team members built a good rapport with people and were able to help them more effectively.

The pharmacy ordered prescriptions for some people. It kept records about prescription orders it had made so that its team members could check the prescriptions included all the required medicines. The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used a fridge to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were segregated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates every month. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. The latest records dated from June 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 put the date onto liquid medication bottles when they were opened. This helped the team members to know that the medicine was suitable if they needed to use it again. Date-expired and medicines people had returned were segregated and placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used to segregate cytotoxic and other hazardous medicines. The team members weren't sure how to identify medicines to put into this bin and said that they would ask the pharmacist. This may increase the risk of these medicines being incorrectly handled when they were disposed of.

The pharmacy did not currently have scanners to help verify the authenticity of its medicines and to comply with the Falsified Medicines Directive. The pharmacist said that the pharmacy was registered with the appropriate authority. She said that the superintendent pharmacist was in the process of arranging the equipment and software for the pharmacy. The pharmacy received information about medicine recalls. It kept records about the recalls it had received and the actions that had been taken. This included a recent recall about co-amoxiclav.

The pharmacy supplied medication in multi-compartment compliance packs to around 60 people to help them take their medicines. The pharmacy kept records about medicines included in the packs,

their administration times and changes to medicines. Patient information leaflets were supplied with the packs so that people could access up-to-date information about their medicines. The pharmacy kept records about prescription ordering and assembly of the packs. Completed compliance packs included descriptions which helped people to identify individual medicines.

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. The pharmacy's dispensing software highlighted interactions to the team. Team members said that they verbally informed the pharmacist about interactions or printed warning labels when needed. Prescriptions were kept with checked medicines awaiting collection. Team members said they would check prescription dates to make sure medicines were supplied while prescriptions remained valid.

The pharmacist used stickers to highlight dispensed medicines that needed more counselling. This included methotrexate, lithium and some insulins. She said that she would speak to people if they were being supplied with antibiotics or if there were any queries with medicines. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The pharmacy had up-to-date guidance materials to support this advice. The pharmacy delivered some people's medicines. It kept records about these deliveries, but these did not always include the recipient's signature. This meant that the pharmacy found it more difficult to prove that deliveries had been completed correctly.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment to provide its services safely. It keeps its equipment and facilities in adequate condition. The pharmacy's team members use up-to-date reference sources.

### Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Team members said that they referred maintenance issues to the superintendent pharmacist. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. Crown-stamped measures were available in the pharmacy to accurately measure liquids. The pharmacy had suitable equipment to count loose tablets. The pharmacy's team members accessed up-to-date reference sources on the internet.

### 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.