

# Registered pharmacy inspection report

**Pharmacy Name:** Clifton Health Pharmacy, 372 Southchurch Drive,  
Clifton, NOTTINGHAM, Nottinghamshire, NG11 9FE

**Pharmacy reference:** 1035732

**Type of pharmacy:** Community

**Date of inspection:** 22/10/2021

## Pharmacy context

This is a community pharmacy situated on a busy road in Nottingham. Most of its activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own home. Other services that the pharmacy provides include flu vaccinations, as both an NHS and private service, a minor ailments service and substance misuse services. The pharmacy also delivers medicines to people's homes. The pharmacy was also providing the Covid-19 booster service. This inspection was undertaken during the Covid-19 pandemic.

## 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

Overall, the pharmacy adequately identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. And the pharmacy manages people's personal information safely. The pharmacy has some procedures to learn from its mistakes. But it doesn't record all of its mistakes so it could be missing opportunities to learn from them.

### Inspector's evidence

There were SOPs in the pharmacy for the Covid-19 vaccination service. The pharmacist had taken home the pharmacy's other standard operating procedures (SOPs) to bring them up to date with the new procedures for the Covid-19 vaccination service. When asked the pharmacy team understood their roles and could explain the processes in the pharmacy. The pre-registration pharmacist knew how to sell medicines safely. She was aware that prescriptions had a six-month validity from the date on the prescription apart from controlled drugs (CDs) which had a 28-day validity. Not all CDs waiting collection were highlighted to remind the team that the prescription was valid for only 28 days. The pharmacist said that medicines were usually removed from the shelves after 28-days, but they were slightly behind on this. The pharmacy manager said he would implement a process to highlight them all.

The pharmacy had started providing flu vaccinations. The pharmacist had reviewed the process to ensure that the risks to people visiting the pharmacy for flu vaccinations were minimised. He had completed the required training and had an in-date signed patient group direction in place for the flu vaccination services.

The pharmacy had a process for managing dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time. The aim was to record near misses in the near miss log, but this wasn't being routinely done. The pharmacist said he would make sure that near misses were recorded and reviewed. The pharmacy maintained appropriate legal records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) log and the CD registers. Patient-returned CDs were recorded in accordance with requirements. Out-of-date CDs were separated. The pharmacist said that CD running balance audits should be carried out monthly, but a review of the records showed that this wasn't always done. The pharmacist said that he would audit methadone running balances weekly and solid dose CDs monthly from now on. The private prescription register was maintained electronically but when checked it didn't record all the legally required information. The pharmacist said he would remind the team how to make records.

The pharmacy had appropriate professional indemnity insurance. There was a complaint procedure in place. Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. Access to the patient medication record was password protected. Confidential waste was disposed of securely. The pharmacist was aware of safeguarding requirements; there were local contact details available for escalating concerns appropriately.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members adequately manage the day-to-day workload within the pharmacy. They are suitably trained for the roles that they undertake. Team members can raise concerns if needed.

### Inspector's evidence

During the inspection the pharmacy team adequately managed the day-to-day workload. Workload had increased and the pharmacist had increased staff hours and was looking to recruit another team member. The pharmacist said this was one reason why some clinical governance was not always being undertaken as regularly as he would like. There was one pharmacist, one pre-registration pharmacist and one trained dispensing assistant. There was also a nurse providing the Covid-19 vaccination service. The pre-registration pharmacist felt supported in her development and was given dedicated training time. Other staff had informal training from the pharmacist. Staff had informal appraisals and said they could raise concerns if necessary.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. The pharmacy makes changes to help keep staff and people using the pharmacy safe during the pandemic.

### Inspector's evidence

The pharmacy was adequately maintained. There was suitable heating and lighting, and hot and cold running water was available. The dispensary was a suitable size for the services provided. The pharmacy had a push-pull door which provided reasonable access for people with a disability or with a pushchair to access the pharmacy. The pharmacy had recently started providing a Covid-19 vaccination service. When people entered the pharmacy there were signs directing people in separate directions for pharmacy services or Covid-19 vaccination. There was sufficient space for people using the vaccination service to keep safe and remain separate from people using pharmacy services. During the inspection the Covid-19 vaccination service ran smoothly.

The pharmacy had adequate processes in place to support safe working during the Covid-19 pandemic. The pharmacy counter had clear plastic screening to provide re-assurance to both the staff and the customers. There was hand sanitiser available for both customers and staff. The pharmacy was cleaned daily. The pharmacy team had been double vaccinated but only carried out Covid-19 lateral flow tests when they had a concern, such as illness or contact with someone who had a positive test for Covid-19. Staff wore masks. Unauthorised access to the pharmacy was prevented during working hours and when closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers healthcare services which are mainly adequately managed and are accessible to people. The pharmacy has changed the way it provides services during the Covid-19 pandemic to keep its staff and the people who use its services safe. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it takes the right actions if medicines or devices are not safe to use to protect people's health and wellbeing. But the pharmacy does not routinely highlight prescriptions for higher-risk medicines. This could make it harder for staff to identify these prescriptions and provide the information people need to take these medicines safely.

### Inspector's evidence

The pharmacy team understood the signposting process and used local knowledge to direct people to other local health services when needed. The pharmacy delivered medicines to some people. The person delivering the prescription maintained appropriate distance due to the pandemic. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacist gave a range of advice to people about other healthcare matters. Examples he gave included advice about changes in dose, new medicines, and antibiotics. He also gave advice to people taking higher-risk medicines such as warfarin, lithium, and methotrexate. But the pharmacy didn't highlight these prescriptions to help make sure that when people collected them they could be given advice regularly. The pharmacist said he would consider highlighting these prescriptions.

The pharmacy mainly used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label. This helped identify who had completed each task. Some medicines checked didn't have the 'dispensed by' box signed. The member of staff said they were aware they needed to do so, and it had been an error on their behalf. The pharmacist had not noticed when carrying out the final check. The pharmacy also used baskets during the dispensing process to keep medicines and prescriptions separated to reduce the risk of a mistake being made.

There was a process to make sure that each person who received their medicines in a multi-compartment compliance pack got them in a timely manner. The compliance packs seen didn't record the colour and shape of medicines on the packs to make the medicines easily identifiable. Patient information leaflets were not sent every month. The pharmacist said he would review this process.

Medicines were stored on shelves tidily and in original containers. Most, but not all, bottles had the dates that they had been opened recorded. The pharmacist said he would make sure all bottles had the date of opening recorded. Staff explained that date checking was carried out every three months; robust records of date checking were not maintained. A sample of medicines checked were in date. Records showed that medicines that needed to be refrigerated were stored within the required range of 2 and 8 degrees Celsius. The pharmacy only used recognised wholesalers to supply them with medicines. The pharmacy had a procedure for managing drug alerts appropriately.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services it offers safely.

### Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. CDs were stored in legally compliant cabinets. Records showed that portable electrical equipment had not been recently safety tested. The equipment checked looked in a reasonable condition. The pharmacist said he would arrange for the equipment to be tested.

### 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.