

Registered pharmacy inspection report

Pharmacy Name: Creswell Pharmacy, 58 Elmton Road, Creswell,
WORKSOP, Nottinghamshire, S80 4JE

Pharmacy reference: 1035796

Type of pharmacy: Community

Date of inspection: 20/06/2019

Pharmacy context

This is a busy community pharmacy, opposite a school in a rural village. Most people who use the pharmacy are from the local area. The pharmacy dispenses mainly NHS prescriptions and sells a range of over-the-counter medicines. It supplies some medicines in multi-compartment compliance aids to help people take their medicines at the right time. The pharmacy also sells veterinary medicines and agricultural products and has a website 'www.animalmedicationdirect.co.uk' dedicated to this.

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	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
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 adequately manages risks and takes some action to improve patient safety. It keeps most of its records up to date, so it can show it is providing services safely and asks its customers for their views each year. The team members keep people's private information safe. And some of them have completed training so they know how to protect children and vulnerable adults.

Inspector's evidence

There were up-to-date standard operating procedures (SOPs) for the services provided, which had been reviewed in February 2019 when the Falsified Medicines Directive (FMD) came into force. There were signatures showing that some members of the pharmacy team had read and accepted the new SOPs and the pharmacist superintendent (SI) explained that other members of the team were in the process of working through them. Roles and responsibilities were set out in SOPs and pharmacy team members were performing duties which were in line with their role. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

Dispensing errors were recorded with some learning points. Near misses were not routinely recorded but the SI said they were discussed with the pharmacy team at the time and actions taken to prevent re-occurrences such as attaching alert flags on the shelf in front of lorazepam (reading 'PAM') and loprazolam (reading 'LAM'). This was to highlight the difference in the name and to remind the team of the risk of confusion.

There was nothing on display in the pharmacy highlighting how people could raise a concern. But the complaint procedure was outlined in the practice leaflet and on the pharmacy's website (creswell-pharmacy.co.uk). The website was used to provide information about the pharmacy. No medicines were sold or supplied via this website. A paper-based customer satisfaction survey was being carried out. The results of a previous survey were on display in the window and the results from the 2018 to 2019 survey were available on NHS choices website. 100% of respondents had rated the pharmacy very good or excellent. The results indicated that areas of strength were the pharmacist and staff and an area identified which required improvement was providing advice on healthy lifestyle. There was a small amount of healthy living information available in the pharmacy and a dispenser explained that she would be refreshing the healthy living notice board on a regular basis to cover a variety of subjects.

Insurance arrangements were in place. Private prescription and emergency supplies records and the controlled drug (CD) register were appropriately maintained. Three CD balances were checked and found to be correct. The RP record was incomplete. It was maintained electronically, as part of the patient medication record (PMR) system, but the time that the RP ceased duties each day had not been recorded since the new system was introduced in February 2019. The SI explained that he thought this was completed automatically when the PMR system was closed down but going forward he would ensure it was fully completed.

Members of the pharmacy team had read and signed confidentiality clauses and had completed training on the General Data Protection Regulation (GDPR) provided by the National Pharmacy Association (NPA). Confidential waste was collected in designated places and there was a shredder. The

SI said they had started requesting collections from a shredding company, due to the increasing volume of confidential waste they were experiencing. A dispenser correctly described the difference between confidential and general waste. Prescriptions awaiting collection were not visible from the medicines counter. Paperwork containing patient confidential information was stored appropriately.

The pharmacist had completed Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. One of the dispensers had completed level 1 training on safeguarding in a pharmacy she previously worked in. She said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. There was nothing on display highlighting that people could request another person to accompany them in the consultation room, so people might not realise this was an option. All members of the pharmacy team had completed dementia friends training and so had a better understanding of patients living with this condition.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members are qualified for the jobs they do. They get some ongoing training to help them keep up to date. But this is not always recorded so gaps in their knowledge might not be identified and supported. They are comfortable providing feedback to their manager and receive informal feedback about their own performance.

Inspector's evidence

There was a pharmacist (SI), three NVQ2 qualified dispensers and a medicines counter assistant (MCA) on duty at the time of the inspection. The staff level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the patients. Planned absences were organised and cover was usually provided by re-arranging the staff rota. There were three additional dispensers in the pharmacy team.

Members of the pharmacy team carrying out services had completed the appropriate training and were all qualified. The team used professional trade magazines such as the Chemist & Druggist, and literature on new products to ensure their training was up to date. This was not usually documented although one member of the team kept her own records of the training she had completed. Members of the pharmacy team did not have regular protected training time unless a particular training was required to be completed, such as children's oral health.

The pharmacy manager said he kept his knowledge on veterinary medicines up to date by reading trade articles. This was to assist him when supplying Prescription Only Medicine - Veterinarian, Pharmacist, Suitably Qualified Person (POM-VPS) products through the animal medication website.

The pharmacy team were not given formal appraisals where performance and development were discussed but were given some feedback informally by the SI. The staff worked well as a team and could make suggestions or criticisms. Team meetings were held where a variety of issues were discussed, and concerns could be raised. These were not usually documented, so there was a risk that concerns, or suggestions might not be recorded and acted on. A dispenser said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the SI about any concerns she might have. She said she did not know if there was a whistleblowing policy, but would find out if she felt it necessary, and would contact the GPhC if she had any concerns about the SI. The dispenser said she felt comfortable admitting errors and felt that learning from mistakes was encouraged.

The SI said he felt empowered to exercise his professional judgement and could comply with his own professional and legal obligations, for example refusing to sell a pharmacy medicine because he felt it was inappropriate. He said targets were not set for services such as Medicines Use Review (MUR) and New Medicines Service (NMS). He said he did not put pressure on pharmacists to complete these and the numbers of completed MURs and NMS were low.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy premises including the shop front and fascia were clean and reasonably well maintained. The retail area was free from obstructions, professional in appearance and had a waiting area with one chair. The temperature and lighting were adequately controlled. Maintenance problems were reported to the SI who owned the premises, and took appropriate remedial action.

Staff facilities were limited to a small kitchen area and a WC with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water.

The consultation room was equipped with a portable sink and was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. The pharmacy team explained they used this room when carrying out the services such as the supervised substance misuse service and when customers needed a private area to talk.

The animal medication website which was solely used for the sale of veterinary medicines and agricultural products had the voluntary GPhC logo on it. But the pharmacy was no longer eligible to have the logo, as it did not have the Medicines and Healthcare products Regulatory Agency (MHRA) logo, and the link did not work. The SI said he had not applied for the veterinary medicines directorate (VMD) voluntary accredited internet retailer scheme (AIRS) for online retailers of veterinary medicinal products but would look in to this. The website had the Secure Trust logo which demonstrated that Primachem Ltd was enrolled in the Secure Trust commerce programme to validate compliance with the payment card industry data security standard, (PCIDSS).

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are generally well managed to help make sure people receive their medicines safely. It sources and supplies medicines safely. And carries out checks to ensure medicines are suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchair users. The services offered by the pharmacy were listed on the pharmacy's website. MURs and NMS were advertised on a small notice near the consultation room, although few were carried out. There was a small range of healthcare leaflets and some information cards on common conditions. The pharmacy team were clear what services were offered and where to signpost services they did not provide, such as emergency hormone contraception (EHC). There was a healthy living notice board and information on cold and hay fever was on display. A dispenser explained that she had a useful discussion with a customer who did not realise there was a difference between colds and hay fever. She said signposting and providing healthy living advice were not recorded. It was therefore difficult to monitor the effectiveness of the health promotional activities. There was a TV screen above the medicine counter displaying with some healthy living information, for example travel advice and malaria prevention.

People requesting POM-VPS medicines via the animal medication website, were required to answer relevant questions which were reviewed by a pharmacist before the supply was made. Veterinary medicines requiring prescriptions from a veterinary surgeon (POM-V) were not supplied until a valid prescription was received from the animal's owner.

The pharmacy delivered to housebound patients (approximately one per week), but the service was not advertised or promoted. These deliveries were not recorded, so it might be difficult to deal with any queries or to resolve any problems that arise.

Space was quite limited in the dispensary and the dispensary shelves were quite crowded. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. But the baskets were stacked on the floor which risked physical damage or contamination of the medicines, and was a trip hazard.

Dispensed by and checked by boxes were generally initialled on the medication labels to provide an audit trail. Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Pharmacist consultation' stickers were used to highlight counselling was required. Some high-risk medicines such as warfarin and valproate were targeted for extra checks and counselling. INR levels were not routinely recorded when dispensing warfarin prescriptions, but confirmation was made, that they were within the required range. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and patients in the at-risk group had been identified and given the appropriate information about pregnancy prevention. The valproate information pack and care cards were available to ensure people who may become pregnant were given the appropriate information and counselling.

Multi-compartment compliance aids were well organised and there was an audit trail for communications with GPs and changes to medication on the patient's medication record (PMR). A dispensing audit trail was completed, and medicine descriptions were usually included on the labels or packaging to enable identification of the individual medicines. Package leaflets were included. Disposable equipment was used.

The MCA knew what questions to ask when making a medicine sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as a codeine containing product. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

The pharmacy was compliant with the Falsified Medicines Directive (FMD) and were scanning medicines to verify and decommission them. SOPs had been reviewed in February when FMD was introduced so the process was embedded in the SOPs. Recognised licensed wholesalers were used for the supply of medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins.

Alerts and recalls from the MHRA were received via email messages from the NHS area team. These were read and acted on by a member of the pharmacy team and then filed, so it was clear what action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

Inspector's evidence

Current British National Formulary (BNF) and BNF for children, Martindale, Stockleys and Veterinary Formulary were available, and the pharmacist could access the internet for the most up-to-date information.

There was a clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order and had been PAT tested.

There was a selection of clean glass liquid measures with British Standard and crown marks. Measures were washed thoroughly after being used for CDs to avoid contamination. The pharmacy had clean equipment for counting loose tablets and capsules. Counting equipment was cleaned thoroughly after use and methotrexate was obtained in foil strips, to avoid handling and contamination. Some medicine containers were stored uncapped in the stockroom upstairs which could allow contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. PMRs were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.