

# Registered pharmacy inspection report

**Pharmacy Name:** Carlton Pharmacy, The Arcade, Long Lane, Carlton-in-Lindrick, WORKSOP, Nottinghamshire, S81 9AN

**Pharmacy reference:** 1035800

**Type of pharmacy:** Community

**Date of inspection:** 17/07/2019

## Pharmacy context

This is a busy community pharmacy located in a parade of shops in a residential area close to a medical centre. 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 medications in multi-compartment compliance aids to help people take their medicines at the right time. These are assembled and checked in the company's hub pharmacy on the first floor.

## 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 adequately manages risks and takes some action to improve patient safety. Members of the pharmacy team work to professional standards but new members of the team may not always be clear about their roles and responsibilities. The team generally keep the records required by law, but some details are missing, which could make it harder to understand what has happened if queries arise. The team members keep people's private information safe and follow procedures to protect children and vulnerable adults.

### Inspector's evidence

There were up-to-date standard operating procedures (SOPs) for the services provided, with signatures showing that most members of the pharmacy team had read and accepted them. Some of the newer members of the team were still working through the SOPs. Roles and responsibilities were set out in SOPs. The pharmacy team members were generally performing duties which were in line with their role, apart from a new member of staff who was bagging up and sealing assembled and checked prescriptions, a task often carried out by pharmacists in other pharmacies. This might increase the risk of error as the assistant was unqualified with no previous pharmacy experience, and had not read the relevant SOPs. He was given alternative duties in the stock room when this risk was pointed out. Team members were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

Near misses were recorded and discussed with the pharmacy team. There was no regular review or documentation of the discussions although an annual patient safety review was carried out each year. Dispensing errors were reported electronically to the pharmacist superintendent (SI) and learning points were included. Monthly memos were received from the SI with shared learning and risk minimisation information, e.g. photographs of eplerenone 25mg and 50mg tablets to highlight the similarity in packaging. Alert notes were in front of gliclazide highlighting the different strengths and forms available. Alert notes 'check prednisolone or propranolol' and 'check bendroflumethiazide or bisoprolol' were in front of these medicines and tamoxifen and tadalafil had been separated following incidents.

There was a complaints SOP. There was a notice on display asking customers to give any comments, suggestions and complaints to a member of staff and advising them to ask the pharmacist for the complaints procedure, if required. This was also outlined in the practice leaflet. A customer satisfaction survey was carried out annually and the results were available on the [www.NHS.uk](http://www.NHS.uk) website. Areas of strength (100%) were staff overall and disposing of medicines no longer needed. An area identified which required improvement (9% dissatisfied) was 'how long you have to wait to be served' and 'having in stock the medicines and appliances needed'. The pharmacy's published response was to carry out a review of busy periods and the staff rota, and review stock ordering processes to reduce omissions. The pharmacy manager explained that they tried to manage patient's expectations in terms of waiting times and the readiness of their prescription, as the medical centre often told patients their prescription would be ready without allowing time for assembly and checking or ordering medication if necessary.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on

display in the pharmacy's window. Private prescriptions were not always recorded in a timely manner in chronological order, so there was not always an accurate audit trail. The RP was not signing out of the RP register when he became the RP in the hub pharmacy between 1pm and 2pm. This was not in line with RP regulations as the RP is not allowed to be the RP in more than one pharmacy at the same time. And this could cause confusion in the case of a problem or query. The pharmacy manager agreed to remedy this going forward. The controlled drug (CD) register was appropriately maintained. Patient returned CDs were recorded and disposed of appropriately.

Members of the pharmacy team had read and signed the company guidance on confidentiality and data protection and there was an information governance (IG) SOP. Patients whose medicines were assembled and checked in the hub were asked to sign consent forms which included consent for the transfer of information and prescriptions between the two premises. Confidential waste was collected in a designated place and shredded. A dispenser correctly described the difference between confidential and general waste. An extra address label was produced for medicines which were delivered, and the recipient signed this to ensure patient confidentiality was maintained, rather than signing a sheet where other patients details could be seen. Prescriptions awaiting collection were not visible from the medicines counter. Paperwork containing patient confidential information was stored appropriately. How we look after and safeguard information leaflets and notice were on display containing a statement that the pharmacy complies with the General Data Protection Regulation and the NHS Code of Confidentiality. A privacy statement was on display, in line with General Data Protection Regulation (GDPR).

The pharmacy manager had completed Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding children and vulnerable adults. Other members of the team had read the safeguarding SOP which contained the contact numbers of who to report concerns to in the local area. The pharmacy had a chaperone policy, and this was highlighted to patients. Members of the pharmacy team had completed dementia friends training and so had a better understanding of patients living with this condition. There was a notice highlighting that the pharmacy was dementia friendly in the window.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Members of the pharmacy team members are generally qualified for the jobs they do. They get some ongoing training. But this does not happen regularly, so their knowledge may not be always fully up to date. The team members work well together. They are comfortable providing feedback to their manager and receive feedback about their own performance.

### Inspector's evidence

There was a pharmacist, an NVQ3 apprentice, two NVQ2 qualified dispensers and a new member of staff 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 so that not more than one person was away at a time. Absences were covered by re-arranging the staff rota and most of the dispensers were part time and could be flexible with their working hours.

The NVQ3 apprentice dispenser said he was given at least four hours of protected training time each week to complete his course. Other members of the team, who had completed their accredited training courses, did not have regular protected training time. Some training resources were available such as training provided by Buttercups, but team members said not much training had been completed or recorded in the last year as they had been very busy.

There was a formal appraisal system where performance and development were discussed. The pharmacy manager said appraisals were due and would be carried out shortly. Day to day issues were discussed informally as they arose. A dispenser said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacy manager or SI about any concerns she might have. She said the staff worked well as a team and could make suggestions or criticisms informally. She felt comfortable admitting errors and that learning from mistakes was the focus.

The pharmacist was empowered to exercise his professional judgement and could comply with his own professional and legal obligations, e.g. refusing to sell a pharmacy medicine because he felt it was inappropriate. He was encouraged to complete Medicines Use Reviews (MURs) and New Medicine Service (NMS), and there were targets set for these, but he didn't feel under unreasonable pressure.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises generally provide a professional environment for people to receive healthcare. The pharmacy has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

### Inspector's evidence

The pharmacy premises including the shop front and fascia were clean and in an adequate state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with two chairs. The temperature and lighting were adequately controlled. Fixtures and fittings were in good order. Maintenance problems were reported to the operations manager at head office and the response time was appropriate to the nature of the issue.

There was a small kitchen area at one end of the dispensary. Staff used the WC facilities and wash hand basin located in the hub pharmacy on the first floor. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand sanitizer gel was available.

The consultation room was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door and in the practice leaflet. The room was used when carrying out services and when customers needed a private area to talk.

## 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 appropriate care. The pharmacy sources, stores and supplies medicines safely. And it carries out some checks to ensure 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 wheelchair users. Some services provided by the pharmacy were advertised in the window of the pharmacy with the opening hours, and services were also outlined in the practice leaflet. There was a large range of healthcare leaflets and there was a display on the medicine counter on children's oral health. The pharmacy team were clear what services were offered and where to signpost to a service not offered e.g. needle exchange. Relevant signposting information to inform patients of services and support available elsewhere was available in the pharmacy's window.

There was a delivery service with associated audit trail. A small fee was taken for each delivery. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was quite limited in the dispensary, but the work flow was organised into separate areas with a designated checking area. The dispensary shelves were reasonably well organised. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Speak to Pharmacist' stickers were used to highlight counselling was required and high-risk medicines such as warfarin, lithium and methotrexate were targeted for extra checks and counselling. INR levels were requested and recorded when dispensing warfarin prescriptions. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and two patients in the at-risk group had been identified. These patients had discussions with the pharmacist about pregnancy prevention and there was a note on their patient medication record (PMR) confirming this. The valproate information pack and care cards were available to ensure female patients were given the appropriate information and counselling.

Multi-compartment compliance aids for around 30 people were assembled in the hub pharmacy on the first floor, which was operational for around one hour each day. The pharmacy manager explained he preferred to have the compliance aids assembled and checked in the separate premises to avoid the distractions from the main pharmacy. The process was well managed with an audit trail for communications with GPs and changes to medication. A dispensing audit trail was completed, and medicine descriptions were included to enable identification of the individual medicines. Packaging leaflets were included. Disposable equipment was used.

Methadone solution for supervised consumption was supplied to patients in a plastic cup which was not always appropriately labelled so did not comply with labelling regulations, and did not allow the patient to check their dose and details. This meant it might be harder to work out what had happened if things went wrong. The pharmacy manager confirmed labels would be attached for future supplies.

A dispenser 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. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. 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.

The pharmacy was not compliant with the Falsified Medicines Directive (FMD). They had registered with SecurMed and had some software but were not scanning to verify or decommission medicines. The pharmacy manager explained that discussions were still taking place at head office to decide the best system to use.

The dispensary fridge was being used to store staff's food as well as medicines and they were not clearly segregated, which was not hygienic and increased the number of times the fridge was required to be opened, increasing fluctuations in temperature. The minimum and maximum temperatures were being recorded regularly but there had been several occasions over the last three months when the maximum temperature had been between 8 and 11 degrees Celsius. A new thermometer had been ordered but had not yet arrived. Subsequent to the inspection the pharmacy manager confirmed that he had ordered a new medical fridge so that medicines would be completely separate.

Medicines were stored in their original containers. Date checking was carried out and documented. 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 were received via intranet messages from head office. These were read and acted on by a member of the pharmacy team and then filed. The action taken was recorded on a separate log.



## 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 and Stockleys were available and the pharmacist could access the internet for the most up-to-date information. 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. Separate measures were used for CDs and there was a separate marked measure used for water for antibiotic re-constitution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (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.