

Registered pharmacy inspection report

Pharmacy Name: Clarshire Ltd., 217 Coulsdon Road, Old Coulsdon,
COULSDON, Surrey, CR5 1EN

Pharmacy reference: 1036484

Type of pharmacy: Community

Date of inspection: 21/11/2019

Pharmacy context

This is a community pharmacy set within a parade of shops in a residential area of Old Coulsdon. The pharmacy opens six days a week. And most people who use it live nearby. The pharmacy sells a range of over-the-counter medicines and some beauty products. It dispenses NHS and private prescriptions. It provides multi-compartment compliance packs (blister packs) to help people take their medicines. And it delivers medicines to a few people who can't attend its premises in person. The pharmacy also offers winter influenza (flu) vaccinations.

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	1.2	Good practice	The pharmacy continually monitors the safety of its services to protect people and further improve patient safety.
2. Staff	Standards met	2.4	Good practice	Members of the pharmacy team work well together as a team and have a work culture of openness, honesty and learning. And they learn from their own and other people's mistakes.
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 has written procedures to help make sure its team works safely. It continually monitors the safety of its services to protect people and further improve patient safety. Its team members log and review the mistakes they make. So, they can learn from these and act to avoid problems being repeated. The pharmacy has appropriate insurance to protect people if things do go wrong. It mostly keeps all the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. They understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). It had written standard operating procedures (SOPs) for the services it provided. And these have been reviewed since the last inspection. Members of the pharmacy team were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had robust systems to record and comprehensively review dispensing errors, near misses and other patient safety incidents. Members of the pharmacy team discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes regularly to help spot the cause of them and any trends. So, they could try to stop them happening again and improve the safety of the dispensing service they provide. They highlighted look-alike and sound-alike drugs on the dispensary shelves to reduce the risk of them picking the wrong product. And they've recently strengthened their dispensing process following a mistake when the wrong strength of a medicine was supplied.

The pharmacy displayed a notice that identified the RP on duty. The roles and responsibilities of staff were described within the pharmacy's SOPs. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell medicines if the pharmacist wasn't present. And they would refer repeated requests for the same or similar products to the pharmacist. The pharmacy had a complaints process. Its practice leaflet and a notice at the counter told people how they could provide feedback on the pharmacy and its services. Its team asked people for their views. Patient satisfaction surveys were undertaken each year. And the results of the most recent survey were published online. Staff tried to keep or order people's preferred makes of prescription medicines when they were asked to do so.

The pharmacy's controlled drug (CD) register, its 'specials' records and its RP records were adequately maintained. But, the CD register's running balance wasn't checked every month as required by the pharmacy's SOPs. The pharmacy's emergency supply records were generally kept in order. But, they occasionally didn't provide enough detail for why a supply was made. The prescriber's details were sometimes incorrectly recorded in the pharmacy's private prescription records.

The pharmacy gave information governance assurances to the NHS each year using an online data security and protection toolkit. And it had an information governance policy too. Arrangements were in place for confidential waste to be collected and destroyed securely. People's details were removed or obliterated from patient-returned pharmaceutical waste before being disposed of. And prescriptions awaiting collection were stored in such a way to prevent people's names and addresses being visible to the public. The pharmacy had safeguarding procedures and a list of key contacts if its team needed to raise a safeguarding concern. Its team members were trained dementia friends. And the RP had completed level 2 safeguarding training. Members of the pharmacy team could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just enough team members to provide its services safely and effectively. And it encourages its team to give feedback. Members of the pharmacy team are suitably qualified for the work they do. And they work well together and have a work culture of openness, honesty and learning. And they learn from their own and other people's mistakes. The pharmacy team makes appropriate decisions about what is right for the people it cares for. Members of the pharmacy team know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 42½ hours a week. It dispensed about 3,000 NHS prescription items a month. The RP and two dispensing assistants were working at the time of the inspection. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time dispensing assistant, a part-time dispensing assistant and a part-time medicines counter assistant (MCA). The RP managed the pharmacy and its team. The pharmacy relied upon its team, its superintendent pharmacist and staff from the company's other branch to cover absences. But, the pharmacy sometimes only had two people, including the duty pharmacist, working at the same time. So, at times, the pharmacist had to check their own work.

The RP led by example. And staff supported each other so prescriptions were processed efficiently, but safely, and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team followed. A member of staff described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for infants, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions.

The pharmacy team was established. The team members have each completed accredited training relevant to their role. They discussed their performance and development needs with the RP or the superintendent pharmacist. And they helped each other learn. They were encouraged to ask questions and familiarise themselves with new products. They were also encouraged to complete training regularly or attend training events to make sure their knowledge was up to date. They each had their own training folder. So, they could demonstrate what training they had done and when. Staff could train while they were at work when the pharmacy wasn't busy or during their own time. They were comfortable talking about their own mistakes and weaknesses with their colleagues. And team meetings were held to update them and share learning from mistakes or concerns. The pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. The pharmacy had a whistleblowing policy in place. Staff knew how to raise a concern if they had one. And their feedback led to improvements to the pharmacy's lighting and its air conditioning. The pharmacy team was encouraged to promote the pharmacy's services. But the company didn't set targets for the team. Medicines Use Reviews and New Medicine Service consultations were only provided by a suitably qualified pharmacist when it was clinically appropriate to do so and when the workload allowed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate and secure environment for people to receive healthcare. It has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy's premises were air-conditioned, bright, clean and adequately presented. The pharmacy had just enough dispensing workbench and storage space available for its current workload. People's blister packs were assembled towards the rear of the dispensary. The pharmacy's stockroom and its office needed tidying. The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. Conversations in the consultation room couldn't be overheard in the areas next to it. And it was kept locked when it wasn't being used. So, its contents were kept securely. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. The pharmacy's sinks were clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff too.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy helps people access its services. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources and it mostly stores them appropriately and securely. The pharmacy team checks stocks of medicines to make sure they are fit for purpose. And it disposes of people's waste medicines safely too.

Inspector's evidence

The pharmacy didn't have an automated door. But its entrance was level with the outside pavement and staff would open the door when necessary. So, people with mobility difficulties, such as wheelchair users, could access the premises. The pharmacy advertised its services ins-store and in its practice leaflet. Staff were helpful and knew where to signpost people to if a service couldn't be provided. The pharmacy offered a delivery service to a few people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign a delivery record to say they had received their medicines.

The pharmacy provided a winter flu vaccination service. The pharmacy had a valid, and up-to-date, patient group direction and appropriate anaphylaxis resources in place for this service. It kept a record for each vaccination. This included the details of the person vaccinated and their written consent, an audit trail of who vaccinated them and the details of the vaccine used. The pharmacy team made sure the sharps bin was kept securely when not in use. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. People didn't need to make an appointment for a flu vaccination. The pharmacy used a disposable and tamper-evident system for people who received their medicines in blister packs. The pharmacy team checked whether a medicine was suitable to be repackaged into a blister pack. And it had a process to assess if a person was eligible for the service. The pharmacy kept an audit trail of the person who had assembled each blister pack and who had checked it. The pharmacy team provided a brief description of each medicine contained within the blister packs. And patient information leaflets were routinely supplied as required by the SOPs. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy. But, the pharmacy team didn't always put a warning sticker on the outer packaging, such as blister packs, when it repackaged a valproate medication.

The pharmacy used recognised wholesalers, such as AAH, Alliance Healthcare, OTC Direct, Phoenix and Sigma, to obtain its pharmaceutical stock. It kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks which were documented. The pharmacy stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. And it also stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. The pharmacy team was required to keep patient-returned and out-of-date CDs separate from in-date stock. Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering

device on each medicine was intact during the dispensing process. And they were decommissioning stock at the time of the inspection as the pharmacy had the appropriate equipment and computer software to do so. The pharmacy's SOPs had been revised to reflect the changes FMD brought to the pharmacy's processes. Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. Suitable receptacles for hazardous and non-hazardous pharmaceutical waste were available and in use. The pharmacy stored its redundant chemicals, such as coal tar solution, ether and liquefied phenol, above some prescription medicines in its stockroom. The pharmacy team gave an assurance that the chemicals would be appropriately quarantined and safely destroyed by an authorised waste contractor. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And staff described the actions they would take and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. And, its team makes sure its equipment is stored securely.

Inspector's evidence

The pharmacy had a range of clean glass measures. It had equipment for counting loose tablets and capsules too. The pharmacy team had access to up-to-date reference sources. And it could contact the NPA to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. The pharmacy provided blood pressure (BP) checks on request. And the pharmacy team replaced the BP monitor every year. Pharmacy equipment kept within the consultation room was locked away when not in use. Access to the pharmacy computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

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.