

Registered pharmacy inspection report

Pharmacy Name: Croychem Ltd., 38 Lower Addiscombe Road,
CROYDON, Surrey, CR0 6AA

Pharmacy reference: 1036512

Type of pharmacy: Community

Date of inspection: 20/06/2019

Pharmacy context

A community pharmacy set in a row of shops on a main road on the outskirts of Addiscombe. The pharmacy opens six days a week. And most of the people who use it live nearby. The pharmacy dispenses NHS and private prescriptions and it sells a range of over-the-counter medicines. It provides multi-compartment compliance packs to help people take their medicines. And it delivers medicines to people who can't attend its premises in person.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 has written procedures to help make sure its team works safely. 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. The pharmacy adequately monitors the safety of its services. Its team members log the mistakes they make to try and stop them happening again. The pharmacy has appropriate insurance to protect people if things do go wrong. It generally keeps all the records it needs to by law. But it could do more to make sure they're checked regularly. The pharmacy acts upon people's feedback. And it keeps people's private information safe and explains how it will be used. The pharmacy team understands its role in protecting vulnerable people.

Inspector's evidence

The Responsible Pharmacist (RP) hadn't arrived at the pharmacy when it opened. But the pharmacy's team members told people that they weren't allowed to sell any medicines or give out any prescriptions until a pharmacist arrived. The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And they have been reviewed since the last inspection. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles.

The team members responsible for the dispensing process 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 RP who was also seen initialling the dispensing label.

Systems were in place to review pharmacy services, including the recording of dispensing errors and near misses. But only a few near misses have been recorded since last October. And they haven't been reviewed to spot any trends or patterns. However, the pharmacy team discussed its mistakes as they happened to share learning and to try to stop them happening again; for example, it separated stocks of promethazine and prochlorperazine following a recent picking error.

The pharmacy displayed a notice that identified the RP on duty. The roles and responsibilities of the pharmacy team were described in the SOPs. Staff knew what they could and couldn't do, what they were responsible for and when they might seek help; for example, the Medicines Counter Assistant (MCA) explained that repeated requests for the same or similar products were referred to the pharmacist.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of a recent satisfaction survey were published online. Details on how people could provide feedback about the pharmacy were included in the pharmacy's practice leaflet. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The address of a healthcare professional collecting a Schedule 2 controlled drug (CD), such as the RP when he delivered to people, wasn't routinely recorded in the CD register. The pharmacy's emergency supply records and its RP records were adequately

maintained. The date of prescribing wasn't always included in the pharmacy's private prescription records and the details of the prescriber were sometimes incorrect. The date a 'specials' line was obtained and when it was supplied weren't always correctly recorded within the pharmacy's 'specials' records.

An information governance policy was in place and the pharmacy team were required to read and sign a confidentiality agreement. A privacy notice was displayed within the public area of the premises to tell people how the pharmacy and its team gathered, used and shared personal information. Prescriptions awaiting collection were stored in such a way to prevent people's names and addresses being visible to the public. Confidential waste was shredded on-site.

Safeguarding procedures were in place and key contacts for safeguarding concerns were available online. Staff were encouraged to complete safeguarding training. And they 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 enough suitably qualified team members to provide safe and effective care. Members of the pharmacy team are encouraged to keep their skills and knowledge up to date. They're comfortable about giving feedback to improve the pharmacy's services. And they use their judgement to make decisions about what is right for the people they care for. The pharmacy team knows how to raise a concern if it has one. And its professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 56 hours a week. And it dispensed about 5,500 prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), three part-time dispensing assistants and a part-time MCA. The RP worked at the pharmacy six days a week and was the company's Superintendent Pharmacist. The team members have completed accredited training relevant to their roles. The pharmacy was reliant upon its staff, staff from a nearby pharmacy and locum pharmacists to cover absences. The RP, a dispensing assistant and the MCA were working at the time of the inspection. The RP and one of the dispensing assistants provided the pharmacy's delivery service.

Staff supported each other so prescriptions were processed in a timely manner 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 needed to follow. The MCA 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, elderly people or people with long-term health conditions.

Staff performance and development needs were discussed informally throughout the year. Members of the pharmacy team could ask the pharmacist questions, familiarise themselves with new products and complete training from third-party companies to keep their knowledge up to date. They sometimes got time to train whilst at work when the pharmacy wasn't busy.

Team meetings and one-to-one discussions were used to update staff and to share learning from mistakes and concerns. The pharmacy's team members felt comfortable in making suggestions about the pharmacy. And they knew how to raise a concern with the persons named in the pharmacy's whistleblowing policy if they had one. Staff feedback led to the use of clear bags for dispensed refrigerated lines. So, the person handing over the medication and the patient or their representative could see what was being supplied and query any items. Whilst the pharmacy team was encouraged to promote the pharmacy's services, the company doesn't set targets or incentives for its staff.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was bright, clean, adequately presented and air-conditioned. The pharmacy team was responsible for keeping the premises clean and tidy. A consultation room was available if people needed to speak to a team member in private.

The pharmacy's dispensary had limited storage space. And some dispensed prescriptions, which couldn't be accommodated on the pharmacy's shelves, were stored on the floor. There was little bench space available for staff to unpack deliveries onto at the time of the inspection. And the consultation room was used to assemble people's multi-compartment compliance packs.

The pharmacy's sinks were clean. And the premises had a supply of hot and cold water. Antibacterial hand wash and alcoholic hand sanitising gel were also available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. And its services are accessible to most people. The pharmacy's team members are helpful. And they usually make sure people have the information they need so that they can use their medicines safely. And they generally check stocks of medicines regularly to make sure they are fit for purpose. The pharmacy gets its medicines from reputable sources and stores them appropriately. And it disposes of people's waste medicines safely too.

Inspector's evidence

The pharmacy's services were advertised in-store and were included in the pharmacy's practice leaflet. There was no automated door into the pharmacy. But its entrance was level with the outside pavement. And staff opened the door, when necessary, to help people access the premises. People needed to negotiate a step, about 15cm tall, to enter the pharmacy's consultation room. And some people, such as wheelchair users, could have difficulty in accessing it. So, the pharmacy team needed to make reasonable adjustments for these people to receive some services. And staff were helpful and knew where to signpost people to if a service couldn't be provided. The pharmacy offered a delivery service to people who couldn't attend its premises in person. And the pharmacy team kept an audit trail for each delivery it made.

The pharmacy provided 30 Medicine Use Reviews and 6 to 10 New Medicine Service consultations most months. People were required to provide their written consent when recruited for these. The pharmacy provided a winter influenza (flu) vaccination service. The RP administered about 25 flu vaccinations last winter. 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.

The pharmacy used disposable and tamper-evident multi-compartment compliance packs for its Monitored Dosage System dispensing service. A dispensing audit trail was maintained for the service. And a brief description of each medicine contained within the packs was provided. But sometimes patient information leaflets weren't supplied. So, people didn't always have the information they needed to take their medicines safely.

The RP was aware of the valproate pregnancy prevention programme. And he knew that girls and women who may become pregnant who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available.

Recognised wholesalers, such as AAH, Alliance Healthcare, D E South and Sigma, were used to obtain medicines and medical devices. Pharmaceutical stock requiring refrigeration was appropriately stored between 2 and 8 degrees Celsius. CDs, which were not exempt from safe custody requirements, were appropriately and securely stored. A record of the destruction of patient returned CDs was maintained. Staff were required to keep patient-returned and out-of-date CDs separate from in-date stock.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks at the point of dispensing and periodically every three to four months. But some out-of-date medicines were found on the dispensary shelves during the inspection. Staff promptly disposed of these.

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. But they weren't verifying nor decommissioning stock at the time of the inspection despite the pharmacy having the appropriate equipment to do so as they didn't know how to. Nor did they know if the pharmacy's computers had the appropriate software installed. The pharmacy's SOPs had been reviewed to reflect the changes FMD would bring 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. Pharmaceutical waste receptacles were available and in use. But people's details weren't always removed or obliterated from patient-returned pharmaceutical waste before being disposed of.

A process was in place for dealing with recalls and concerns about medicines or medical devices. Drug and device alerts were retained and annotated with the actions taken following their receipt.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had up-to-date reference sources available and it had access to the NPA's information department. The pharmacy had a range of clean glass measures. And it had equipment for counting loose tablets and capsules too. A medical refrigerator was used to store pharmaceutical stock requiring refrigeration. And its maximum and minimum temperatures were checked regularly and recorded.

The pharmacy provided blood pressure checks on request. And its blood pressure monitor was recently replaced. Access to the pharmacy computers and the patient medication record system was restricted to authorised personnel and password protected. The computer screens were out of view of the public. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

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.