

Registered pharmacy inspection report

Pharmacy Name: Manning Pharmacy, 9 Dorsten Square, Bewbush, CRAWLEY, West Sussex, RH11 8XW

Pharmacy reference: 1037294

Type of pharmacy: Community

Date of inspection: 08/10/2020

Pharmacy context

A community pharmacy set on a small shopping precinct within a residential area of Crawley. The pharmacy opens six days a week. And most people who use it live nearby. The pharmacy sells a range of over-the-counter (OTC) medicines. And it sells some health and beauty products too. The pharmacy dispenses people's prescriptions. It supplies medicines in multi-compartment compliance packs (compliance packs) to help people take their medicines. And it delivers medicines to a few people who have difficulty in leaving their homes. The pharmacy provides Medicines Use Reviews (MURs) and the NHS New Medicine Service (NMS). And it also offers winter influenza (flu) vaccinations. This inspection took place during the coronavirus (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
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 manages its risks appropriately. And it has written procedures to help make sure its team works safely. The pharmacy keeps most of the records it needs to. And it has adequate insurance to help protect people if things do go wrong. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They review the mistakes they make. So, they can try to stop them happening again. They understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy team had risk assessed the impact of COVID-19 on the pharmacy and its services. And, as a result, some of the pharmacy's processes, such as dealing with people's unwanted medicines, had been reviewed. The pharmacy offered to undertake an occupational risk assessment for each team member to help identify and protect those at increased risk in relation to COVID-19. The pharmacy team was aware of the need for community pharmacy employers to report instances of exposure to COVID-19 in the workplace. The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided. The superintendent pharmacist had recently reviewed the SOPs. 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 kept look-alike and sound-alike drugs apart on the dispensary shelves to reduce the chances of them picking the wrong product. They used baskets to separate each person's medication and to help them prioritise their 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 superintendent pharmacist who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors and near misses. Members of the pharmacy team discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they shared any learning from these reviews with each other. So, they could try to stop the same types of mistakes happening again. The pharmacy had strengthened its prescription bagging-up process after a person was given someone else's prescription by mistake.

The pharmacy displayed a notice that identified that the superintendent pharmacist was the responsible pharmacist (RP) on duty. Its SOPs described the roles and responsibilities of the pharmacy team. Members of the pharmacy team knew 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 a pharmacist wasn't present. And they would refer repeated requests for the same or similar products to the RP. The pharmacy had a complaints procedure. It told people how they could provide feedback about it and the services it provided in its practice leaflet. People were asked to take part in a satisfaction survey once a year. And the results of some recent surveys were available online. The pharmacy got some more seats for people to use following their feedback.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy team generally kept the controlled drug (CD) register in order. But the address from whom a CD was received from wasn't always included in the register. And the CD running balance hadn't been checked as often as the SOPs required. So, the pharmacy team could be

missing opportunities to spot mistakes or discrepancies. The pharmacy kept a record to show which pharmacist was the RP and when. But the pharmacist sometimes forgot to record when they stopped being the RP. The pharmacy kept records for the supplies of unlicensed medicinal products it made. But it didn't always record when it received a product. The pharmacy recorded the emergency supplies it made electronically. But the name and address of the prescriber making the request weren't always recorded. And the reason for a supply made at a patient's request wasn't always recorded properly too. The pharmacy adequately recorded the private prescriptions it supplied in a paper register.

The pharmacy had an information governance policy. Members of the pharmacy team needed to complete training on how to keep people's information safe. And they also needed to read and sign a confidentiality agreement. The pharmacy made sure that its confidential waste was destroyed securely. The pharmacy team stored prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. The pharmacy had safeguarding procedures. It had the contacts it needed if a member of the team needed to raise a safeguarding concern. And team members 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 people in its team. Members of the pharmacy team can keep their skills and knowledge up to date. So, they can deliver safe and effective care. They use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one.

Inspector's evidence

The pharmacy team consisted of a full-time pharmacist (the superintendent pharmacist), a part-time locum pharmacist, two full-time dispensing assistants, a part-time dispensing assistant, six part-time medicines counter assistants and a part-time trainee medicines counter assistant. The superintendent pharmacist, two dispensing assistants and three medicines counter assistants were working at the time of the inspection. The pharmacy relied upon its team and team members from the company's other pharmacy to cover absences.

Members of the pharmacy team worked well together. So, people were served promptly, and their prescriptions were processed safely. The superintendent pharmacist supervised and oversaw the supply of medicines and advice given by the team. The pharmacy had a sales of medicines protocol which its team needed to follow. One of the team members described the questions they would ask when making OTC recommendations. They referred requests for treatments for animals, babies, people who were pregnant or breastfeeding and people with long-term health conditions to a pharmacist. Members of the pharmacy team needed to undertake accredited training relevant to their roles. Team members could talk to the superintendent pharmacist about their development needs. They were encouraged to ask questions and familiarise themselves with new products. They completed training to make sure their knowledge was up to date. And they could train while they were at work when the pharmacy wasn't busy. But they could choose to train in their own time if they wanted to. The superintendent pharmacist recently completed training so the pharmacy could provide the morning-after pill for free. The pharmacy held informal meetings to update its team and to share learning from mistakes or concerns.

The pharmacy didn't set any targets or have incentives for its staff. And its team didn't feel under pressure to complete the tasks it was expected to do. The pharmacy only provided MURs and NMS consultations when a suitably qualified pharmacist decided it was clinically appropriate to do so and when the workload allowed. The pharmacy had a whistleblowing SOP. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one. And their feedback led to a 'WhatsApp' group being set up so they could talk to each other about work-related matters.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable and secure environment for people to receive healthcare. And its premises are clean and tidy. The pharmacy has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy had a retail area, a consulting room, a counter, a dispensary, a stockroom, a kitchenette and a toilet. The pharmacy was bright, clean, secure and adequately presented. But it didn't have air conditioning. So, its team took steps to try and control the temperature when it was very hot. The dispensary generally had the workspace and storage it needed for its current workload. But people's compliance packs were assembled on a make-shift workstation in the kitchenette. Members of the pharmacy team tried to socially distance themselves from each other and people using the pharmacy. But they wore face masks throughout the inspection. So, they could protect themselves and other people. The pharmacy had a consulting room for the services it offered and if people needed to speak to a team member in private. The pharmacy team locked the consulting room when it wasn't being used. So, its contents were kept secure. The pharmacy had a few sinks. And it had a supply of running hot and cold water. Members of the pharmacy team were responsible for keeping the pharmacy's premises clean and tidy. They cleaned the pharmacy the days it was open. And they regularly wiped and disinfected the surfaces they and other people touched. The pharmacy had handwash and alcoholic hand gel for people to use. So, its team members could wash or sanitise their hands regularly.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy tries to help people access its services. Its working practices are generally safe and effective. And its team is helpful. The pharmacy 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 stores most of them appropriately and securely. Members of the pharmacy team generally carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose. And they dispose of most people's waste medicines properly too.

Inspector's evidence

The pharmacy had step-free access. But it didn't have an automated door. So, the pharmacy team opened the door when needed. This meant that people with mobility difficulties, such as wheelchair users, could enter the building. The pharmacy listed the services it could provide in-store and in its practice leaflet. Members of the pharmacy team were helpful. They took the time to listen to people. So, they could advise and help them. And they signposted people to another provider if a service wasn't available at the pharmacy. The pharmacy offered a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery to show that the right medicine was delivered to the right person. But it had adapted its delivery process because of the pandemic. And people no longer needed to sign a delivery record to say they had received their medicines. This meant that the delivery person and the people they were delivering to could socially distance from each other.

The pharmacy had appropriate resources, including an up-to-date patient group direction, for its flu vaccination service. The pharmacy kept a record of the vaccinations it made. And this included the details of the person vaccinated and their 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. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. The pharmacy team checked whether a medicine was suitable to be re-packaged. It provided a brief description of each medicine contained within the compliance packs. It kept an audit trail of the person who had assembled and checked each prescription. But sometimes patient information leaflets weren't supplied. The pharmacy team marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting, for example a high-risk medicine, or if other items, such as CDs and refrigerated products, 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. The pharmacy had some valproate educational materials available.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines at regular intervals. It recorded when it had done these checks. And it marked products which were soon to expire. But an out-of-date product was found on a shelf during the inspection. It was quickly removed and quarantined when brought to the attention of the pharmacy team. So, the chances of it being given to someone by mistake were reduced. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius.

And it also stored its CDs, which weren't exempt from safe custody requirements, securely. The pharmacy team needed to keep patient-returned and out-of-date CDs separate from in-date stock. Members of the pharmacy team 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 decommissioning stock despite the pharmacy having the FMD equipment and software it needed. The superintendent pharmacist was aiming for the pharmacy to become FMD compliant by the end of the year once the pharmacy's processes had been updated and its team trained. The pharmacy had procedures for handling unwanted medicines people returned to it. And its team checked if these included any CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. The pharmacy had a few pharmaceutical waste bins. But it didn't have an appropriate bin for the disposal of hazardous waste. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members 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 equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had reviewed the equipment its team needed as a result of the pandemic. It had put two large plastic screens on its counter. And markings on its floor were there to help people keep two metres apart and restrict the number of people in the pharmacy at any one time. The pharmacy had hand sanitisers for people to use if they wanted to. And it had the personal protective equipment, including aprons and face masks, its team members needed. The pharmacy had a range of clean glass measures. And it had equipment for counting loose tablets and capsules too. Members of the pharmacy team made sure the equipment they used to measure, or count, medicines was clean before they used it. The pharmacy team had access to up-to-date reference sources. And it could contact the National Pharmacy Association to ask for information and guidance. The pharmacy had a refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. The pharmacy had a cordless telephone system. So, its team could have confidential conversations with people when necessary. Most of the team members responsible for the dispensing process 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.