

Registered pharmacy inspection report

Pharmacy Name: Geddes Chemist, 211 Three Bridges Road, Three Bridges, CRAWLEY, West Sussex, RH10 1LG

Pharmacy reference: 1037308

Type of pharmacy: Community

Date of inspection: 13/08/2019

Pharmacy context

A community pharmacy set in a residential area of Crawley near Three Bridges railway station. The pharmacy opens six days a week. It sells a small range of over-the-counter medicines and dispenses NHS and private prescriptions. It offers a substance misuse treatment service. And it provides multi-compartment compliance packs to help people take their medicines. It delivers medicines to people who can't attend its premises in person. It also offers winter influenza (flu) vaccinations and a travel clinic.

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 has written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It generally 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 record the mistakes they make and learn from them to try and stop them happening again. They understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And its team were currently reviewing them. Staff were required to read and sign the SOPs relevant to their roles.

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

The pharmacy had systems to record and review dispensing errors and near misses. The pharmacy's staff 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 tried to stop them happening again; for example, they have separated stocks of sildenafil and sertraline to help prevent them picking the wrong product.

The pharmacy displayed a notice that identified the RP on duty. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help; for example, a member of the pharmacy team explained that repeated requests for the same or similar products were referred to a pharmacist.

The pharmacy had a complaints process in place. And details about how people could provide feedback were on display and were included in the pharmacy's practice leaflet. Patient satisfaction surveys were undertaken annually. And the results of last year's survey were published online. 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 pharmacy's emergency supply records and most of its RP records were adequately maintained. The address from whom a controlled drug (CD) was received from wasn't always recorded in the pharmacy's CD register. Some headings in the CD register were incomplete. And the CD register's running balance wasn't always checked each month as required by the pharmacy's SOPs. The details of the prescriber were sometimes incorrectly recorded within the pharmacy's private prescription records.

And the date an unlicensed medicinal product was obtained at the pharmacy wasn't routinely included in the pharmacy's specials records.

An information governance policy was in place. Staff were required to read and sign a confidentiality agreement. A notice was displayed in the pharmacy to tell people how their personal data was used and kept. Arrangements were in place for confidential waste to be collected and sent to a centralised point for secure destruction. But sometimes people's details weren't removed or obliterated from patient-returned pharmaceutical waste before disposal as required by the pharmacy's SOPs.

Safeguarding processes and a list of key contacts for safeguarding concerns were available at the pharmacy. The RP had completed level 2 safeguarding training. And staff 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 staff to deliver its services safely. And it encourages its team to provide feedback and keep its knowledge up to date. The pharmacy team makes appropriate decisions about what is right for the people it cares for. Staff 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 49 hours a week and it dispensed about 5,000 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time dispensing assistant, two part-time dispensing assistants, a part-time medicines counter assistant and a part-time delivery driver. The pharmacy's team members have worked at the pharmacy for several years. And they have completed accredited training relevant to their roles. The RP managed the pharmacy. The pharmacy was reliant upon its team, staff from one of the company's other pharmacies and locum pharmacists to cover absences. The RP and two dispensing assistants were working at the time of the inspection.

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. One of the dispensing assistants 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.

The pharmacy's team members discussed their performance and development needs with the RP informally throughout the year and at annual appraisals. They were encouraged to ask the RP questions, familiarise themselves with new products and complete training provided by third-party companies to keep their knowledge up to date. Staff could train while they were at work when the pharmacy wasn't busy. Team meetings were held to update staff and share learning from mistakes or concerns. Staff unable to attend these meetings were updated during one-to-one discussions. Members of the pharmacy team felt comfortable in providing suggestions about the pharmacy during team meetings. And they knew how to raise a concern if they had one. Their feedback led to changes being made to the pharmacy's layout.

Staff didn't feel their professional judgement or patient safety were affected by company targets. Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations were only provided by suitably qualified pharmacists 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 environment for people to receive healthcare. But it's small. So, its staff don't always have the space they need to work in when it's busy.

Inspector's evidence

The pharmacy was air-conditioned, bright and appropriately presented. But it was small. It had limited workbench and storage space available. And its worksurfaces often became cluttered when the pharmacy was busy.

A consultation room was available if people needed to speak to a team member in private. It had lockable cupboards. So, staff could make sure its contents were kept securely.

The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. The sink in the dispensary was clean. And it had a supply of hot and cold water. Antibacterial hand wash and alcoholic hand sanitisers were also available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy tries to make sure its services are accessible to people. It gets its medicines from reputable sources and it stores them appropriately and securely. The pharmacy's team members check stocks of medicines to make sure they are fit for purpose. And they generally dispose of people's waste medicines safely.

Inspector's evidence

The pharmacy didn't have step-free access nor an assistance bell. And it wasn't allowed to have a ramp due to planning restrictions. So, some people, such as wheelchair users, couldn't enter the premises. And the pharmacy team needed to make reasonable adjustments to help these people access the pharmacy's services. The pharmacy's services were advertised in-store and were included in the practice leaflet. Staff knew what services the pharmacy offered and 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 an audit trail was maintained for each delivery. But people weren't asked to sign a delivery record to say they had received their medicines as required by the pharmacy's SOPs.

The pharmacy offered a winter flu vaccination service. 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 provided over 30 MURs and about seven NMS consultations a month. People were required to provide their consent when recruited for these services. There wasn't much demand for the pharmacy's stop smoking service.

The pharmacy offered a travel vaccination service and malaria prevention medicines. It had valid and up-to-date patient group directions in place for its travel clinic. People needed to make an appointment for the service. So, the pharmacy could make sure an appropriately trained travel clinic pharmacist was available.

The pharmacy provided a substance misuse treatment service and a needle exchange service. The pharmacist could supervise the consumption of some substance misuse clients' treatments. The pharmacy team asked needle exchange clients to return spent sharps within the containers provided and deposit these into a designated receptacle. The pharmacy participated in a locally commissioned naloxone supply service to help reduce opiate overdose related deaths.

The pharmacy used a disposable and tamper-evident system for people who received their medicines in multi-compartment compliance packs. An audit trail was maintained of the person who had assembled each compliance pack and who had checked it. A brief description of each medicine contained within the compliance packs was provided. But patient information leaflets weren't always supplied. So, people sometimes didn't have all the information they needed to take their medicines safely.

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.

The pharmacy used recognised wholesalers, such as AAH, Alliance Healthcare, B&S, Day Lewis Medical Ltd., DE South and Phoenix, 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, and products nearing their expiry dates were appropriately marked. It stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. Some food and milk were stored amongst stock in the pharmacy's refrigerators. But they were removed when the pharmacy team was told about them.

The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. 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. But out-of-date CDs have been allowed to accumulate and needed to be destroyed in the presence of an authorised witness.

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 or decommissioning stock at the time of the inspection despite the pharmacy having the appropriate equipment and computer software to do so. The pharmacy's SOPs hadn't been revised to reflect the changes FMD would bring to the pharmacy's processes. The pharmacy was scheduled to be FMD compliant within the next three months.

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 household chemicals, were appropriately signposted. Pharmaceutical waste receptacles were available and in use. But the pharmacy didn't have a receptacle to dispose of people's hazardous waste, such as cytostatic and cytotoxic products.

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

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its 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. The pharmacy had two medical refrigerators to store its pharmaceutical stock requiring refrigeration. The maximum and minimum temperatures of the refrigerators were monitored and recorded regularly.

The pharmacy provided blood pressure checks on request. And its blood pressure monitor was replaced recently. The monitor used in the pharmacy's stop smoking service was replaced within the past year.

Access to the pharmacy's computers and its 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.