

Registered pharmacy inspection report

Pharmacy Name: Cryers Chemist, 1 Kenneth Street, ROTHERHAM,
South Yorkshire, S65 1AB

Pharmacy reference: 1039223

Type of pharmacy: Community

Date of inspection: 10/05/2021

Pharmacy context

This community pharmacy is on a quiet street close to Rotherham town centre. The pharmacy's main activities are dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy provides some substance misuse services and it offers a medicine delivery service to people who are housebound. Conditions on the pharmacy's registration are in place at this pharmacy premises. These conditions were imposed after failings were identified at a previous inspection and they remain in force at the time of this inspection. The pharmacy was inspected during the 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 acts to identify and manage risks associated with providing its services. It uses feedback that it receives about its services to help inform improvement. The pharmacy keeps the records it needs to by law and it protects people's private information appropriately. Pharmacy team members act openly and honestly by discussing their mistakes and they act to reduce risk following these discussions. They show commitment to working with other agencies to help safeguard vulnerable people.

Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. It had addressed some risks associated with providing pharmacy services during the pandemic. This included a copy of the most recent COVID-19 community pharmacy standard operating procedure (SOP) published by NHS England. And a written risk assessment providing details of how the pharmacy had identified and continued to manage risks. For example, the pharmacy had removed some traditional confectionary items such as cough sweets from sale, due to the risks associated with weighing and handling the sweets. The pharmacy had reviewed access to the premises and increased the frequency of cleaning tasks. All team members wore either type IIR face masks or face visors during the inspection. And additional personal protective equipment (PPE) was available.

The pharmacy had a range of SOPs to support its team members in delivering the pharmacy's services. SOPs covered responsible pharmacist (RP) requirements, pharmacy services and controlled drug (CD) management. These were due for review as the last documented review date was June 2018. This review had been undertaken by a pharmacist who provided regular support to the team. There was evidence of dated and signed amendments made to SOPs during the last review. A training record attached to individual SOPs confirmed team members had read and signed SOPs applicable to their role. And both team members on duty were observed working in accordance with dispensing SOPs.

SOPs covered near-miss error reporting and dispensing incident reporting. The RP demonstrated the current near miss record. This included details of the type of mistake made, and the RP explained how feedback to the team member involved in a mistake was provided at the time the event occurred. The RP periodically reviewed the record for trends but did not make a record of this review process. The team could demonstrate actions taken to reduce risk following mistakes. These actions included separating look-alike and sound-alike (LASA) medicines on dispensary shelves, and segregating some medicines on the shelves by storing them in baskets. This helped to reduce the risk of a picking error occurring. The RP could not recall a dispensing incident occurring for some years, but demonstrated familiarity with the reporting process if an incident was to occur. The pharmacy dispensed a relatively low number of NHS items, and most prescriptions were for repeat items. This helped team members to manage workload well and meant there was little pressure on them during the dispensing process. There was separate bench space for labelling, assembling and checking medicines. And higher risk tasks relating to CDs were managed in a designated space to one side of the dispensary.

The pharmacy had a comprehensive guide to customer service and managing feedback. There was a process in place for people to raise a concern about the pharmacy or one of its services if required. And the owner addressed any concerns. The team had acted on feedback from the GPhC inspector following

receipt of the pharmacy's last inspection report. These actions included several notices informing team members and locums that the pharmacy no longer sold liquid medicines containing codeine. The notices were authorised by the owner of the pharmacy. Team members were well briefed in data protection and confidentiality requirements. And the pharmacy had some information governance procedures in place and was registered with the Information Commissioners Office. It also had suitable arrangements for disposing of confidential waste. All team members had engaged in some safeguarding learning, although this was not recent. They were aware of how to manage and report a concern relating to a vulnerable person. And several examples of actions they took to support vulnerable people were observed during the inspection. For example, providing a rapid delivery service to an independent living complex close to the pharmacy, and interacting with people's key workers as part of a multidisciplinary team approach.

The pharmacy had up-to-date indemnity insurance. A sample of pharmacy records inspected conformed to legal and regulatory requirements. These included the RP notice, RP register, private prescription records and the CD register. The pharmacy maintained running balances in the CD register. It regularly audited the balances of the CDs it when providing its substance misuse services. But full balance checks for other CDs were not regular completed. Physical balance checks of several CDs completed during the inspection complied with the balances recorded in the register

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough, suitably skilled team members to manage its workload. It has some informal processes which adequately support the learning needs of its team members. Team members work well together and take care to support each other in their day-to-day work. And they understand how to provide feedback about the pharmacy and can raise a professional concern if needed.

Inspector's evidence

The current pharmacy team consisted of the RP and three part-time qualified dispensers. Two more dispensers remained furloughed from the pharmacy. On duty on the day of the inspection was a dispenser and the RP, the RP was the pharmacy owner. Team members generally increased their working hours to cover for annual leave and the pharmacy had details of several locums which it used to cover the owner's days off. But the owner had worked almost every day since the beginning of the pandemic. The owner received some additional support relating to clinical governance processes from another pharmacist who he consulted with regularly.

The pharmacy displayed the details of the team members dispensing qualifications. The RP had regularly attended face-to-face learning events prior to the pandemic. And had kept up to date with changes to pharmacy services during the pandemic through reading newsletters and journals. The dispenser explained that the RP regularly shared information which prompted conversation between team members. And team members also had access to reading material provided through the pharmacy's wholesalers and the local pharmaceutical committee.

There was a whistle blowing policy and the pharmacy encouraged its team members to provide feedback openly. Team members enjoyed a positive working relationship with each other and had worked together for a good number of years. The RP and dispenser were observed communicating well during the inspection and supported each other when making decisions relating to workload management. The pharmacy did not have any targets or incentives in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. Its layout provides space for people to engage in confidential conversations with a member of the team in private.

Inspector's evidence

The pharmacy was secure and maintained to a respectable standard. It was clean and working areas were kept in an orderly manner. The pharmacy had acted to manage the risks associated with social distancing. A heavy duty plastic curtain was in place across the full length of the medicine counter. And notices advised people to stand away from this area. Windows leading from the dispensary to the public area had been covered with plastic screening, each had a small section cut out to allow team members to speak to people visiting the pharmacy. Members of the pharmacy team had access to hand washing facilities and hand sanitiser to support the enhanced infection control measures.

A storeroom on the first-floor level of the premises was cluttered with items such as historic invoices, old shelving and some older, out-of-date medicines. There was a clear path through the room. The medicines did not risk being mixed up with other stock and were stored on specific shelves. But there was no required need to keep them for any longer than necessary. The first-floor level also provided access to staff kitchen and toilet facilities. The pharmacy had a semi-private area to the side of the dispensary and this was in use throughout the inspection. It had a small consultation space situated between the medicine counter and dispensary. This was not in routine use during the pandemic. There was not more than one person in the public area of the pharmacy during the inspection. And team members confirmed the pharmacy received no passing trade, this meant team members could consult with most people on a one-to-one basis.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy ensures its services are easily accessible to people. It has suitable procedures to support the pharmacy team in delivering its services. The pharmacy obtains its medicines from reputable sources. And it generally stores medicines safely and securely. But it doesn't always keep records of the checks pharmacy team members make to show that medicines are safe to use. This means it could be more difficult for the pharmacy to respond to a query or concern should one arise.

Inspector's evidence

People accessed the pharmacy via a slope or steps from street level. A separate entrance provided access to an area with a semi-private hatch which led into the dispensary. A notice on the main pharmacy door reminded people to wear a face covering when entering the pharmacy. Team members were knowledgeable about local signposting arrangements in the event the pharmacy couldn't provide a medicine or service.

Pharmacy team members identified higher risk medicines during the dispensing process. And the RP provided verbal counselling when supplying these medicines. But the pharmacy did not keep records associated with these types of interventions. Team members demonstrated an awareness of the requirements of the valproate Pregnancy Prevention Programme (PPP) and the pharmacy had a stock of PPP patient cards ready to issue to people within the high-risk group. The team explained it didn't currently dispense valproate to anybody within this group. The pharmacy provided a supervised consumption of medicines service and also provided some medicines daily or every few days to people. Team members were observed engaging positively with people attending for these services. The service was managed appropriately with records of supply made at the time a person attended. The team was aware of how to raise any concerns relating to people using these services and had up-to-date contact information for the local substance misuse team.

Team members used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped to inform workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The RP undertook the majority of medicine deliveries after work each day. The pharmacy identified people requiring the delivery service by highlighting this information within the patient medication record (PMR) held on the pharmacy computer. The pharmacy did not require people to sign for delivery of their medicines through the service during the pandemic. The pharmacy retained original prescriptions for medicines owed to people. But these were not always stored together with details of the owing. This meant there was a risk the owed medicine could be supplied without using the original prescription during the checking process. A discussion took place about this risk and the team acted to manage it through making original prescriptions readily available alongside details of the owed medicine waiting to be supplied.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Invoices of purchases were available for inspection. Members of the pharmacy team had access to a protocol to assist them in managing requests for Pharmacy (P) medicines. And it stored P medicines behind the medicine counter. This meant the RP had supervision of sales taking place and was able to intervene if necessary. Medicine storage in the dispensary was orderly with medicines stored in their original

packaging. The pharmacy had a date checking record in place but the team identified that due to reduced staffing during the pandemic it had been difficult to keep up with some date checking tasks. A random check of dispensary stock found a couple of out-of-date medicines. But team members did routinely check expiry dates at each stage of the dispensing process. This helped to minimise the risk of an out-of-date medicine being supplied to a person. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. It also had CD denaturing kits available. The pharmacy received alerts relating to medicines through email and direct from wholesalers and had an established process for checking and responding to the alerts it received.

The pharmacy had a secure cabinet to store medicines subject to safe custody regulation. Some medicines stored within the cabinet were out of date. This prompted a discussion about the need to request an authorised witness visit through the online CD reporting tool. There was enough space in the cabinet to safely store medicines. The pharmacy stored medicines subject to cold chain requirements safely in a pharmaceutical refrigerator. The fridge was operating between two and eight degrees Celsius as required on the day of the inspection. Team members explained how they regularly checked the temperature but explained temperature records were not always made unless the computer prompted a team member to do this. This meant there were some gaps in the electronic temperature record. The RP confirmed plans to implement a handwritten record to help manage daily recording of the checks made moving forward.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a suitable range of equipment to support the delivery of its services. Members of the pharmacy team use the equipment and facilities in a way which protects people's privacy.

Inspector's evidence

The pharmacy had a range of clean equipment available to support the delivery of pharmacy services. Equipment included crown stamped measuring cylinders for measuring liquid medicines. It had separate cylinders for use solely with substance misuse medicines, and some single-use consumables for the supervised consumption of medicines service. Team members had access to the internet and to a range of up-to-date written reference resources. These included the British National Formulary. Computers were password protected and assembled bags of medicines were stored within the dispensary and in totes behind the medicine counter, this meant people's details on bag labels were not visible to members of the public.

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.