

Registered pharmacy inspection report

Pharmacy Name: G.F.T. Davies & Co., 50 Hills Road, CAMBRIDGE,
Cambridgeshire, CB2 1LA

Pharmacy reference: 1085587

Type of pharmacy: Community

Date of inspection: 17/04/2023

Pharmacy context

This NHS community pharmacy is on a row of shops. It sells medicines over the counter. It dispenses people's prescriptions. And it delivers medicines to people who have difficulty in leaving their homes. The pharmacy supplies multi-compartment compliance packs (compliance packs) to people who need help managing their medicines. People can get their flu vaccination at the pharmacy during the appropriate season. Its prescription items have recently increased due to temporary closures at other near-by pharmacies.

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 generally identifies and manages the risks associated with its services to help provide them safely. It protects people's personal information well and its team members understand their role in protecting vulnerable people. It sometimes records mistakes that happen during the dispensing process. And it uses this information to help make its services safer. But it doesn't make records about these events consistently. So, it may be harder for the pharmacy to identify any patterns or trends and make improvements to the way it works.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. Team members had signed to say that they had read them. SOPs were regularly reviewed and updated by the head office team. Any changes or updates were highlighted at the beginning of the SOPs and team members were also made aware of these. Team members were allocated SOPs depending on their job roles.

The pharmacy sometimes recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were logged on a sheet displayed in the dispensary but it was difficult to analyse the data from the near misses and show trends and patterns because they were not all recorded. Warning labels were used on the shelves to highlight picking errors made in the past. Dispensing errors were investigated and reported to the superintendent pharmacist (SI).

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure, and it displayed a notice informing people about the procedure. Complaints were dealt with by the regular pharmacist who was the SI.

Records about private prescriptions, emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were well maintained and were electronically recorded. CDs that people had returned were recorded in a register as they were received. CD balance checks were carried out regularly.

Assembled prescriptions were stored behind the counter and people's private information was not visible to others using the pharmacy. The pharmacy had an information governance policy available. Relevant team members who accessed NHS systems had smartcards. Pharmacists had access to Summary Care Records (SCR); consent to access these was gained verbally. Confidential waste was kept in a designated bag and collected by a contractor for secure destruction. All team members had also completed online training about confidentiality.

Team members had completed safeguarding training. Details were available for the local safeguarding boards. The company also had a safeguarding officer at head office who team members could contact.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services it provides. And the pharmacy supports its team members by giving them access to ongoing training to help keep their knowledge and skills up to date. They do the right training for their roles.

Inspector's evidence

At the time of the inspection, the pharmacy team comprised of the SI and two trained counter assistants. There was also a pharmacy technician who was an accuracy checker, but they were on holiday. Team members worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. Team members were seen to counsel people about the use of over-the-counter medicines and asked appropriate questions before recommending treatment.

The staff said that they were able to make suggestions about how the pharmacy was run. Recently they had suggested separating different strengths of some medicines and this had reduced picking errors. Individual performance and development was monitored by the SI. Appraisal meetings were held annually with an interim review. Team members were also given on-the-spot feedback. Team members had personal access to a training site which helped them keep up to date. Online eLearning was also completed which had a range of mandatory modules (such as safeguarding and risk management) and other optional ones. But there was no monitoring of which training each individual had done. Team members felt able to feedback concerns and suggestions. Targets were in place for services provided although there was no pressure to meet these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and generally provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy premises were large, bright, clean, and organised. The dispensary was adequate and there was ample workspace which was clean. Workbenches were also allocated for certain tasks. A sink was available for preparing medicines. Cleaning was carried out by team members in accordance with a rota. A consultation room was available but was quite cluttered. The room allowed a conversation at a normal level of volume to take place inside without being overheard. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. But it could do more to check that people receiving higher-risk medicines are monitored appropriately.

Inspector's evidence

There was level access from the pavement to the pharmacy. Team members used the internet to find details about other local services to help people. Services were advertised on the windows of the pharmacy.

The pharmacy had an established workflow. Baskets were used as part of the dispensing process to separate prescriptions. 'Dispensed' and 'checked-by' boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes. The pharmacy had a delivery driver; delivery records were kept. If a person was not home, a note was left by the driver and the medicines were returned to the pharmacy.

Highlighter pen was used on some of the prescriptions by the RP during the checking process. This was used if a person needed to be counselled by a pharmacist, for example for a higher-risk medicine, or if there was a fridge line or CD dispensed. However, its use was not consistent, and some prescriptions which should have been highlighted were not. The RP and team members were aware of the guidance for dispensing sodium valproate. Placement of the dispensing label on the container so as not to obscure important information was discussed with the team. The pharmacy did not often dispense warfarin. But, in the event that someone presented to collect a prescription for warfarin, they were asked for their yellow book. And it was confirmed that the person was having their INR checked routinely. Additional checks were carried out when people collected other higher-risk medicines which required ongoing monitoring, but generally only when the prescription had been highlighted by the pharmacist.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. To help organise and manage the service people were allocated to different weeks. Team members contacted the surgery with any queries if the GP had not informed them about prescription changes. Clinical checks were completed in store by the pharmacist. Assembled packs were left unlabelled, except for the patient's name, until they were to be handed out. They were then labelled with product descriptions and mandatory warnings. No patient information leaflets (PILs) were supplied, meaning that people could not easily access the information provided by the manufacturer about their medicines. The staff said that they would label the packs immediately after dispensing in the future and supply the PILs.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; the records showed these were within the required range for storing temperature-sensitive medicines. CDs were held securely. Expiry date checks were carried out. Short-dated stock was highlighted with a sticker. A date-checking matrix was in place. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were separated from stock and then collected by licensed waste collectors.

Drug recalls were received by email. The team printed these and checked against stock. If the affected batches were found these were quarantined and action was taken following instructions received.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Equipment was mainly clean and ready for use. A separate tablet-counting triangle was used for cytotoxic medicines to avoid contamination. A fridge of adequate size was available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.