

Registered pharmacy inspection report

Pharmacy Name: Crystal Pharmacy, 239 Farnham Road, SLOUGH,
Berkshire, SL2 1DE

Pharmacy reference: 1088753

Type of pharmacy: Community

Date of inspection: 06/02/2020

Pharmacy context

This is an independent community pharmacy situated alongside other local shops on a busy main road, on the outskirts of Slough. It serves a diverse local community. Retail sales and NHS dispensing are the main activities, and the pharmacy offers some other NHS funded services including substance misuse and needle exchange.

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's working practices are suitably safe and effective. It keeps people's personal information safe and it maintains the records in needs to by law. The pharmacy team members follow written instructions to help make sure they complete tasks in the right way. And they understand the importance of their role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) which covered the main activities and explained how tasks should be completed. The counter assistant working at the time of the inspection had read and signed these when commencing her role a few months previously. She explained her role and responsibilities and worked under the supervision of the pharmacist. The locum pharmacist had not read and agreed the SOPs and there was no locum guide. But she said the regular pharmacist had spent time with her when she first worked at the pharmacy and explained how the pharmacy operated.

Dispensing labels had dispensed and checked boxes, so the team members responsible for each prescription supply could be identified. The pharmacist worked alone in the dispensary and so self-checked prescription medicines. The pharmacist said it was possible to separate the assembly and checking processes as they were not often working under pressure. This enabled her to take a mental break and minimise the risks associated with working alone. Dispensary work benches were reasonably clear. There was an incident reporting process. The pharmacist was not aware of any recent errors but explained how she would manage these and share any learning with other members of the team. There was a chart for recording near misses, but none had been recently documented.

A complaints procedure was explained in a practice leaflet. Any concerns or issues were referred to the pharmacist. The pharmacy participated in annual patient satisfaction surveys and results were available on www.NHS.uk website. The most recently published results were positive and survey forms were available on the pharmacy counter for people to complete.

The pharmacy had professional indemnity insurance arranged with the National Pharmacy Association and a current certificate was displayed in the dispensary. A responsible pharmacist (RP) notice was displayed. An RP log was maintained electronically. The log was generally in order, but the time the RP ceased undertaking this responsibility was occasionally not captured, which could cause ambiguity. The pharmacy used a recognised patient medication record (PMR) system to record prescription supplies. Controlled Drugs (CDs) records were suitably maintained and they included running balances. A random check of one CD stock item found the quantity matched the amount recorded in the register. CD balances were checked on a monthly basis. Supplies of unlicensed medicines were recorded appropriately. The pharmacist showed how she used the facility to in the PMR to record private prescriptions and emergency supplies, which captured the necessary details.

The counter assistant understood the principles of data protection and confidentiality and had signed an agreement. Pharmacists had individual smartcards to access NHS patient data. The pharmacy's privacy policy was outlined in a notice in the retail area. Confidential paper waste was segregated and

disposed of appropriately. Confidential material was stored securely and generally not accessible to the public. But there was a small risk that people might be able to see other people's personal information, as they accessed the consultation room via the dispensary. People usually provided signed consent for services where relevant.

The pharmacist had completed the Centre for Postgraduate Pharmacy Education safeguarding training and knew how to escalate concerns. The counter assistant had completed some safeguarding training and was aware of some of the signs to look for. She said she would discuss any concerns about patients with the pharmacist. Some safeguarding guidance was kept in a folder and local contact details were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small close-knit team. The team members work well together in a supportive environment. Team members complete appropriate training, so they acquire the skills and knowledge relevant to their role.

Inspector's evidence

The regular pharmacist worked three or four days a week. Regular locums covered the other days. A daily diary was used to communicate updates or any outstanding queries. Usually, a single counter assistant supported the pharmacist. The counter assistant present at the time of the inspection worked full-time. She was completing a medicines counter assistants' (MCA) course and showed how she had completed several modules in her workbook. Another part-time counter assistant worked in the afternoons and on Saturdays, and they were also enrolled on an MCA course. It was a family-run business and the superintendent's wife could provide ad-hoc cover if needed. Footfall was low, and the staff were able to comfortably manage their workload during the inspection. Electronic prescriptions were downloaded and prepared the same day.

The counter assistant spoke openly about her work. She was aware of over-the-counter medicines liable to abuse and what should be referred to the pharmacist. She felt well supported and able to raise concerns or discuss issues with the pharmacist and she could contact the superintendent independently if needed. No commercial targets were set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services. It has consultation facilities, so members of the public can have confidential conversations and maintain their privacy.

Inspector's evidence

The pharmacy occupied a standard retail unit. The public facing areas were bright, clean and reasonably well maintained. There were a couple of chairs in the retail area for people to use if they were waiting, and the floor space was free from obstructions.

A basically fitted consultation room was located behind the dispensary. The room temperature was rather cool but portable heaters could be used. The consultation room was not clearly signposted so people might not know about these facilities and it was inaccessible to wheelchair users. The locum said she had not used the consultation room as the pharmacy was quiet and so conversations at the counter could usually be conducted without being overheard.

The dispensary had enough bench space for the volume of dispensing. A separate sink was available for medicines preparation and was fitted with hot and cold running water. Toilet facilities, a staff kitchen and storage areas were situated behind the dispensary. The pharmacy did not have air conditioning, but it could be ventilated. Work areas were clean and clear, but some rear areas were cluttered in places and could be better organised.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are managed appropriately, so people receive their medicines safely and they get the right information and advice. It gets its medicines from licensed suppliers and the team generally manages them effectively to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was open from 9am to 6.30pm Monday to Friday and Saturday 9am to 1pm. There was a level threshold and double doors at the entrance. Staff could offer assistance if needed. Opening times were displayed at the entrance. The pharmacy offered ad-hoc deliveries for housebound patients, but most people collected their medicines themselves. There were a range of health promotional leaflets available for self-selection, and the team knew how to signpost people to other healthcare services in the local area.

Baskets had been ordered so these could be used to keep prescriptions separate during the assembly and checking process. Walk-in prescriptions were not commonly received, and most prescriptions dispensed were repeat medications for regular patients. The team ordered repeat prescriptions on people's behalf using NHS email linked to the PMR system and they kept audit trails, so these could be tracked. Some people received their medicines in weekly multi-compartment compliance packs. There were records showing details of each patient's regular medication and how packs should be assembled. Patient leaflets were supplied on a monthly basis. Completed packs had backing sheets with patient identifying details and descriptions of the individual medicines.

Methadone instalments were prepared in advance. Containers were frequently re-utilised (for the same patient) which could increase the risk of contamination. Concerns or more than three missed doses were reported to the key worker or prescriber. The counter assistant explained how the needle exchange service operated. Team members did not handle returns in order to minimise the risk of needle stick injuries, and supplies were recorded appropriately.

The pharmacist was aware of the risks of the supplying of valproate-based medicines to people who may become pregnant, and the relevant patient literature was available. Notes were attached to prescriptions if counselling or pharmacist intervention was required. Assembled medicines waiting to be collected were not always bagged which looked unprofessional and meant these were more likely to be mixed up. Owings notes were provided if the pharmacy did not have enough medicine to fulfil the whole prescription. The pharmacist said she would highlight the date on the prescription for schedule 2,3 or 4 CDs to make sure these were not handed out beyond the 28-day validity.

Stock medicines were sourced from licensed wholesalers. The pharmacy was not currently compliant with requirements of the European Falsified Medicine Directive (FMD). Stock medicines were stored in a reasonably orderly manner. Some items were stored on the floor which could cause a trip hazard or mean they were more likely to become damaged. A few de-blistered items used for compliance packs were found in amber bottles which were not properly labelled; these were immediately removed for disposal. Open liquid medicines with a limited expiry were dated. Part pack of stock medicines were marked.

The pharmacy fridge used to store medicines was fitted with a maximum and minimum thermometer and the temperature was checked and recorded on a daily basis. Records indicated it was within the required range. CDs were stored in two cabinets. Only one cabinet could be accessed at the time of the inspection as the key could not be located for the second one. The pharmacist said she only ever used the accessible cabinet which contained all the pharmacy's active stock. CDs were stored inside in an orderly manner. Patient returned CDs were recorded in a dedicated register, and destructions were signed and witnessed. Denaturing kits were available. Some CD returns had been recorded as received but not destroyed. But they could not be located in the cabinet. The pharmacist agreed to follow this up with the regular pharmacist as it was possible they were kept in the cabinet which was inaccessible. Other obsolete medicines were deposited in designated bins prior to collection by waste contractors. The counter assistant explained how she asked about sharps and CDs when patient returned medicines were handed in, and how the pharmacist checked them before they were deposited. Alerts and recalls for faulty medicines and medical devices were received via email. Copies of recent alerts had been printed and actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment for the services it provides, and it has the facilities to secure people's information. The team stores and maintains equipment so it is fit for purpose.

Inspector's evidence

The pharmacy had access to the internet and paper-based reference materials including the latest version of the BNF. Two or three clean glass crown-stamped measures were available for preparing liquid medicines. Separate measures were marked for use with methadone. Counting triangles were available for counting loose tablets. The pharmacy had disposable medicine containers for dispensing purposes, and these were stored appropriately. Two small CD cabinets were sufficient for the volume of stock.

Electrical equipment appeared to be in working order. A domestic fridge was used to store cold chain medicines. Computer systems were password protected and the screen was located out of public view. Telephone calls could be taken out of earshot of the counter if needed.

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.