

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: 11/05/2023

Pharmacy context

This independent community pharmacy is situated alongside other local shops on a busy main road, on the outskirts of Slough. It serves a diverse local community. It mainly supplies NHS prescriptions, and it sells some over the counter medicines and other retail merchandise. It offers a small number of other NHS funded services including substance misuse support, needle exchange and seasonal flu vaccinations.

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 suitably manages the risks associated with its services. It keeps people's personal information safe, and it maintains the records it needs to by law. The pharmacy team members follow written instructions to help make sure they complete tasks in the right way. And they have a clear understanding 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 SOPs had last been updated in 2018 and the pharmacist explained she was intending to review them. All pharmacy team members had signed to show they read the procedures relevant to their roles, including a new starter who was working as a counter assistant. The pharmacy used an induction protocol to confirm the necessary arrangements were in place when locum pharmacists were working as the responsible pharmacist (RP).

The pharmacy had systems to help managed the risks associated with the dispensing processes. Dispensary work benches were reasonably clear, and baskets were used to separate prescriptions during the assembly process to prevent them becoming mixed up. Dispensing labels had dispensed and checked boxes, so the team members responsible for each prescription supply could be identified. The pharmacy used templates for recording near misses and a small number of incidents had been recorded over the last few months. The pharmacist explained how she would ask team members to identify and rectify their errors where possible to promote learning. There was an incident reporting process. A dispensing incident relating to a look-alike -sound-alike medicine had been documented and the team member explained how they had moved the two medicines to separate shelves to help prevent further picking errors.

The pharmacy has a complaints procedure which was outlined in the practice leaflet. Any concerns or issues were referred to the pharmacist. No formal complaints had been received in the last year. The pharmacist explained most people's concerns were resolved at the time without needing to be escalated.

The pharmacy had up to date professional indemnity insurance. A responsible pharmacist (RP) notice was displayed identifying the pharmacist on duty. The pharmacy used a recognised patient medication record (PMR) system to record prescription supplies. The pharmacy's records were reasonably well maintained. The electronic RP log was in order. Paper based controlled drugs (CDs) registers included running balances and they were suitably maintained. Methadone balances were checked every two or three weeks. Other CD balances were checked less regularly. A random balance check of one CD item was found to be correct. Supplies of unlicensed medicines were recorded appropriately although the date of supply was sometimes missing from the documentation. Private prescriptions and emergency supplies were recorded electronically. Records checked generally contained the required details although occasionally the prescriber's details were missing.

Pharmacy team members signed a confidentiality agreement and they understood the principles of data protection and what information should not be shared outside of the business. Pharmacists had

individual smartcards to access NHS patient data. The pharmacy's privacy policy was outlined in patient leaflet. Confidential paper waste was segregated and collected by an authorised waste contractor. Confidential material was stored so it was not visible from the retail area. 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, but team members escorted them to avoid this happening. 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. She described an occasion when she had escalated a safeguarding concern about a regular patient to the local authorities. The dispenser had completed some safeguarding training and she knew what signs to look for. She said she would discuss any concerns with the pharmacist. There was safeguarding SOP and some safeguarding guidance and contact information were kept in a folder in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely. Team members complete appropriate training, so they have the right skills and knowledge relevant to their roles. And the team members work well together in a supportive environment.

Inspector's evidence

The regular pharmacist, who was also the superintendent pharmacist, worked as the RP four days a week. Regular locums covered the other days. Usually, a single team member supported the pharmacist. At the time of the inspection the pharmacist was working alongside a dispenser. People were greeted promptly, and the workload was manageable.

The dispenser had recently qualified in her role. Another part-time team member was also completing accredited training as a dispenser. A third part-time team member had recently been recruited and was enrolled on a medicines counter assistants' course. Some training certificates were available indicating team members completed additional ad hoc training. But the pharmacy did not have a structured approach to ongoing training so it could not easily demonstrate how team members kept their knowledge up to date.

Team members worked flexibly, and holidays were planned. The pharmacy had access to a dispenser who provided occasional cover if needed.

The dispenser suitably referred more complex queries to the pharmacist. She felt supported in her role and able to raise concerns or discuss issues with the pharmacist. The pharmacy has a whistleblowing policy. 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 where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was situated in 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. The pharmacy did not have air conditioning, but it could be ventilated.

The dispensary had enough bench space for the volume of dispensing. A separate sink was available for medicines preparation. A staff kitchen area, toilet facilities and storage areas were situated behind the dispensary.

A basically fitted consultation room was located behind the dispensary. The consultation room was not clearly signposted so people might not know about these facilities, and it was inaccessible to wheelchair users. The pharmacy was quiet and so conversations at the counter could usually be conducted without being overheard.

Work areas were clean and clear, but some rear areas, including the consultation room, were untidy and could be better organised. The front window display was cluttered and included some posters which were faded or contained out of dated information, which detracted from the professional image.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are suitably safe and effective. The team provides people with appropriate healthcare information and advice about their medicines. The pharmacy gets its medicines from licensed suppliers, and the team members make checks to ensure 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 9.30am 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 healthcare leaflets available for self-selection, and the team knew how to signpost people to other healthcare services in the local area. The team members had a good rapport with people visiting the pharmacy. The pharmacist was able to converse with people in Punjabi and the dispenser was fluent in Polish which was often helpful given the local demographic.

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 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 details, dosage information and descriptions of the individual medicines.

Methadone instalments were prepared in advance. Concerns or more than three missed doses were reported to the key worker or prescriber. The needle exchange service was managed to minimise handling of sharps.

Pharmacy medicines were stored behind the counter and sales were supervised by the pharmacist. The team were aware of medicines which were liable to abuse including codeine-based medicines.

The pharmacist was aware of the risks of the supplying of valproate-based medicines to people in the at-risk group, and that the relevant patient literature should be supplied. Stickers were attached to prescriptions if counselling or pharmacist intervention was required. The pharmacist handed out most prescription medication so was able to answer questions and provide advice. Owing's notes were provided if the pharmacy did not have enough medicine to fulfil the whole prescription.

Medicines were sourced from licensed wholesalers. Stock medicines were stored in an orderly manner. There was a date checking system. Short dated stock was highlighted using stickers and a random check of the shelves did not identify any expired items. 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 packs of stock medicines were marked.

The pharmacy fridge used to store medicines had 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. CDs were stored inside in an orderly manner. Obsolete CDs were segregated in the cabinets. Patient returned CDs were recorded in a dedicated register, and destructions were signed and witnessed.

Other obsolete medicines were deposited in designated bins prior to collection by waste contractors. The team members asked about sharps and CDS when patient returned medicines were handed in, and the pharmacist checked them before they were deposited. Alerts and recalls for faulty medicines and medical devices were received via email and checked by the pharmacist. A copy of a recent alert relating to pholcodine containing products 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 suitable 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.

The 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.