

# Registered pharmacy inspection report

**Pharmacy Name:** Cranston Ltd, 951 London Road, THORNTON  
HEATH, Surrey, CR7 6JE

**Pharmacy reference:** 1091561

**Type of pharmacy:** Community

**Date of inspection:** 14/10/2019

## Pharmacy context

This is a community pharmacy set next to a medical practice in Thornton Heath. The pharmacy opens five days a week. And most people who use it are patients of the medical practice. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides multi-compartment compliance packs to help people take their medicines. And it offers winter influenza (flu) vaccinations and a paid-for 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
<b>1. Governance</b>	Standards met	1.2	Good practice	The pharmacy continually monitors the safety of its services to protect people and further improve patient safety.
<b>2. Staff</b>	Good practice	2.4	Good practice	Staff work well together as a team and have a work culture of openness, honesty and learning. And they learn from their own and other people's mistakes.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 continually monitors the safety of its services to protect people and further improve patient safety. Its team members log and review the mistakes they make. So, they can learn from these and act to avoid problems being repeated. The pharmacy has appropriate insurance to protect people if things do go wrong. It mostly 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 understand their role in protecting vulnerable people. And they keep people's private information safe.

### Inspector's evidence

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). It also had standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read and sign the SOPs relevant to their roles.

The pharmacy didn't have any dispensing support staff. So, pharmacists solely provided the pharmacy's dispensing service. There were at least two pharmacists working at the pharmacy at any given time. The pharmacists kept the dispensing workstations tidy. They 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 they generally got another pharmacist to check their work. But sometimes they didn't. So, opportunities to spot mistakes were occasionally missed.

The pharmacy had systems to record and review dispensing errors and near misses. The pharmacy's team members discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes regularly to help spot the cause of them and any trends. So, they could try to stop them happening again and improve the safety of the dispensing service they provide. They highlighted look-alike and sound-alike drugs on the dispensary shelves to reduce the risk of them picking the wrong product. And they strengthened their dispensing procedures following a mistake when the wrong formulation of omeprazole was supplied. One of the pharmacists explained that a review of the pharmacy's vaccination services led to the introduction of a second check of vaccines by another pharmacist before they were administered.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. Its team members wore name badges which identified their roles within the pharmacy. And their roles and responsibilities were described within the SOPs. 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, the medicines counter assistant (MCA) explained that repeated requests for the same or similar products were referred to a pharmacist.

The pharmacy had a complaints procedure in place. And its practice leaflet and an in-store notice told people how they could provide feedback about the pharmacy or its services. Patient satisfaction surveys were undertaken each year. And the results of a recent 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's emergency supply records and most of its RP records were adequately maintained. Correctional notes made to the pharmacy's controlled drug (CD) register weren't always dated. But the pharmacy team checked the CD register's running balance regularly as required by the SOPs. The prescriber's details were sometimes incomplete within the pharmacy's private prescription records. The date an unlicensed medicinal product was obtained wasn't included in the pharmacy's 'specials' records.

The pharmacy gave information governance assurances to the NHS each year using an online data security and protection toolkit. It had published guidance on the General Data Protection Regulation (GDPR) and its team had completed GDPR training. The pharmacy had arrangements in place to make sure confidential waste was destroyed securely. Its team stored prescriptions in such a way to prevent people's details being visible to the public.

The pharmacy had safeguarding guidance and a list of key contacts if its team needed to raise a safeguarding concern. The pharmacists had completed level 2 safeguarding training. The pharmacy's team members were trained dementia friends. And they 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 ✓ Good practice

### Summary findings

The pharmacy has enough suitably qualified team members to provide its services safely and effectively. And it encourages its team members to give feedback. Staff work well together as a team and have a work culture of openness, honesty and learning. And they learn from their own and other people's mistakes. 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 52½ hours a week. It dispensed about 8,500 NHS prescription items a month. The pharmacy team consisted of three full-time pharmacists, a part-time pharmacist and a full-time MCA. The pharmacy had a minimum of three people on duty at any given time. The RP was the superintendent pharmacist and he managed the pharmacy and its team. The pharmacy relied upon its team and locum pharmacists to cover any absences. The RP, two pharmacists and the MCA were working at the time of the inspection.

The RP led by example. And staff supported each other so prescriptions were processed efficiently, but safely, 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 followed. The MCA 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 or breastfeeding, elderly people or people with long-term health conditions.

The MCA has completed accredited training relevant to her role. And she was a trained healthy living champion. The pharmacy's team members regularly discussed their performance and development needs with the RP. And they helped each other learn. They were encouraged to ask questions and familiarise themselves with new products. They were also encouraged to complete training to make sure their knowledge was up to date. Staff could train while they were at work when the pharmacy wasn't busy or during their own time. They were comfortable talking about their own mistakes and weaknesses with their colleagues. And team meetings were held to update them and share learning from mistakes or concerns. The pharmacy had a whistleblowing policy. The team members felt comfortable about making suggestions on how to improve the pharmacy and its services. And they knew how to raise a concern if they had one. Their feedback led to changes to the pharmacy's prescription ordering process and the team advising people how they could order their own medicines online.

The pharmacy team was encouraged to promote the pharmacy's services. But the company didn't set targets or incentives for its staff. Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations were only provided by a suitably qualified pharmacist when it was clinically appropriate to do so and when the workload allowed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a secure and professional environment for people to receive healthcare. It has a room where people can have private conversations with members of the pharmacy team.

### Inspector's evidence

The pharmacy's premises were bright, clean, professionally presented and air-conditioned. The pharmacy had two entrances and it was situated next door to a medical practice. The pharmacy's dispensary had the workbench and storage space it needed for its current workload. A consultation room was available if people needed to speak to a team member in private. And it was locked when not in use to make sure its contents were kept secure. The pharmacy team was responsible for keeping the premises clean and tidy. The pharmacy's sinks were clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. The pharmacy helps people access its services. It gets its medicines from reputable sources and it stores them appropriately and securely. Its team usually disposes of people's waste medicines safely too. The pharmacy's team members check stocks of medicines to make sure they are fit for purpose. And they make sure people have the information they need to take their medicines safely.

### Inspector's evidence

The pharmacy didn't have an automated door. But its entrances were level with the outside pavement and staff would open the doors when necessary. So, people with mobility difficulties, such as wheelchair users, could access the premises. The pharmacy's services were advertised in-store. Staff were helpful and knew where to signpost people to if a service wasn't provided. The pharmacy offered a delivery service to a few people who couldn't attend its premises in person. It kept an audit trail of each delivery. But, it didn't ask people to sign a delivery record to say they had received their medicines as required by the pharmacy's SOPs.

The pharmacy provided 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's paid-for travel clinic offered people travel vaccinations and malaria prevention medicines following a consultation with a suitably trained pharmacist. The pharmacy had valid, and up-to-date, patient group directions and appropriate anaphylaxis resources in place for these services. Its team made sure its sharps bin was kept securely when not in use. The pharmacists provided about 25 MURs and 20 NMS consultations a month. People were required to provide their written consent when recruited for these services. The pharmacy used a disposable and tamper-evident system for people who received their medicines in multi-compartment compliance packs. The pharmacy team checked whether a medicine was suitable to be repackaged into a compliance pack. And it had started to review the eligibility of people using this service. The pharmacy kept an audit trail of the person who had assembled each compliance pack and who had checked it. The pharmacy team provided a brief description of each medicine contained within the compliance packs.

Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. The pharmacy team took the time to explain to people how to take their medicines safely. And patient information leaflets were routinely supplied to people too. 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, Phoenix and Sigma, 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 marked. The pharmacy stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. And it also 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.

Staff were aware of the Falsified Medicines Directive (FMD). They could verify stock and check to see if the anti-tampering device on a medicine was intact. But they weren't 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 were being revised to reflect the changes FMD would bring to the pharmacy's processes. And the pharmacy team required further FMD training. But the pharmacy was scheduled to be FMD compliant by the end of the year.

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 spent sharps, were appropriately signposted. But the pharmacy didn't have a receptacle for the disposal of hazardous waste, such as cytostatic and cytotoxic products.

A process was in place for dealing with recalls and concerns about medicines or medical devices. Drug and device alerts were received electronically and actioned by the pharmacy team. And sometimes they were annotated with the actions the team took following their receipt.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities to provide its services safely. It uses these to keep people's private information safe.

### Inspector's evidence

The pharmacy had some clean glass measures. It had equipment for counting loose tablets and capsules too. The pharmacy team had access to up-to-date reference sources. And it could contact the NPA to ask for information and guidance. The pharmacy had three medical refrigerators to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerators' maximum and minimum temperatures. The pharmacy provided blood pressure checks on request. And the blood pressure monitor used by the team was replaced during the inspection.

Access to the pharmacy computers and the patient medication record system was restricted to authorised team members and password protected. And staff took steps to make sure people couldn't see any personal details on the computer screens when using them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

### 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.