

Registered pharmacy inspection report

Pharmacy Name: Claughton Pharmacy, 161 Park Road North,
BIRKENHEAD, Merseyside, CH41 0DD

Pharmacy reference: 1092212

Type of pharmacy: Community

Date of inspection: 04/02/2020

Pharmacy context

The pharmacy is situated inside a GP medical centre in Birkenhead, Wirral. The pharmacy premises are accessible for people, with adequate space in the retail area. It has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses private and NHS prescriptions. And it supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right time.

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 has written procedures to help make sure the team provide services effectively. Members of the pharmacy team are clear about their roles and responsibilities. They know how to protect private information. And they record some things that go wrong. But they do not record or review all their mistakes, so they may miss some opportunities to improve.

Inspector's evidence

There were up-to-date standard operating procedures (SOPs) for the services provided, with sign off sheets showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of the pharmacy team were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing errors were recorded on the pharmacy computer and were reviewed by the superintendent (SI). Near miss incidents were discussed with the member of the pharmacy team at the time and some were recorded in the near miss log. But there was no evidence that near miss records had been reviewed to identify patterns or trends. Cyclizine stock and cyanocobalamin stock had been placed on different dispensary shelves after there had been several near miss incidents with these medicines.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place. The RP explained that he aimed to resolve complaints in the pharmacy at the time they arose. But the pharmacy did not display any information about their complaints procedure, so people may not always know how they can raise concerns. A customer satisfaction survey was carried out annually. A member of the pharmacy team explained that some people had provided negative feedback about the stock availability. She said the pharmacy had a good working relationship with the adjoining GP practice and the GPs would change the medication prescribed when there were long-term manufacturing problems.

A current certificate of professional indemnity insurance was present. The private prescription record, emergency supply record, responsible pharmacist (RP) record and unlicensed specials record were in order. The CD register had headers missing from some pages. Records of CD running balances were kept and audited regularly. A balance check for a random CD was carried out and found to be correct. Patient returned CDs were recorded.

Confidential waste was shredded. Confidential information was kept out of sight of people using pharmacy services. An information governance policy was in place and all team members had read and signed confidentiality agreements as part of their training. The computers were password protected, screens were positioned so that they were facing away from customers and assembled prescriptions awaiting collection were stored so that people's information was not visible. The pharmacy was not displaying a privacy notice, so people may be unaware how the pharmacy handles their personal data.

The pharmacists had completed level 2 safe guarding training and all other team members had completed level 1 safe guarding training. The pharmacy had a safe guarding policy that had been read by the team. And the details of local safe guarding contacts were present.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Team members feel able to act on their own initiative and use their professional judgement. They receive feedback on their own performance. But the lack of formal ongoing training could mean some of the team members skills and knowledge may not always be up to date.

Inspector's evidence

There was the superintendent (SI) pharmacist, a regular locum pharmacist who was signed in as responsible pharmacist (RP), a pre-registration trainee, three dispensers, a medicines counter assistant and a trainee dispenser on duty. The dispensers and the medicines counter assistant had completed accredited training courses for their roles and the trainee dispenser had recently been placed on an accredited training course, with proof of enrolment provided. The pharmacy team were busy providing services. They appeared to work well together and manage the workload adequately.

A member of the pharmacy team said the RP and SI were both supportive and were more than happy to answer any questions they had. She explained that apart from reading updated SOPs, no ongoing training material was provided. The pharmacy team were aware of a process for whistle blowing and knew how to report concerns if needed. Members of the pharmacy team had received an appraisal with the SI in the last year. And they were also provided with information informally by the pharmacists.

A member of the pharmacy team working on the medicines counter was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as co-codamol, which she would refer to the pharmacist for advice. The RP explained that there was an expectation for him to complete MURs and NMS for people that were eligible, but he had not felt under any pressure.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and generally tidy. It is a suitable place to provide healthcare. And it has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and generally tidy. It was free from obstructions and had a waiting area. A member of the pharmacy team said that dispensary benches, sink and floors were cleaned regularly, but no record was kept. The temperature in the pharmacy was controlled by heating units. Lighting was adequate.

The pharmacy premises were maintained and in an adequate state of repair. Pharmacy team facilities included access in the GP practice to a staff room with a microwave, fridge, kettle and toaster. A WC with wash hand basin and antibacterial hand wash was available for use in the GP practice. There was a consultation room available which was uncluttered and clean in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are managed, so people receive their medicines safely. But members of the pharmacy team do not always know when high-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. The pharmacy sources medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets. The pharmacy team were clear about what services were offered and where to signpost to services they did not provide. The opening hours were displayed near the entrance.

The work flow in the pharmacy was organised into separate areas, with a designated room upstairs for the multi-compartment compliance aid service, adequate dispensing bench space and a checking area for the pharmacist. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

A member of the pharmacy team demonstrated that prescriptions containing schedule 2 CDs had a CD sticker included on the assembled bag. She explained that this was to act as a prompt for staff to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. She said prescriptions containing tramadol, pregabalin and gabapentin had the prescription highlighted to act as a prompt when handing out, but prescriptions containing other schedule 3 and 4 CDs were not highlighted, which may increase the possibility of supplying a CD on a prescription that had expired.

Prescriptions with high-risk medicines such as warfarin, methotrexate or lithium were not routinely highlighted prior to collection. The team was aware of the risks associated with the use of valproate during pregnancy. The pharmacy had carried out an audit of patients prescribed valproate and had identified five people who met the risk criteria, who had all been counselled. The pharmacy had patient information resources available to supply with valproate.

The pharmacy provided a prescription delivery service. People routinely signed for receipt of controlled drugs delivered, but other prescription medicines were not signed for upon receipt. So, there may not be a robust audit trail in place for the supply of all medicines. If a person was not at home when a prescription delivery attempt was made, a note was left, and the prescription medicines were returned to the pharmacy for safe-keeping.

The pharmacy provided medicines in multi-compartment compliance aids to a number of people. A member of the pharmacy team provided a detailed explanation of how the multi-compartment compliance aid service was managed. Details of any changes to medication were added to the computer patient medication record (PMR). Disposable equipment was used, and individual medicine descriptions were included on the backing sheet that was attached to each compliance aid pack. Patient information leaflets were included with each supply. The care home service was organised with the medication for different care homes dispensed in a timely manner to ensure that the residents received

their medication when needed. Patient information leaflets were included with the assembled medication for care homes. The pharmacy produced medicine administration record (MAR) charts for the care home residents, which were cross checked for accuracy prior to being sent out with the medication.

The pharmacy provided a substance misuse service, supplying methadone to some people. Methadone was dispensed into bottles at the time of collection, which were labelled appropriately. The supervised consumption of methadone took place in the consultation room. CD records were kept electronically, with regular auditing of the stock balance carried out.

Stock medicines were sourced from licensed wholesalers and unlicensed medicines from a specials manufacturer. Stock was generally stored tidily. Date checking of stock was carried out on designated areas each month and a record was kept. No out-of-date stock medicines were present from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There were two clean fridges used to store medicines, both equipped with thermometers. The minimum and maximum temperatures were being recorded daily and the records were complete.

The pharmacy team were aware of the Falsified Medicines Directive (FMD) but had no FMD software license. Therefore, the pharmacy was not complying with legal requirements. Alerts and recalls were received via email from the NHS and MHRA. These were actioned on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. And It is used in a way that protects privacy.

Inspector's evidence

The pharmacy had copies of the up-to-date BNF and BNFc. The pharmacy team used the internet to access websites for up to date information. For example, Medicines Complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order, but it had not been PAT tested for safety. This meant there was a possibility of team members using equipment that was not effectively maintained.

A methameasure pump was used for measuring volumes of methadone. It was cleaned and calibrated each day, but no record of this was kept. So, there was no audit trail to demonstrate this was carried out. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. The computers were password protected with the screens positioned so that they were not visible from the public area of the pharmacy.

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.