

Registered pharmacy inspection report

Pharmacy Name: Carrington Pharmacy, 343-345 Mansfield Road,
NOTTINGHAM, NG5 2DA

Pharmacy reference: 1106272

Type of pharmacy: Community

Date of inspection: 28/05/2019

Pharmacy context

This pharmacy is located within a parade of shops near the centre of Nottingham. It is situated on a main road and receives prescriptions from several local GP surgeries for people living nearby. It dispenses NHS prescriptions and provides Medicine Use Review (MURs) and New Medicine Service (NMS) consultations. It supplies medicines in multi-compartment compliance packs to people.

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 manages its risks appropriately. Its team members record their mistakes to make improvements. But they could do more to identify trends and learn from them. The pharmacy keeps the legal records that it needs to and mostly makes sure that they are accurate. It generally manages confidential information appropriately and its team members know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available which it regularly reviewed. A sample of SOPs were checked and found to be signed by the pharmacy's team members. The pharmacy recorded near misses on a template. Its team members said that records were discussed individually so that improvements could be made. They provided examples of similar sounding medicines that had been identified and discussed within the team. The team did not look at trends or investigate contributing factors which may have helped them to identify further learning opportunities.

Certificates were displayed which indicated that there were current arrangements in place for employer's liability, public liability and professional indemnity insurance. Controlled drug (CD) records were kept by the pharmacy. A sample of CDs was chosen at random and found to match the recorded running balances. Other records about the responsible pharmacist, returned CDs, unlicensed specials and private prescriptions were found to be kept and maintained adequately.

The pharmacy completed surveys of people using its services. The pharmacy's team members said that the results of the most recent survey were positive. They said that customer feedback was also provided verbally and said they would escalate formal complaints to the superintendent pharmacist.

The pharmacy's team members had completed training about protecting vulnerable children and adults. Some team members had completed additional training from the Centre for Pharmacy Postgraduate Education (CPPE). Contact details for local safeguarding organisations were available in the pharmacy.

The pharmacy had SOPs about information governance and maintaining people's confidentiality. Team members said that they had also received training about confidentiality from dispensing courses and other qualifications. The pharmacy separated confidential waste to make sure that it was appropriately destroyed. NHS smartcards were used to access electronic prescriptions. Some team members did not have their own smartcard and used the smartcards of their colleagues. This meant that the pharmacy's audit trail for accessing electronic prescriptions was not completely accurate.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its services safely. It makes sure its team members are suitably qualified to perform their roles. Its team members have access to ongoing training to help keep their knowledge up to date.

Inspector's evidence

At the time of the inspection there was: the responsible pharmacist (superintendent pharmacist), two pre-registration pharmacy students, one dispenser and one medicine counter assistant present. This staffing level appeared adequate to safely manage the pharmacy's workload. The pharmacist said that planned absences were managed so that the pharmacy's staffing level was appropriate. He said that overtime could be used to provide additional cover if needed.

A pre-registration pharmacy student provided examples of training that he undertook to prepare for the registration exam. This included a mixture of online and face-to-face training. The dispenser described an NVQ level 3 dispensing qualification that he was currently undertaking. The pharmacy kept a folder of training booklets and other training material which could be accessed by team members. The team said that it generally used informal discussions to verbally share messages. Team members said that feedback was provided on an ad-hoc basis. A pre-registration pharmacy student said that he received feedback from regular appraisals during his training at the pharmacy.

Team members said they were encouraged to promote MUR and NMS consultations to people when appropriate. These services were completed by a pharmacist. They said that there were no specific targets in place and said that they felt comfortable to provide feedback or make suggestions to the superintendent pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises.

Inspector's evidence

The pharmacy was clean and tidy. Workbenches were used for different tasks and helped to create an efficient workflow. There was adequate heating and lighting throughout the pharmacy. There was hot and cold running water in the premises.

A consultation room was available on the premises, which was suitable for private consultations and conversations. The pharmacy had appropriate security arrangements in place to safeguard its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy mostly manages its services well. Its team members source its medicines from reputable suppliers. They generally make sure that people's medicines are safe but do not always make appropriate records to support this. The pharmacy's team members identify higher-risk medicines and largely provide appropriate advice to help people use these safely.

Inspector's evidence

The layout of the pharmacy and step-free access meant it was wheelchair accessible. The pharmacy did not have its practice leaflet on display. This may have restricted the information available to people about the pharmacy and its services.

The pharmacy supplied medicines in multi-compartment compliance packs to around 60 people. This included 12 people in a care home. The team used a diary to organise the workload. The pharmacy kept records of medicines and their administration times. Patient information leaflets were provided to people, so they had access to up-to-date information about their medicines. Some of the assembled packs did not include any records of the team members who had assembled or checked them. This meant that the pharmacy did not have proof that these medicines had been properly checked. The pharmacy kept a record of the prescriptions it ordered to make sure that it received these from GP surgeries.

A record of invoices indicated that medicines were obtained from licensed wholesalers. Stock requiring cold storage was stored in the fridge. A record of temperatures was maintained within two and eight degrees Celsius. CDs were stored appropriately. Expired CDs were segregated to prevent them becoming mixed up with other stock.

The expiry dates of medicines and medical devices were checked by the pharmacy team. Team members said that they completed checks every three to four months. The pharmacy had a template to record completed checks but the team did not always fill this in. So, team members did not know when recent checks had been completed. A sample of medicines was chosen at random and found to be within date. Opened bottles of liquid medications were marked with the date of opening.

Expired and returned medicines were segregated and disposed of appropriately in pharmaceutical waste bins. These bins were kept safely away from other medications. A dispenser described the process for managing returned controlled drugs and sharps. The pharmacy did not have a separate bin to dispose of cytotoxic medicines which may have increased the risk of these medicines being mishandled.

Dispensers used baskets to make sure prescriptions were prioritised and medication remained organised. Computer generated labels contained relevant warnings. The dispensing software highlighted interactions. Team members said that they verbally informed the pharmacist about interactions. They said that these warnings could also be printed. Team members said that stickers were used to highlight bags of dispensed medicines that needed additional counselling from a pharmacist. They said that they asked people about relevant blood tests if they were supplied with

warfarin. Records of INRs were kept if this information was provided to the team. The pharmacy had treatment cards to provide to people who were supplied with long-term steroids.

The pharmacist was aware of advice about pregnancy prevention to be provided to the at-risk group of people who were supplied with sodium valproate. The inspector provided the team members with information about leaflets and treatment cards that should be provided in these circumstances.

The pharmacy delivered people's medicines. A record of deliveries was available to view which included the recipient's signature. The pharmacy was not meeting the requirements of the Falsified Medicines Directive. It did not currently have any equipment to scan medicines and verify their authenticity. The pharmacy received emails of medicines recalls. This included a recent recall for co-amoxiclav. The pharmacy did not keep records of actions that had been completed for received recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy appropriately maintains its equipment and facilities to provide its services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Maintenance issues were referred to and resolved by the pharmacy owner. The layout of the pharmacy and use of screening meant that confidential information was not visible to the public. Computers were password protected to prevent the unauthorised access of people's medication records.

Sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy to accurately measure liquids. The pharmacy had access to up-to-date reference sources on paper and online formats.

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.