

Registered pharmacy inspection report

Pharmacy Name: Fieldway Pharmacy, 3 Wayside, Fieldway, New Addington, CROYDON, Surrey, CR0 9DX

Pharmacy reference: 1107027

Type of pharmacy: Community

Date of inspection: 20/11/2019

Pharmacy context

This is a community pharmacy set within a parade of shops in a residential area of New Addington. The pharmacy opens six days a week. And most people who use it live nearby. The pharmacy sells a range of over-the-counter medicines and some beauty products. It dispenses NHS and private prescriptions. It provides multi-compartment compliance packs (blister packs) to help people take their medicines. And it delivers medicines to a few people who can't attend its premises in person. The pharmacy also 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
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 its team works safely. It adequately monitors the safety of its services. It 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 identify and manage risks appropriately. They record the mistakes they make and learn from them to try and stop them happening again. 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 had written standard operating procedures (SOPs) for the services it provided. And these have been reviewed since the last inspection. Members of the pharmacy team were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep 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 assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors and near misses. Members of the pharmacy team discussed and recorded individual learning points when they identified a mistake. They also reviewed and discussed their mistakes periodically to help stop them happening again. But they didn't always document these reviews. They highlighted look-alike and sound-alike drugs on the dispensary shelves to reduce the risk of them picking the wrong product.

The pharmacy displayed a notice that identified the RP on duty. The roles and responsibilities of staff were described within the pharmacy's 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. They explained that they wouldn't hand out prescriptions or sell medicines if the pharmacist wasn't present. And they would refer repeated requests for the same or similar products to the pharmacist. The pharmacy had a complaints process. Its practice leaflet told people how they could provide feedback on the pharmacy and its services. And its team asked people for their views. Patient satisfaction surveys were undertaken each year. And the results of the most 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 its RP records were adequately maintained. The address from whom a controlled drug (CD) was received from wasn't always included in the CD register. The CD register's running balance was checked every month as required by the pharmacy's SOPs. But, sometimes expired stock wasn't included in the balance. The prescriber's details and the date of prescribing were sometimes incorrectly recorded in the pharmacy's private prescription records. The date an unlicensed medicinal product was obtained wasn't routinely 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. And it had an information governance policy too. Arrangements were in place for confidential waste to be collected and destroyed securely by a third-party contractor. People's details were removed or obliterated from patient-returned pharmaceutical waste before being disposed of. And prescriptions awaiting collection were stored in such a way to prevent people's names and addresses being visible to the public. The pharmacy had safeguarding procedures and a list of key contacts if its team needed to raise a safeguarding concern. Staff 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 ✓ Standards met

Summary findings

The pharmacy has enough team members to provide safe and effective care. Members of the pharmacy team are encouraged to keep their skills up to date. They're comfortable about giving feedback to improve the pharmacy's services. They use their judgement to make decisions about what is right for the people they care for. They 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 56½ hours a week. It dispensed about 6,500 prescription items a month. The pharmacy team consisted of the superintendent pharmacist (the RP), a full-time dispensing assistant, a part-time dispensing assistant, two part-time trainee dispensing assistants and two part-time trainee medicines counter assistants (MCAs). The pharmacy's delivery service was provided by one of the dispensing assistants. And the RP managed the pharmacy and its team. The pharmacy relied upon its team or locums to cover planned and unplanned absences. The RP, a dispensing assistant, a trainee dispensing assistant and a trainee MCA were working at the time of the inspection. Staff supported each other so prescriptions were processed in a timely manner 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 needed to follow. A member of staff 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.

Members of the pharmacy team needed to do accredited training relevant to their roles. They discussed their performance and development needs with the RP. They were encouraged to ask questions, familiarise themselves with new products, complete their accredited training and undertake online training to make sure their knowledge was up to date. They sometimes got time to train while they were at work when the pharmacy wasn't busy. But, they could train in their own time if they wanted to. Informal team meetings were held to update staff and share learning from mistakes or concerns. The pharmacy had a whistleblowing policy. And the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. Staff knew how to raise a concern if they had one. And their feedback led to them keeping a record of the medicines people ordered before sending the prescription requests to the surgeries. The pharmacy team was encouraged to promote the pharmacy's services. But the company didn't set targets for its staff. Medicines Use Reviews and New Medicine Service 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 an adequate and secure 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 was air-conditioned, bright, clean and adequately presented. The dispensary had just enough dispensing workbench and storage space available for the pharmacy's workload. But, sometimes the pharmacy didn't have enough space when it was busy to store people's prescriptions on its shelves. So, it stored some of them on the floor in plastic boxes. People's blister packs were dispensed in a room separate to the main dispensary. So, distractions and interruptions to the team members assembling them were minimised. The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. Conversations in the consultation room couldn't be overheard in the areas next to it. And it was kept locked when it wasn't being used. So, its contents were kept securely. The pharmacy team was responsible for keeping the registered pharmacy 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 too.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective. The pharmacy helps people access its services. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources and it mostly stores them appropriately and securely. The pharmacy's team members check stocks of medicines to make sure they are fit for purpose. And they usually dispose of people's waste medicines safely too.

Inspector's evidence

The pharmacy didn't have an automated door. And its entrance had a small ramp. Staff would open the door to help people with mobility difficulties, such as wheelchair users, access the premises. The pharmacy's services were advertised in-store and were included within the pharmacy's practice leaflet. Staff were helpful and knew where to signpost people to if a service wasn't provided. And they kept a signposting record. The pharmacy offered a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign a delivery record to say they had received their medicines.

A locally commissioned service allowing the RP to supply the morning-after pill or an antibiotic to treat chlamydia has been suspended because the patient group directions (PGDs) have expired. The pharmacy team could still give out free condoms and chlamydia testing kits as part of the service. The pharmacy provided a winter flu vaccination service. Its paid-for travel clinic offered people travel vaccinations and malaria prevention medicines following a consultation with the RP. The pharmacy had valid, and up-to-date, PGDs and appropriate anaphylaxis resources in place for these services. It kept a record for each vaccination. This included the details of the person vaccinated and their written consent, an audit trail of who vaccinated them and the details of the vaccine used. The pharmacy team made sure the sharps bin was kept securely when not in use. 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. People didn't need to make an appointment for the travel clinic or for a flu vaccination. So, sometimes people needed to wait for their prescriptions to be checked when the pharmacist was busy delivering these services. The pharmacy used a disposable and tamper-evident system for people who received their medicines in blister packs. The pharmacy team checked whether a medicine was suitable to be repackaged into a blister pack. The pharmacy's SOPs required the team to keep an audit trail of the person who had assembled each blister pack and who had checked it. The pharmacy team provided a very brief description of each medicine contained within the blister packs. But, patient information leaflets weren't always supplied as required by the SOPs. And cautionary and advisory warnings about the medicines contained within the blister packs were sometimes missing from the backing sheets. So, sometimes people didn't have all the information they needed to make sure they took their medicines safely. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. 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 and Sigma, to obtain

its pharmaceutical stock. It kept most of its medicines and medical devices in an organised fashion within their original manufacturer's packaging. But, some containers of de-blistered tablets were quarantined and then disposed of during the inspection as their stability outside of their manufacturer's packaging wasn't known. The pharmacy's stock was subject to date checks, which were documented, and short-dated products 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. The pharmacy team was 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 check the anti-tampering device on each medicine was intact during the dispensing process. But, they weren't decommissioning stock at the time of the inspection despite the pharmacy having the appropriate facilities and revised SOPs to do so. The RP explained that the pharmacy team needed further training on FMD and she expected the pharmacy to become FMD compliant over the coming months. 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. And some cytotoxic medication was found in a non-hazardous waste bin. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And staff described the actions they would take and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. And, its team makes sure its equipment is kept clean and is stored securely.

Inspector's evidence

The pharmacy had a range of clean glass measures. It had equipment for counting loose tablets and capsules too. And this equipment was cleaned after each use. 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 a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. The pharmacy provided blood pressure (BP) checks on request. And the pharmacy team replaced the BP monitor regularly. Pharmacy equipment kept within the consultation room was locked away when not in use. Access to the pharmacy computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see 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.