

Registered pharmacy inspection report

Pharmacy Name: P.R.Naylor Chemist Ltd, 40-42 Market Place,
KNARESBOROUGH, North Yorkshire, HG5 8AG

Pharmacy reference: 1109307

Type of pharmacy: Community

Date of inspection: 13/08/2019

Pharmacy context

This is a community pharmacy in a close-knit community in Knaresborough, North Yorkshire. It dispenses NHS and private prescriptions and sells over-the-counter medicines. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides people the opportunity to discuss their medicines during Medicines Use Reviews.

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 adequate processes and up-to-date written procedures in place to protect the safety and wellbeing of people using its services. It keeps the records it must have by law and keeps people's private information safe. The team is equipped to help protect the welfare of vulnerable adults and children. The pharmacist generally records any errors made when dispensing. And proactively separates some similar-looking medicines on the shelves to reduce the risks of mistakes.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. These provided the team with information on how to perform tasks supporting the delivery of services. The SOPs covered procedures such as incident reporting and dispensing. The team members had read and signed the SOPs that were relevant to their role. These were last reviewed by the superintendent (SI) in March 2018.

The pharmacy had a process in place to report and record errors that were made while dispensing. The SI advised that there was usually himself working in the dispensary and another member of the pharmacy team on the counter. So, he liked to keep the process simple. There was a book that was used to record dispensing incidents including near misses and dispensing errors. There were very few near misses recorded. There were three recorded in March. A near miss was recorded that involved the supply of lorazepam when oxazepam was required. The SI had separated these on the shelves. He advised that he was also aware of the similarity of manufacturer's packaging so different medicines looked very similar. He showed the inspector those that he had separated.

The pharmacy had a leaflet on display that gave details of the various ways people could make a complaint or raise a concern. The pharmacy organised an annual survey to establish what people thought about the service they received. The 2019 customer survey had indicated that 100% of people thought the service they received was very good or excellent. The SI explained that they always tried to meet people's requirements and preferences. And whenever possible stock and supply peoples preferred brands.

Appropriate professional indemnity insurance facilities were in place. The responsible pharmacist notice displayed the correct details of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. A sample of controlled drug (CD) registers were looked at and were found to be in order, and entries made in chronological order. Running balances were maintained. And they were checked regularly. A CD destruction register for patient returned medicines was correctly completed. The pharmacy retained records of private prescription and emergency supplies. The pharmacy retained completed certificate of conformities following the supply of an unlicensed medicine. These were kept in an ordered manner in a file.

The team held records containing personal identifiable information in staff only areas of the pharmacy. Confidential waste was placed into a separate bin to avoid a mix up with general waste. The confidential waste was destroyed on site. There was an information governance file. Members of the pharmacy team had completed data protection training. The team members had completed North

Yorkshire and York training on safeguarding. The pharmacy team member said that they would discuss their concerns with the SI.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team and the pharmacist and team members adequately provide the pharmacy's services. The pharmacy supports team members with their training and it provides time in the working day to complete it. But it doesn't provide structured ongoing training. So, team members may miss opportunities to complete learning relevant to their role.

Inspector's evidence

The pharmacy team, on the day consisted of the RP who was the SI. And one trainee dispensing assistant. The SI said the pharmacy ran well with the current level of staff. He advised that he also had two part time counter assistants. The trainee managed well on the counter. The pharmacy team members knew most of the customers by name. and they were served in a friendly open manner. The RP was heard having discussions with people about their medication. And giving advice about when was the best time to take their tablets was. The team had completed training on the SOPs and had received staff induction training. The pharmacy team read information that was provided through manufacturers about new over-the-counter medicines. And the SI trained staff on counter medicines.

The trainee dispensing assistant said that she was supported with her studies by the SI. And there were plenty of quiet times when she was given time to study. She said she felt well supported and was happy with the training she received. The SI advised that it was a small team and so the team members did not usually have a formal performance review as such. But he did discuss any issues with the pharmacy team members when they arose. The trainee dispensing assistant thought that the SI was approachable. There were no targets set for services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and suitable to provide its services safely. The pharmacy's team appropriately manages the available space. And it has suitable areas for people to have private conversations with the pharmacist. But the consultation room is cluttered and not in use. This may limit the services the pharmacy provides.

Inspector's evidence

The pharmacy and retail area were a good size. The pharmacy was well laid out and designed. And there was an efficient workflow. There were separate areas for pharmacy activities such as dispensing and checking. The pharmacy premises were clean. There was adequate space for excess stock in a room to the rear. There was a consultation room. But this was cluttered with stock and other items. And was not used. The RP advised that the pharmacy was large with a private area round the side. And it was always possible to have a quiet word with people there when necessary. The layout of the premises was such that confidential information was not visible from the public areas. The pharmacy's premises were appropriately safeguarded from unauthorised access. There was adequate heating and lighting throughout the premises. And hot and cold running water was available.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The services are generally well managed. The pharmacy team members may not always identify people who take higher-risk medicines. And this means they may miss opportunities to give these people extra advice and information about their medicines. The pharmacy gets its medicines from reputable suppliers. And it mostly stores and manages its medicines appropriately.

Inspector's evidence

There was a small step up-in-to the pharmacy. There was a handrail to assist those with mobility difficulties. People using wheelchairs usually knocked on the window for attention. The pharmacy opening hours were displayed in the pharmacy. There were leaflets on display for self-selection. Multi-compartmental compliance packs were supplied to people to help them to take their medicines on time. The pharmacy offered a free delivery service to those within walking distance of the pharmacy. The member of the pharmacy team taking the delivery got signatures from the person accepting the medicines.

A controlled drugs cabinet was available for the safe custody of controlled drugs. The cabinet was appropriately secured. The cupboard was tidy and organised. There was a date checking procedure. And short-dated items were written into a book. And removed from the shelves before the expiry date. A small section of the dispensary was looked at. And there was a box of Arlevert found which was out of date in July 2019. The RP said that this was an oversight because the pharmacy team were usually very thorough when date checking. He was also surprised that this had not been picked up at a recent stocktake. This was removed from the shelf for destruction. Some but not all liquids were dated once they were opened. This meant that checks could not be done to ensure the medicine was safe to re-dispense to people.

There were baskets available for dispensing. And these helped to ensure that assembled medication remained organised. There was an adequately sized retrieval area where dispensed medication for collection was stored in plastic tubs. The prescriptions were attached to the bag. People collecting their prescriptions were routinely asked to confirm their details to ensure that medication was supplied to the correct patient safely.

The RP was aware of the valproate Pregnancy Prevention Programme. However, there were no cards or leaflets available in the pharmacy to supply to people. The RP said that he would follow this up. People taking high risk medicines such as warfarin were not routinely counselled. But the SI had opportunistic conversations with people on high risk medicines. But these were not recorded.

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication. A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers. Stock requiring refrigeration was stored at appropriate temperatures. And electronic records were maintained to ensure temperatures were within the appropriate ranges. The records showed that these were consistently recorded.

The pharmacy had not yet fully adjusted to meet the Falsified Medicines Directive (FMD). The RP confirmed that the scanners were on order and the pharmacy was registered. There were no SOPs for this. And the pharmacy team members had not yet received training. The RP advised that drug recalls and MHRA alerts were received electronically. These were actioned. There was a book where the details of the alert were entered, and any action taken noted. This was up-to-date.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and safe, and the pharmacy uses it appropriately to protect people's confidentiality.

Inspector's evidence

There were some reference sources in place, such as the drug tariff, British National Formulary (BNF) and BNF for children. And the team had access to the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. Tweezers and gloves were available to assist in the dispensing of multi-compartmental compliance packs. There was a small fridge. And this was of an appropriate size. Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't on view to the public. The computers were password protected. Members of the pharmacy team had their own NHS smart cards. And were using them appropriately.

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.