

Registered pharmacy inspection report

Pharmacy Name: Shavarath Limited T/A Cranleigh Gardens
Pharmacy, Cranleigh Gardens, BRIDGWATER, Somerset, TA6 5JS

Pharmacy reference: 1109866

Type of pharmacy: Community

Date of inspection: 16/01/2020

Pharmacy context

The pharmacy is located in a GP practice in Bridgwater. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicines Service (NMS) and flu vaccinations. The pharmacy also offers services for drug misusers. The pharmacy supplies medicines in multi-compartment compliance aids to people living in their own homes.

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 identifies and manages its risks appropriately. Team members record their errors and review them. They identify the cause of errors and try to make changes to stop them from happening again. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance to cover its services in case things go wrong. The pharmacy generally keeps the records required by law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had appropriate processes in place to monitor and reduce its risks. Near misses were usually recorded on a paper log and contained details of the error and a brief reflection on the cause. Dispensing incidents were reported to the National Reporting and Learning System (NRLS) and were reviewed in more detail. When errors were identified, they were discussed as a team to identify the potential contributing factors. The manager sporadically completed patient safety reviews of all near-misses and incidents. It had been several months since the last formal patient safety review. Pharmacy team members proactively highlighted drugs which had similar livery or unusual quantities to try and prevent errors.

Standard operating procedures (SOPs) were held in a folder and were regularly reviewed. The manager said that she checked understanding of SOPs through observation and questioning. She provided additional coaching as required. A dispenser could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges. The manager described that if she were asked to implement a new service, she would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. She would review staffing levels to ensure provision of the service could be maintained and would check that she and the pharmacy team had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey and by the Independent Healthwatch. A complaints procedure was in place and was displayed in the retail area. Adequate professional indemnity and public liability insurances were in place.

Records of the RP were maintained appropriately although the incorrect RP certificate was displayed. Controlled drug (CD) registers were generally maintained as required by law. But records of receipt of CDs from suppliers did not always contain the address of the supplier. Balance checks were completed regularly although the most recent had been completed two months ago. A random stock balance check was found to be accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions and emergency supplies were held on the PMR system and were in order. Records of unlicensed (specials) medicines were retained and the certificates of conformity contained all legally required details.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was dealt with in a secure

manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement was displayed in the patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed.

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technician had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training, and the remaining staff completed regular safeguarding training. Local contacts for the escalation of concerns were available in a signposting folder.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members complete learning to keep their knowledge and skills up to date. New team members are given support to develop and learn. Team members are confident to suggest and make changes to improve the safety and effectiveness of their services. They communicate well with each other.

Inspector's evidence

Staffing levels were adequate on the day of the inspection. In addition to the RP, there was a pharmacy technician who was the branch manager and four NVQ2 trained dispensers. The team had a good rapport and felt they could manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered by rearranging shifts, or by part-time staff increasing their hours.

The pharmacy team completed regular learning to keep their knowledge and skills up to date. Trainees were allocated one hour each week during working hours to complete their training. The trainee dispenser was completing an approved training course. She discussed her learning with the RP and the other dispensers. Team members did not currently have official performance reviews or appraisals, but the pharmacy team gave each other regular feedback. Team members were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the RP when additional information was required.

The pharmacy team felt able to raise concerns and give feedback to the superintendent pharmacist, who they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP said that the pharmacy was not set formal targets. She felt able to use her professional judgement to make decisions. She would only undertake services such as MURs that were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was located within a GP practice in Bridgewater. There was a small retail area which was well-presented. The dispensary was to the rear of the pharmacy. A healthcare counter provided privacy so that prescriptions could be prepared in private. The pharmacy had a consultation room that was clearly advertised. It was of an adequate size and was soundproofed to allow conversations to take place in private. It was locked when not in use.

The dispensing benches were cluttered. There were lots of baskets of dispensed prescriptions awaiting an accuracy check. But pharmacy team members ensured that the area of bench they were using to dispense was free from clutter to reduce errors. The retrieval system used to store completed prescriptions was too small meaning that there were baskets of bagged prescriptions on the bench waiting to be put away.

Cleaning was carried out daily by pharmacy staff. The pharmacy was clean on the day of the inspection. Cleaning products and hot and cold running water were available. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers a range of additional services and the pharmacy team delivers these services safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step free access. The pharmacy and the consultation room were wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. The RP was accredited to provide all of the promoted services. The RP described how if a patient requested a service not offered by the pharmacy, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

Dispensing baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedules 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. Details of significant interventions were recorded on the PMR. Substance misuse services were provided for 20 people. The RP explained that she liaised with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy offered a range of additional services including flu vaccinations. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The declaration of competence for all pharmacists administering flu vaccinations were seen. The RP had completed training on injection techniques, anaphylaxis and resuscitation within the last three years.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had the stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy also had the information booklets and cards to be given to eligible women.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 110 people

based in the community. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and the dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process.

The pharmacy delivered medicines to people living in their own homes. It kept appropriate records of any deliveries made. People were required to sign on receipt of their medicines. Confidentiality was maintained when obtaining these signatures.

The dispensary shelves used to store stock was generally organised alphabetically but was untidy. Date checking was usually undertaken regularly. Some bottles of dispensed medicines that had not been collected had been returned to stock but bore no batch number or expiry date. A bottle of Oramorph which had passed the three-month expiry since opening was also found. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources. Records of recalls and alerts were received by email and most were printed and annotated with the outcome and the date actioned. Records of some recent recalls were not seen but the manager recalled actioning them.

The fridges in the dispensary were clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed in the presence of a witness with both two signatures recorded.

Patient returned medication was dealt with appropriately, and a hazardous waste bin was available. Private details were removed from returned medicines to protect people's confidentiality.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Equipment is used in a way that protects people's private information.

Inspector's evidence

Crown-stamped measures were available for liquids, with a separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The pharmacy sinks were clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas.

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.