

Registered pharmacy inspection report

Pharmacy Name: Carlton Pharmacy, 118 Calais Road, BURTON-ON-TRENT, Staffordshire, DE13 0UW

Pharmacy reference: 1111806

Type of pharmacy: Community

Date of inspection: 22/10/2019

Pharmacy context

This is a busy community pharmacy located on a main road on the outskirts of Burton-On-Trent town centre. The pharmacy is open extended hours over six days. People using the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions and provides other NHS funded services.

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 manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them. And they make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

A range of up-to-date standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs were reviewed following either an incident or periodically and were marked with the date they were due for their next review. Pharmacy staff had read and signed the SOPs relevant to their job role although some of the part-time or newer staff members had not signed the SOPs. Roles and responsibilities of staff were highlighted within the SOPs.

Near miss logs were used, and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. A dispenser explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. Some specific examples of near misses and errors were given, and stock had been separated or highlighted with a clear note to reduce the likelihood of reoccurrence. An annual patient safety report was produced for the NHS Quality Payment Scheme (QPS) and whilst the superintendent pharmacist (SI) said that he informally reviewed the near miss log every month, the outcome of the review was not recorded as evidence. Dispensing incidents were recorded and reviewed, the outcome of the review and the root cause analysis were documented and shared with the pharmacy team.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to medicine sales and responsible pharmacist (RP) absence correctly. Pharmacy staff were wearing uniforms and name badges which stated their job role.

The complaints procedure was explained to people on a poster displayed in the shop. People could give feedback to the pharmacy team in several different ways; verbal, written, on the NHS website and the annual NHS CPPQ survey. The pharmacy team tried to resolve any issues raised that were within their control and the superintendent intervened when necessary. The premises had been extended and refitted in 2018, this had made the customer area and the dispensary much larger. The feedback received about these changes had been very positive.

The pharmacy had professional indemnity insurance in place. The RP notice was clearly displayed, and the RP log was seen to be compliant with the requirements. The entries in the controlled drug (CD) registers were in order. A random balance check matched the balance recorded in the register. The patient returned CD register was used. When a balance check for methadone was undertaken the manufacturer's overage was added into the running balance. A sample of private prescription and

emergency supply records were seen to comply with requirements. NHS Medicines Use Review (MUR) consent forms were seen to have been signed by the person receiving the service. Prescription deliveries were made by the delivery driver and signatures were obtained as proof of delivery.

An information governance (IG) folder was in place which contained various company IG policies and procedures, although some of the pharmacy specific details had not been filled in. Completed prescriptions were stored out of public view. Confidential waste was stored separately and shredded. Confidential information such as documents for pharmacy services were stored in areas which had restricted access. Pharmacy staff answered hypothetical safeguarding questions correctly. Local safeguarding contacts were available in the dispensary. The pharmacy professionals had completed Centre for Pharmacy Postgraduate Training (CPPE) level 2 training on safeguarding and the rest of the team had completed level 1 training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Pharmacy team members complete the training they need to do their jobs. But they do not have formal training plans or protected time to complete ongoing training, so they may not always keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team comprised of the superintendent (RP at the time of the inspection), another pharmacist, five dispensing assistants, a medicine counter assistant and a delivery driver. The pharmacy held a 100-hour NHS contract and the pharmacists worked alternate shifts to cover the early morning and the late night.

Pharmacy staff managed the workload well throughout the inspection and prioritised various tasks throughout the day. Holidays were booked in advance and to ensure there was enough cover available. The SI co-ordinated the holiday requests and changed the rotas in advance, and asked staff to change their shifts or work overtime to manage any gaps in the schedule. Tasks were completed at different times of the day or week when particular members of the team were on holiday.

Staff explained that they had regular performance reviews with the SI to discuss their performance, future plans and any issues they may have. Staff did not complete any regular formal training or development activities once they had completed their accredited training course. One member of staff used her initiative and was pro-active with her additional training and read any information that was provided by wholesalers and looked for training online. The pharmacy team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. Pharmacy staff had regular discussions in the dispensary to communicate messages and updates. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the superintendent or pharmacist and would contact the GPhC if they had any concerns. A member of staff explained that she had recently discussed staffing levels with the SI and felt he was open to discussion. She felt that some non-urgent activities were being overlooked as a member of staff had left and had not been replaced yet. She said that the SI had assured her that a replacement would be recruited.

The SI was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. No targets were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. The premises had been extended and refitted to a high standard in 2018. Any maintenance issues were reported to the superintendent or local contractors. The dispensary was an ample size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

There was a private soundproof consultation room which was used during the inspection for health checks. The consultation room was professional in appearance.

The pharmacy was clean and tidy with no slip or trip hazards evident. It was cleaned by pharmacy staff and a cleaner worked once a week to do a deep clean. The sinks in the dispensary and staff areas had running water, hand towels and hand soap were available. The pharmacy had an air conditioning system which heated and cooled the pharmacy and lighting was adequate for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions. And the pharmacy team supports members of the public that may forget to take their medicines by placing them into weekly multi-compartment compliance packs.

Inspector's evidence

The pharmacy had step-free access from a large free car park. The pharmacy opened for longer hours than many other pharmacies including late nights, and Saturday. Pharmacy staff could communicate with people in English, Punjabi and Urdu. Google Translate was used for any other languages. A home delivery service was available for people that could not easily access the pharmacy. A range of pharmacy leaflets explaining each of the services was available for customers. The pharmacy staff used local knowledge and the internet to refer people to other providers of services that the pharmacy did not offer.

The consultation room was used once a week by an external organisation who provide health checks and smoking clinics. The service was commissioned by the local council and people were referred from various other organisations as well as the pharmacy team.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise workload. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Stickers or notes were attached to completed prescriptions to assist counselling and hand-out messages, such as eligibility for a service, specific counselling or fridge item. The SI was aware of the MHRA and GPhC alerts about valproate and had counselling information available.

Multi-compartment compliance packs were dispensed for people in the community. The SI spoke with anyone that requested the service to assess their suitability and referred back to the GP if he felt it was not appropriate for the patient. Prescriptions were ordered in advance to allow for any missing items or prescription changes to be queried with the surgery ahead of the intended date of supply. The pharmacy ordered medication to be dispensed into the tray and the person usually ordered their external items to avoid over-ordering. Each person had a record sheet to log where they wanted each medicine packed and which external items they required. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication, an audit trail for who had been involved in the dispensing and checking process.

One set of compliance packs had been dispensed in advance as the pharmacy had been provided with a 56-day prescription rather than a 28-day prescription. But the prescription was not attached, and the packs were not adequately labelled to support an accuracy check prior to supply. It was not clear whether any suitability checks had taken place to ensure the medicines were stable outside of their original packaging for an extended period of time. This appeared to be a one-off event rather than a

common occurrence.

A prescription collection service was offered, and various options were available dependent on what the person preferred. The pharmacy kept a list containing the items that the patient had requested and chased any outstanding items ahead of the person returning to pick up their prescription.

No out-of-date stock was seen in the dispensary during the inspection, but some out-of-date stock was found in the shop. The dispensary was date checked every three months and short dated products were marked. The shop was also date-checked regularly but the out of date baby item had been overlooked whilst checking. The expired stock was removed from the shelves during the inspection. The date checking matrix for the shop was not as detailed as for the dispensary which may have contributed to not identifying the product. Medicines were obtained from a range of licensed wholesalers. Medicines were stored in an organised manner on the dispensary shelves. Medicines were stored in their original packaging. Split liquid medicines with limited stability once opened were marked with a date of opening. The pharmacy team were aware of Falsified Medicines Directive (FMD) requirement, but the pharmacy was not yet compliant. The pharmacy had ordered FMD scanners from a supplier, but they had not arrived. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts by email from gov.uk and these were stored in a folder.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day were in place. Substance misuse prescriptions were dispensed in advance of the person coming to collect them. This reduced work load pressure and the risk of dispensing incorrect doses when the patient came to collect their prescription. Assembled substance misuse prescriptions were stored in the CD cabinet. There was a medical fridge used to hold stock and assembled medicines. The medicines in the fridges were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team uses it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines. Screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.