

Registered pharmacy inspection report

Pharmacy Name: Charter Pharmacy, Charter Medical Centre, 88 Davigdor Road, HOVE, East Sussex, BN3 1RF

Pharmacy reference: 1115747

Type of pharmacy: Community

Date of inspection: 21/02/2022

Pharmacy context

This is a community pharmacy situated in a medical centre in Hove. The main business of the pharmacy is dispensing NHS prescriptions. It also provides the New Medicine Service. And dispenses medicines into multi-compartment compliance packs for a small number of people. It offers a delivery service for people in their own homes. The inspection was undertaken during the Covid-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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

Overall, the pharmacy identifies and properly mitigates the risks associated with its services. People using the pharmacy can provide feedback. And staff know how to protect the welfare of vulnerable people. The pharmacy adequately keeps the records it needs to by law, to show that medicines are supplied safely and legally. When a mistake happens, staff respond well, and they make records to help learn from these events. The pharmacy generally protects people's personal information well. But it could do more to make sure its confidential waste is disposed of appropriately.

Inspector's evidence

Standard operating procedures (SOPs) were present in the pharmacy and they were in date. Some staff had signed them to indicate that they had read and understood them. Several of the team members were new, and the manager explained that they were in the process of reading through them. The manager thought that there may be updated versions available and said that she would obtain new printed copies of the SOPs and ensure that all staff had read and understood them. There was a company risk register, but this had not been updated recently. Staff were clear about what they could and could not do if the responsible pharmacist (RP) had not turned up in the morning.

Dispensing mistakes which were identified before the medicine was handed to a person (near misses) were recorded in a book in the dispensary. Medicines which looked similar or sounded alike were separated on the shelves if a mistake occurred, or if was flagged by staff before a mistake happened. The manager gave examples of azathioprine and azithromycin, and pregabalin capsules and tablets. Dispensing mistakes which had ended up being handed to a person (dispensing errors) were recorded on the company intranet. The pharmacy's head office also received the details, and the errors were reviewed by the superintendent pharmacist (SI) who contacted the pharmacy if necessary. An error had occurred between the Elvanse adult and child forms. The error had been investigated, and the SI had contacted the pharmacy to discuss it. The manager reviewed all dispensing mistakes each week, but this was not formally documented. She had identified a pattern of mistakes happening when the pharmacy had fewer staff in. And had discussed this with the team the need to take additional care when dispensing if this was the case.

People could provide feedback or comments about the pharmacy's services via the company's website, or in person at the pharmacy counter. Prior to the pandemic, the pharmacy had done an annual patient survey. The manager was not aware that this had resumed, but she had not worked at the pharmacy for long. The pharmacy had an SOP which explained to staff how to deal with complaints.

The indemnity insurance certificate on display had expired but following the inspection the pharmacy's insurer confirmed that the pharmacy had current cover. The right RP notice was displayed, and the RP records seen had been filled in correctly. Private prescription records were kept on a cloud-based service to which only the staff had access. This could mean that any changes made to the records may not be visible, and so the records would be less able to be relied on. The manager said that they would find another way to record the dispensed private prescriptions in the pharmacy. The pharmacy's computer system had the facility to enable emergency supplies of medicines to be recorded on it. But the system did not ask the user for the nature of the emergency. And the records were unable to be retrieved during the inspection. The pharmacy was in a medical centre, so the number of emergency

supplies was low. The manager said the supplies would be recorded in a book instead, so that all the required information was recorded. Not all records about unlicensed medicines supplied contained all the required information. For example, some records were missing the date of supply and the name of the person the medicine had been supplied to. Controlled drug (CD) registers were held electronically, and the records seen complied with requirements. CD running balances were checked on a regular basis. A random check of a CD medicine showed that the amount of physical stock matched the quantity recorded in the balance.

No confidential information was visible to people using the pharmacy. Some newer team members had not yet completed training on the General Data Protection Regulation, but the manager said that this would be done. She explained that all staff had read through the SOP about confidentiality, and this was confirmed by several staff members present. Confidential waste was collected by a member of staff from the medical centre and disposed of with their confidential waste. This meant that the pharmacy could have less control over its own confidential waste, and less able to assure itself that it was disposed of appropriately. Following the inspection the manager said that she would discuss the matter with the pharmacy's head office and potentially obtain a shredder.

The RP confirmed he had completed the Centre for Pharmacy Postgraduate Education training module on safeguarding. And he could describe what he would do if he had any concerns about a vulnerable person. Staff said that they would raise any concerns with the manager or the RP. And the medicines counter assistant (MCA) had completed a training course on safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely. Staff do the right training for their roles. And they are given some ongoing training to help keep their knowledge and skills up to date. They feel comfortable about raising concerns or making suggestions. And they can take professional decisions to help ensure people using the pharmacy are kept safe.

Inspector's evidence

At the time of the inspection there was the RP (who was a locum pharmacist), two trained dispensers, a trained MCA, and a trainee pharmacist. The trainee pharmacist usually worked at another branch and was only working in the pharmacy for a short time. One of the dispensers was the store manager, who had only worked there for a short time. There was a clear workflow through the pharmacy, and dispensing was up to date.

Staff received some ongoing training, for example when new products were released or new services started, but this was not always formally recorded. The MCA had done training modules on suicide prevention, antibiotic stewardship, and sepsis, but did not have the records in the pharmacy. Team members felt able to raise any concerns or make suggestions. As a result of a suggestion by a team member, a change to the way the pharmacy dealt with prescriptions for people who were calling back had been made. The manager was intending to do regular reviews for the team members in the future. If dispensing mistakes happened, these were discussed in the team so that any learnings could be shared. The pharmacist felt able to take professional decisions. Team members were not set any formal targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services, and they are kept secure. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was generally clean and tidy, with a large amount of dispensing space. Most of the dispensing space was kept clear, and there was enough clear space to allow for safe dispensing. Lighting was good throughout. The premises were secure from unauthorised access when they were closed. Staff had access to toilet facilities in the medical centre.

The pharmacy had a consultation room, which was kept in a suitable state. People could have conversations inside this room at a normal level of volume and would not be overheard outside. The ambient temperature in the pharmacy was suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely, and people can access them. It gets its medicines from reputable sources and largely stores them appropriately. It takes the right action in response to safety alerts, so that people get medicines and medical devices which are safe to use.

Inspector's evidence

The pharmacy had step-free access through the surgery. There was enough space on the shop floor to allow a person with a wheelchair or a pushchair to manoeuvre. A list of the pharmacy's services was on its website, but these were not up to date. The manager said that she would raise this with the pharmacy's head office. The pharmacy had the facility to print large-print labels. The manager said that some of the local people had Arabic as their first language, and a member of staff was able to speak this language.

Dispensing baskets were used to help keep different peoples' medicines separate. There was a clear workflow through the pharmacy, and a designated checking area which was kept tidy. Most prescriptions for Schedule 3 and 4 CDs were usually highlighted, to help the team member handing it out know if the prescription was still valid. But prescriptions for diazepam and testosterone were not. Prescriptions for higher-risk medicines such as methotrexate and warfarin were not routinely highlighted. The manager said that she would review how prescriptions would be highlighted in the future and found some stickers which could be used to help.

Staff were aware of the additional guidance about valproate, and the packs of valproate in the pharmacy had the warning cards attached. The pharmacy did not have the new Steroid Emergency Cards and was using the previous version. Staff said that the new ones would be ordered in.

The pharmacy only dispensed multi-compartment compliance packs to a very small number of people, and there were no prepared packs available at the inspection. A team member explained that they labelled the packs with a description of the medicines. And initialled the label to show who had dispensed and who had checked the packs. Patient information leaflets were not routinely supplied with the packs, and the team member said this would be done in the future.

As a result of the pandemic, medication deliveries to people's homes were usually signed for by the driver rather than the recipient, to help reduce the spread of infection. Signatures were obtained from recipients of CDs, and separate sheets were used for this.

The pharmacy obtained its medicines from licensed wholesale dealers and specials suppliers. The medicines were stored in an orderly manner in the dispensary. The manager showed how staff were in the process of moving packets of tablets and capsules out of the storage drawers and on to the shelves. This was to help prevent the packs becoming damaged when the drawers were used. Medicines were being date checked as they were transferred. The manager was aware that the date-checking activity was not up to date and had briefed the team to double check the dates on any dispensed items. One out-of-date medicine was found in stock and destroyed. The manager confirmed that the date checking would be done regularly in the future, and this activity would be recorded.

Medicines requiring cold storage were stored in two fridges and the temperatures monitored daily. Records of the temperatures seen were within the required temperature range. Liquid medicines were marked with the date when opened, so that staff knew if they were still suitable to use. Medicines for destruction were kept separate from stock and placed into designated bins. CDs were stored securely.

The pharmacy was made aware of drug alerts and recalls via messages from the pharmacy's head office. Staff explained how action was taken in response, and then head office was notified. The manager signed up to the MHRA email alert system during the inspection, to enable her to keep a record of the alerts in the pharmacy.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. It uses its equipment in a way which helps protect people's personal information.

Inspector's evidence

The pharmacy had clean glass calibrated measures, with one marked for use with certain liquids only. Tablet and capsule counters were clean, and one tablet counting triangle was marked for use only with methotrexate. This helped avoid any cross-contamination. The pharmacy had previously provided flu vaccinations, and there was an anaphylaxis kit in the consultation room for when this had been done. The phone was cordless and was able to be moved to a more private area in the dispensary to help protect people's personal information. There were several computer terminals available for team members to use, including one on the prescription reception desk.

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.