General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: CrestPharmacy - Clay Lane, Clay Lane Health Centre, 5 Clay Lane, Upper Store, COVENTRY, CV2 4LJ

Pharmacy reference: 1118805

Type of pharmacy: Community

Date of inspection: 15/06/2023

Pharmacy context

This community pharmacy is situated in a health centre in Coventry. It dispenses prescriptions which are largely generated by the surgery on the same site. It sells a range of medicines over the counter and supplies medication in multi-compartment compliance packs to a handful of people who need this support. The pharmacy offers the NHS New Medicine Service, substance misuse treatment, seasonal flu vaccinations, and prescription delivery service.

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

Overall, the pharmacy manages the risks associated with its services adequately. And it has written procedures to help deliver services safely and effectively. Members of the pharmacy team understand their roles and responsibilities. But they do not always review their dispensing mistakes, so they could be missing opportunities to learn from these events. The pharmacy keeps people's private information securely. And it has procedures to safeguard vulnerable people.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs), and these had been read and signed by its team members. The correct responsible pharmacist (RP) notice was on display and team members could explain the tasks they could or couldn't undertake in the absence of a pharmacist.

The pharmacy had systems to record dispensing incidents. Near misses (mistakes which were identified before the medicine was handed out to a person) were recorded intermittently. But there was little evidence of a periodic review to identify any emerging trends. Dispensing errors (mistakes that were identified after people collected their medicines) were recorded and reported to the superintendent pharmacist (SI). There were some records of dispensing errors available in the pharmacy. But records did not always include the actions taken to mitigate reoccurrence. The pharmacy had separated medicines with similar names, such olanzapine and olmesartan to minimise the chances of picking errors.

The pharmacy had current professional liability and public indemnity insurance. Records about RP and private prescriptions were kept in line with requirements. Records about controlled drugs (CDs) generally complied with legal requirements and the CD running balances were kept but audited intermittently. The stock of a CD chosen at random did not agree with the recorded balance. The pharmacy had missed an entry of receipt and a supply of a CD. This was resolved soon after and an email confirmation was sent to the inspector the following day. A separate register was used to record patient-returned CDs.

The pharmacy had a complaints process and the pharmacy manager, who was the RP during the inspection, said that they would always endeavour to resolve complaints in the pharmacy. And they would refer people to the area manager or the SI where appropriate. The pharmacy's privacy notice was on display and no person identifiable information was visible to the public. Completed prescriptions were stored securely and confidential waste was disposed of securely. Team members used their own NHS smartcards and the pharmacy's IT system was password protected.

The pharmacy had procedures about protecting vulnerable people and the RP had completed Level 2 safeguarding training. A chaperone policy was available in the pharmacy.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage its current workload adequately. Members of the pharmacy team are supportive of each other, and they have some training resources available to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, the pharmacy was staffed by the pharmacy manager (the RP), an accuracy checking technician, two trained dispensers, a trainee healthcare assistant, and a work experience student. The student was supervised by the RP. Team members worked well together, and they were managing their workload adequately. Team members tried to keep their knowledge up to date by reading 'counter skills' booklets and journal articles. The pharmacy currently did not have a formal process for team members to access on-going training. But the RP said that he routinely discussed and gave feedback to team members about their performance. There were no formal targets or incentives set for team members.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises are secure, and they are suitable for the services it provides. But the pharmacy could do more to ensure its consultation room is kept clean and tidy.

Inspector's evidence

The pharmacy’s front fascia and its public facing areas were in a good state of repair. The dispensary had enough space to store medicines safely, and it was kept tidy. A clean sink with hot and cold running water was available for preparing medicines. Room temperatures in the pharmacy were controllable, and levels of ventilation and lighting were suitable for the activities undertaken. A private, signposted consultation room was available for services, but the room doubled up as a storage room. It was somewhat cluttered, and this detracted from its professional image. Team members had access to hygiene facilities. The pharmacy could be secured against unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy manages its services adequately and people with different needs can access its services. It obtains its medicines from reputable sources, and it generally manages them appropriately. And it has a process to manage safety alerts and medicine recalls. But the pharmacy could do more to ensure concerns about medicines not fit for purpose are addressed in a timely manner.

Inspector's evidence

The pharmacy had automated doors and its entrance had a ramp from the outside pavement to help assist people with mobility difficulties. Its opening hours and the services it offered were advertised in-store. A range of healthcare leaflets were on display and there was seating available for people waiting for services. Team members used their local knowledge to signpost people to other providers where appropriate. The pharmacy offered a prescription delivery service and people signed to acknowledge receipt of their medicines.

Team members used baskets to prioritise their dispensing workload and to minimise the risk of medicines getting mixed up. The workflow in the pharmacy was organised and designated areas in the dispensary were used for separate tasks such as dispensing and checking prescriptions. Dispensing labels were initialled at the dispensing and checking stages to create an audit trail showing who had been involved in these tasks. 'Owing slips' were issued to keep an audit trail when prescriptions could not be supplied in full when first dispensed.

The pharmacy had completed its clinical audit for valproate, and it did not have any person in the at-risk group. The stock packs on the shelf included the appropriate warning cards and alert stickers. Additional patient information leaflets and warning cards were available to supply to people if a complete pack was not dispensed.

The pharmacy ordered its stock medicines from licensed wholesalers. No extemporaneous dispensing was carried out. Pharmacy-only medicines were restricted from self-selection. Stock medicines were date checked at regular intervals and short-dated medicines were marked for removal at an appropriate time. Stock medicines were randomly checked during the visit and no date-expired medicines were found amongst the in-date stock.

Temperature-sensitive medicines were stored appropriately, and the maximum and minimum temperatures of the fridge were recorded daily. The records showed that the temperatures had been maintained within the required range of 2 and 8 degrees Celsius. All CDs requiring secure storage were stored correctly in the CD cabinet. Access to the CD keys was managed appropriately. The pharmacy had denaturing kits available to dispose of waste CDs safely. Team members knew that prescriptions for CDs not requiring secure storage such as pregabalin were valid for 28 days. And stickers were used to mark such prescriptions to minimise the risk of inadvertently supplying these beyond their validity period. Expired medicines and patient-returned medicines were kept in pharmaceutical bins, but these were stored in the toilet. This was discussed with the RP who gave assurances that these would be moved to a separate location.

The pharmacy received safety alerts and recalls about medicines. The RP could explain correctly how

these were dealt with, but team members had fallen behind actioning these. After the inspection the RP emailed the inspector to confirm that the pending alerts had been actioned and going forwards these would be actioned in a timely manner.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services safely. And it maintains its facilities and equipment adequately.

Inspector's evidence

Team members had access to current reference sources. There was a range of clean standardised glass measures, with separate marked measures used for certain liquids to prevent cross-contamination. Equipment for counting loose tablets and capsules was clean and medicine containers were capped. The pharmacy's computer terminals were not visible to people visiting the pharmacy. Hand-sanitising gel was available on the medicine counter and in the dispensary. The pharmacy had a cordless telephone which meant that conversations could take place in private if required. All electrical equipment appeared to be in good working order.

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.