

Registered pharmacy inspection report

Pharmacy Name: J.G. Clifford Dispensing Chemist, 2 & 2A The Causeway, Godmanchester, HUNTINGDON, Cambridgeshire, PE29 2HB

Pharmacy reference: 1124646

Type of pharmacy: Community

Date of inspection: 29/08/2019

Pharmacy context

This community pharmacy is in a small town and generally provides services to people who live in the local area. It mostly dispenses NHS prescriptions that it receives from a local GP surgery. The pharmacy provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations to help people with their medicines. It provides a flu vaccination service during the flu season. The pharmacy has been under new ownership since October 2018.

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 generally manages its risks well. Its team members monitor risks in the dispensing process to make it safer. The pharmacy keeps the legal records that it needs to, and generally makes sure they are accurate. Its team members know how to protect vulnerable people. And they generally manage people's personal information well.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which provided information about how its services should be run. The SOPs included review dates, so they could be kept up to date. There were several SOPs which had passed their review dates, so they may not have represented the pharmacy's current practice. The pharmacist said that the SOPs were being updated. The responsible pharmacist's name and registration number was displayed on a notice in the retail area.

The pharmacy kept records about near misses in its dispensing process. It had templates to make records about dispensing errors. The responsible pharmacist said that dispensing errors would be reported to the superintendent pharmacist. Team members had identified that similar surnames could lead to medicines being supplied to the incorrect person. They had discussed the risks of supplying a medicine to the incorrect person.

The pharmacy carried out satisfaction surveys to gather feedback. Results from a recent survey were being compiled and analysed. Team members received verbal feedback from people who used the pharmacy. Most team members had worked at the pharmacy for a long period of time and had a good rapport with people who used the pharmacy. The pharmacy had a procedure to manage complaints, which would be escalated to the superintendent pharmacist if needed.

The pharmacy had SOPs about safeguarding vulnerable adults and children. Its team members had received online training about identifying and managing safeguarding concerns. The team had previously raised a concern to a GP surgery about a person not taking their medicine regularly enough. The pharmacist had access to contact details for local safeguarding organisations.

The pharmacy's team members received training about managing people's personal information and maintaining confidentiality. The pharmacy generally managed confidential information well. A team member described how she would protect people's names and addresses from being seen by others. However, at the start of the inspection, a counter assistant was observed laying out several prescriptions on the counter whilst she looked for a specific name. This was highlighted to the responsible pharmacist because this could've meant that confidential information could've been seen. Confidential waste was separated so that it could be appropriately destroyed.

The pharmacy's record about the responsible pharmacist on duty was generally well maintained. There were some occasions where the time that the responsible pharmacist's shift ended was not recorded. Private prescription records were generally accurate, however sometimes prescriber details were not correctly recorded. This was highlighted to the responsible pharmacist, so the entries could be corrected. The pharmacy kept required records about controlled drugs (CDs). The pharmacy regularly

checked the CD running balances to make sure the records were accurate. The physical stock of two CDs were checked and they matched the recorded running balances. Certificates were displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. Other records about the CDs people had returned to the pharmacy were kept and maintained adequately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. It makes sure that its staffing level is organised and appropriate. Its team members have the right qualifications for their roles and they know when to refer to the pharmacist.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (the regular pharmacist and company director), one dispenser, one counter assistant and one trainee counter assistant present. The pharmacist said that there was one team member who was absent. The pharmacy's staffing level was appropriate for its workload. People who visited the pharmacy were served efficiently. The pharmacy organised planned absences to make sure the staffing level was maintained. Information was shared during meetings or informal huddles. Information about schedule 2 and 3 CDs had recently been shared by the pharmacist. The meetings were generally informal and were not recorded. Team members had appropriate qualifications for their roles. There were some certificates available which showed the qualifications that some team members had achieved. Ongoing training was informal, so the pharmacy's team members may have found it difficult to keep their knowledge up to date. There were no formal targets for the pharmacy team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. Its team members keep the premises clean and tidy. The pharmacy has enough space to safely provide its services, and it has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. The pharmacy had a separate area to assemble multi-compartment compliance packs which reduced distractions. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a suitably-sized consultation room which was appropriate for private consultations and conversations. And it had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services well. Its team members provide appropriate advice to people who receive higher-risk medicines. The pharmacy obtains its medicines from reputable suppliers and generally stores them appropriately.

Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. There were no practice leaflets available in the retail area, so people may have not been able to access information about the pharmacy and its services. The pharmacist said that practice leaflets were being printed.

The medicines counter assistant described medicines and circumstances where she would refer to the pharmacist before making a sale. People generally ordered their prescriptions from GP surgeries themselves. The pharmacy kept records about the prescriptions that it ordered for people.

The pharmacy supplied some people with medicines in multi-compartment compliance packs. It kept records about the medicines to be included in the packs and their administration times. Most packs were supplied every week, and a few were supplied monthly. The dispenser said that prescribers made the decision about the frequency of supply. The pharmacy kept records about changes to medicines included in the packs. Patient information leaflets were not supplied with the packs which meant that some people may not have been able to access up-to-date information about their medicines.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team and these were brought to the pharmacist's attention. Prescriptions were kept with checked medicines awaiting collection. Team members said they would check prescription dates to make sure medicines were supplied while prescriptions remained valid. The date on some prescriptions was highlighted to make sure they were supplied at the right time.

The pharmacist used stickers to highlight dispensed medicines that needed more counselling. This included methotrexate, lithium and some insulins. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The pharmacy had up-to-date guidance materials to support this advice. The pharmacy delivered some people's medicines. It kept records about these deliveries, but these did not always include the recipient's signature. This meant that the pharmacy may not have had enough proof that these deliveries had been completed correctly.

The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used two fridges to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were separated from other stock to prevent them being mixed up. Other medicines were generally stored appropriately and in their original packaging. There were some repackaged medicines which had been labelled but did not include

information about the expiry date or batch number. This made it harder for the pharmacy to identify if these medicines were no longer safe to use.

The pharmacy checked its stock's expiry dates. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. The latest records dated from January and February 2019. The team members said that more recent checks had taken place, but they had not been recorded. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy put the date onto medication bottles when they were first opened. This helped the team members to know that the liquid medicine was suitable if they needed to use it again. Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. The pharmacy did not display a list to help identify cytotoxic or hazardous medicines. This may have made it more difficult for the team to identify and separate these medicines.

The pharmacy had equipment and software to help verify the authenticity of its medicines and to comply with the Falsified Medicines Directive. It had new SOPs which helped organise the processes involved. The pharmacy received information about medicine recalls. It kept records about the recalls it had received and the actions that had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know how to keep equipment in good working order. And they use up-to-date reference sources when they provide the pharmacy's services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Team members had contact details for contractors who could be used to manage maintenance issues. Maintenance issues would firstly be escalated to the responsible pharmacist or superintendent pharmacist. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had appropriate measures to accurately measure liquids. Separate measures were used for CDs. The pharmacy had suitable equipment to count loose tablets. Its team members accessed up-to-date reference sources on the internet.

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.