

# Registered pharmacy inspection report

**Pharmacy Name:** Carlton Pharmacy (Hub), First Floor, 3 The Arcade,  
Long Lane, Carlton-in-Lindrick, Worksop, Nottinghamshire, S81 9AN

**Pharmacy reference:** 9010247

**Type of pharmacy:** Closed

**Date of inspection:** 17/07/2019

## Pharmacy context

The 'hub' pharmacy is located in a separate building above the main pharmacy. People cannot visit the pharmacy in person. The hub is used by the main pharmacy to assemble, check and store multi-compartment compliance aids to help people take their medicines at the right time. It usually operates one hour per day when the main pharmacy is closed for lunch.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy adequately manages risks to make sure its service is safe. Members of the pharmacy team work to professional standards but some have not confirmed their understanding of the procedure, so may be unclear of their roles and responsibilities and who is accountable for what. The team members keep people's private information safe. And they complete training so they know how to protect children and vulnerable adults.

### Inspector's evidence

There was an up-to-date standard operating procedure (SOP) for the hub and spoke operation for supplying medicines in multi-compartment compliance aids. The pharmacy manager and one of the two dispensers who worked in the hub had not signed the SOP to indicate that they read and accepted it, so they might be unclear of the procedure, their roles and responsibilities. The dispenser on duty, had signed to indicate she had read the SOP and was clear about her duties, which were in line with her role. She was wearing a uniform and name badge indicating her role. There was no notice on display showing who the responsible pharmacist (RP) was, although this was always the same as the RP in the main pharmacy where a notice was displayed. The pharmacy manager confirmed he would ensure a notice was displayed in future to comply with RP regulations. All other SOPs were in the main pharmacy.

Dispensing incidents were reported electronically to the pharmacist superintendent (SI) and learning points were included. Near misses were recorded and discussed with the pharmacy team. These were reported and reviewed with the incidents from the main pharmacy, rather than separately, so learnings might not be tailored to the different environments.

Customer complaints were dealt with from the main pharmacy. There was notice on display in the main pharmacy asking customers to give any comments, suggestions and complaints to a member of staff and advising them to ask the pharmacist for the complaints procedure, if required. A customer satisfaction survey was carried out annually from the main pharmacy and patients receiving their medicines in multi-compartment compliance aids were included in this survey.

Insurance arrangements were in place. The RP record was appropriately maintained. There were no controlled drugs (CDs) on the premises and no CD cabinet or CD register. If CDs were used in the multi-compartment compliance aids they were assembled in the main pharmacy.

Confidential waste was taken down into the main pharmacy for disposal. Members of the pharmacy team had read and signed the company guidance on confidentiality and data protection and there was an information governance (IG) SOP. Patients whose medicines were assembled and checked in the hub were asked to sign consent forms which included consent for the transfer of information and prescriptions between the two premises.

The pharmacy manager had completed Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding and there was a safeguarding SOP with the contact numbers of who to report concerns to in the main pharmacy. Members of the pharmacy team had completed dementia friends

training and so had a better understanding of patients living with this condition.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough qualified staff to provide the service safely and the pharmacy team has opportunities to discuss issues informally.

### Inspector's evidence

The hub pharmacy was operational for up to one hour each day, usually between 1pm and 2pm when the main pharmacy was closed for lunch. There was an RP (pharmacy manager) and an NVQ2 qualified dispenser on duty at the time of the inspection and they were observed working collaboratively with each other.

The hub pharmacy assembled and checked multi-compartment compliance aids for around 30 patients. The staff level was adequate for the volume of work during the inspection. The pharmacy manager and dispenser both worked in the main pharmacy outside these hours. There was another NVQ2 qualified dispenser who worked in the hub pharmacy when the other dispenser was absent.

Their training and development were managed in the main pharmacy and issues were discussed informally as they arose. The dispenser said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacy manager or SI about any concerns she might have. She said she felt comfortable admitting and reporting errors and felt that learning from mistakes was the focus.

The pharmacy manager said he felt empowered to exercise his professional judgement and could comply with his own professional and legal obligations. There were no specific targets for activities in the hub pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are suitable for the service provided.

### Inspector's evidence

The pharmacy premises were closed to the public and in a reasonable state of repair. They consisted of a designated room for the assembly, checking and storage of multi-compartment compliance aids, three small stockrooms and a WC with a wash hand basin and hand wash. Hand sanitizer gel and disposable gloves were available.

It was hot weather at the time of the inspection and the temperature in one of the stockrooms was around 24 degrees Celsius, which was close to the maximum temperature medicines should be stored at. The dispenser explained that they could not open windows in the stock room, if nobody was working there, as this was a security risk. There were portable fans but subsequent to the inspection the pharmacy manager confirmed that he had ordered an air-conditioning unit for the main stockroom and a thermometer, so he could better monitor the rooms temperature. Maintenance problems were reported to head office and the response time was appropriate to the nature of the issue.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a service for the main pharmacy which is well managed. And it carries out some checks to ensure medicines are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy was a secure, closed unit and the public receiving the services of the registered pharmacy did so outside of the premises. Patients could communicate with the pharmacist and staff via the main pharmacy. Space was adequate in the designated room used for multi-compartment compliance aids and the work flow was well organised. An individual file was maintained for each patient with an audit trail for communications with GPs and changes to medication. A dispensing audit trail was completed, and medicine identification was completed to enable identification of the individual medicines. Packaging leaflets were included. Disposable equipment was used. There were a few stock pots but most stock was brought up from the main pharmacy as required. Date checking was carried out and alerts and recalls were dealt with by the main pharmacy. Fridge lines and CDs were not stored on the premises.

There was a delivery service which was operated from the main pharmacy, with associated audit trail. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Recognised licensed wholesalers were used for the supply of medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide the service safely.

### Inspector's evidence

The multi-compartment compliance aids were labelled in the main pharmacy and there was no computer equipment in the hub pharmacy. There weren't any references sources. The pharmacy manager said he would look things up when back in the main pharmacy, where he had access to resources such as electronic medicines compendium (eMC) via professional websites on the Internet. But this might lead to delays in the checking process. The pharmacy had a small range of clean equipment for counting loose tablets and adequate disposable equipment for the assembly of multi-compartment compliance aids.

### 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.