

# Registered pharmacy inspection report

**Pharmacy Name:** Crabtree Pharmacy, Bidford Health Centre,  
Stratford Road, Bidford-on-Avon, Alcester, B50 4LX

**Pharmacy reference:** 9010748

**Type of pharmacy:** Community

**Date of inspection:** 05/01/2023

## Pharmacy context

This is a community pharmacy located in a health centre in the village of Bidford-on Avon, Warwickshire. Its main activity is dispensing NHS prescriptions to people living in the local area. And it supplies medicines in multi-compartment compliance packs to a couple of small care homes and to some people who need assistance in managing their medication at home. The pharmacy also sells a small range of over-the-counter medicines, administers seasonal flu vaccines, and it offers a 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
<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

Overall, the pharmacy manages the risks associated with its services adequately. It keeps the records required by law to show that its medicines are supplied safely. And it protects people's private information appropriately. Members of the pharmacy team understand their role in protecting vulnerable people. But they haven't read the pharmacy's written instructions. So, they may not be following current best practice. The pharmacy doesn't always record or review its records about dispensing mistakes. So, it may be missing opportunities to learn and improve its processes.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) which had been recently reviewed. But the Responsible Pharmacist (RP) and the dispenser on duty on the day of the visit, had not yet had the opportunity to read and sign them. An incorrect RP notice was on display when the inspector arrived in the pharmacy, but this was corrected during the inspection. The dispenser understood the tasks she could not undertake in the absence of a pharmacist.

The pharmacy had systems to record dispensing incidents. Near misses (errors 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 in the pharmacy. Dispensing errors (mistakes that had been identified after people received their medicines) were reported to the superintendent pharmacist. 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 current indemnity insurance. Records about controlled drugs (CDs), RP, private prescriptions and unlicensed medicines were kept in line with requirements. Running balances of CDs were kept and a random balance check of a CD showed that the quantity of stock in the cabinet matched the recorded balance in the register. A separate register was used to record patient-returned CDs.

The pharmacy was registered with the Information Commissioner's Office and the pharmacy's fair data processing notice was on display in the public area of the pharmacy. Completed prescriptions in the retrieval system were stored securely and no person-identifiable information was visible to the public. Confidential waste was separated from general waste, and this was collected by a contractor for safe disposal. The pharmacy's computers were password protected and members of the pharmacy team used their own NHS smartcards to access electronic prescriptions.

Members of the pharmacy had completed safeguarding training relevant to their roles and responsibilities. The RP had completed level 2 safeguarding training. The contact details for local agencies to escalate any safeguarding concerns were available in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Members of the pharmacy team work well together and are supportive of each other. And they have access to some training resources to help keep their skills and knowledge up to date. At times, the pharmacy team struggles to manage its workload. And this means its team members cannot always respond to phonecalls or dispense prescriptions for people in a timely manner.

### Inspector's evidence

At the time of the inspection, a regular part-time RP and a qualified full-time dispenser were on duty. The pharmacy also employed two part-time dispensers each covering the pharmacy for three hours in the morning and late afternoon.

Members of the pharmacy team worked well together and were supportive of each other. The team members were trying their best to cope with the workload during the inspection though some people had extended waiting times for their prescriptions. There was a constant flow of patients in the pharmacy. The RP at times was struggling to acknowledge people at the counter, answer telephone calls, locate people's prescriptions and accuracy check prescriptions. The dispensary phone was left ringing because team members were trying to deal with prescriptions and queries from people at the pharmacy counter. This could mean that other healthcare professionals and patients with urgent queries about their medicines are not able to speak to someone in the pharmacy when needed. The situation somewhat eased few hours later when a part-time dispenser started her shift.

Members of the pharmacy team had access to some training material such as Counter Intelligence booklets to help keep their skills and knowledge current. And they said they could raise their concerns or discuss suggestions about how to improve the pharmacy's services with their superintendent pharmacist. The pharmacy did not incentivise its services or set targets for its team members.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are secure, and they are generally 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 was bright and spacious. It had been fitted to an adequate standard and was generally well-maintained. The dispensary had adequate space to store medicines and undertake its current dispensing workload safely. A clean sink with hot and cold running water was available for preparing medicines. Room temperatures in the premises were controllable, and levels of ventilation and lighting were suitable for the activities undertaken. A signposted and private consultation room was available, but the room doubled up as a storage room. It was very cluttered, and this somewhat detracted from its professional image. Members of the pharmacy team had access to hygiene facilities within the health centre. 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 manages them appropriately. And it has a process to manage safety alerts and medicine recalls, so that people are supplied with medicines and medical devices that are fit for purpose. Currently, only one member of the team is trained to prepare multi-compartment compliance packs. So, continuity of the service may be more difficult to achieve in the event of unplanned absence

### Inspector's evidence

The pharmacy had automated doors and its entrance was step-free. The health centre had on-site parking for people. The pharmacy's opening hours and the services it offered were advertised in-store. There was seating available for people waiting for services. Members of the pharmacy team used their local knowledge to signpost people to other providers where appropriate. The pharmacy offered a prescription delivery service and a record was kept for each delivery to maintain an audit trail.

Members of the pharmacy team used baskets during the dispensing process to minimise the risk of medicines getting mixed up. 'Owing notes' were issued to keep an audit trail when prescriptions could not be supplied in full when first dispensed. The workflow in the dispensary was sufficiently organised but there were a lot of baskets of dispensed items stacked up awaiting a final accuracy check.

The pharmacy supplied medicines in multi-compartment compliance packs and the dispenser was the only team member in the pharmacy who was trained to assemble these. This could mean that in the event of an unplanned absence, the pharmacy would not be able to deliver medicines to people in a timely manner. The assembled multi-compartment compliance packs seen during the inspection included descriptions of medicines to help people or their carers identify medicines individual medicines in the pack. Patient information leaflets were routinely supplied to people.

Members of the pharmacy team were aware of the risks involved in supplying valproate-containing medicines to people in the at-risk group. The stock packs on the shelves included the appropriate warning cards. The pharmacy had additional information leaflets but it did not currently have any person in the at-risk group being supplied with valproate-containing medicines.

The pharmacy ordered its stock medicines from licensed wholesalers, but these could have been better organised on the shelves. No extemporaneous dispensing was carried out. Pharmacy-only medicines were restricted from self-selection. Stock medicines were date checked and short-dated medicines were marked for removal at an appropriate time. Medicines were checked randomly during the inspection 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 was recorded daily. The records showed that the temperatures had been maintained within the required range of 2 and 8 degrees Celsius. All CDs were stored correctly in the CD cabinet. Access to CD keys was managed appropriately. Prescriptions for CDs not requiring secure storage such as zopiclone were not marked meaning there was an increased risk of an inadvertent supply beyond the 28-day validity period. There were a couple of prescriptions found in the retrieval

system that had expired.

The pharmacy had a process to deal with safety alerts and medicine recalls making sure the medicines it supplied were fit for purpose. Records about these and the action taken by team members were kept, providing an audit trail.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And team members use the equipment in a way that protects people's privacy and dignity.

### Inspector's evidence

Members of the pharmacy team had access to up-to-date reference sources. There was a range of clean crown-stamped measures, with separate marked measures used for certain liquids. Equipment for counting loose tablets and capsules was clean. And a separate triangle was used for cytotoxic medicines. Medicine containers were capped to prevent cross-contamination. The pharmacy's computers were password protected and computer terminals were not visible to people visiting the pharmacy. Hand-sanitising gel was available on the medicine's counter and in the dispensary for team members and for people visiting the pharmacy. All electrical equipment appeared to be in good working order.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.