

Registered pharmacy inspection report

Pharmacy Name: Crowland Pharmacy, 6 West Street, Crowland, Peterborough, Lincolnshire, PE6 0ED

Pharmacy reference: 9011517

Type of pharmacy: Community

Date of inspection: 07/04/2022

Pharmacy context

The pharmacy is in the centre of the historic market town of Crowland, South Lincolnshire. Its main services include dispensing NHS prescriptions and selling over-the counter medicines. The pharmacy delivers some medicines to people's homes. And it arranges for the supply of medicines in multi-compartment compliance packs, designed to help people to take their medicines. This service is provided via the company's hub pharmacy. The pharmacy was inspected during the COVID-19 pandemic.

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 identifies and manages the risks associated with most of its services effectively. It keeps people's private information secure. And it generally keeps the records it must by law. The pharmacy listens to feedback from members of the public and the regulator. And it responds appropriately to the feedback it receives by acting to improve the way it delivers its services. Pharmacy team members understand how to recognise and respond to safeguarding concerns. And they engage in conversations to help reduce risk following mistakes made during the dispensing process.

Inspector's evidence

The pharmacy had addressed some of the risks of managing its services during the COVID-19 pandemic. For example, it had fitted plastic screens around the medicine counter as part of its infection control measures. But most team members did not follow up-to-date NHS guidance which recommended the continued wearing of face coverings in healthcare settings. The responsible pharmacist (RP) did wear a type IIR face mask whilst working and other team members had access to personal protective equipment.

The pharmacy had standard operating procedures (SOPs) to support the safe provision of its services. These had last been reviewed in January 2021. SOPs covered RP requirements, controlled drug (CD) management and pharmacy services. The pharmacy stored the SOPs electronically and held physical training records to confirm team members had read and understood them. A new team member confirmed they had begun reading SOPs relevant to their job role. A process was in place to record the clinical check of prescriptions prior to the ACT completing the final check. Pharmacy team members on duty were observed applying vigilance when dispensing medicines. For example, signing medicine labels to take ownership of their work following a check of the medicine against the label and prescription.

The pharmacy had formal processes in place for recording near misses and dispensing incidents. Dispensing incidents had historically been reported to the pharmacy's superintendent pharmacist and through the National Reporting and Learning System (NRLS). A discussion took place relating to the need to reflect the change in national reporting, to the new NHS 'Learn from patient safety events' (LFPSE) service rather than to NRLS. Team members on duty explained how verbal feedback was provided to them following a near miss. And they thought that pharmacists entered the near miss into the formal record. Pharmacy team members demonstrated actions taken to reduce risk following mistakes. For example, separating 'look-alike' and 'sound-alike' (LASA) medicines on dispensary shelves. And using tall-man warning labels to help prompt additional checks during the dispensing process. But very few entries had been made in the near miss record in recent months. This meant it was more difficult for the team to identify patterns in mistakes. A discussion took place about the importance of recording near misses to help inform continual learning. And this prompted the team to move the near miss record to an area of the dispensary which made it accessible to all.

The pharmacy had a complaints procedure. Pharmacy team members were aware of how to manage feedback, and how to escalate feedback when required. The pharmacy had responded positively to feedback provided during the last GPhC inspection by sustaining improvements it had made following the completion of an improvement action plan. The pharmacy held personal identifiable information on

password protected computers and in staff only areas of the premises. It shredded confidential waste onsite, and there was no accumulation of confidential waste waiting to be shredded on the day of inspection. The pharmacy had procedures relating to safeguarding vulnerable adults and children. Two trainee team members discussed how they would recognise and report a safeguarding concern. The RP on duty had not needed to report a safeguarding concern to date. But was able to identify how they would alert prescribers and/or find contact information for local safeguarding teams if there was a need to report a concern.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. The pharmacy maintained running balances in the CD register. And regular balance checks of physical stock against the register took place. A random physical balance check conducted during the inspection complied with the running balance in the register. The pharmacy had a patient returned CD destruction register. And this was maintained to date. It held an electronic record of the private prescriptions it dispensed. This was kept in accordance with legal requirements. The pharmacy dispensed very few unlicensed medicines. It held records related to these medicines. But the records did not include an audit trail of who the medicine had been dispensed to as required. A manager confirmed the records would be brought up to date to comply with the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload. Pharmacy team members engage in some ongoing discussions to share ideas and learning. They take opportunities to develop their understanding of topics relevant to their roles. But they do not regularly benefit from protected learning time or appraisals to support and monitor their learning and development.

Inspector's evidence

On duty on the day of inspection was the RP, who was a locum pharmacist, a pre-registration pharmacy technician, a dispenser, the ACT, two trainee medicine counter assistants and the delivery driver. The dispenser and ACT shared management responsibilities. The pharmacy also employed a regular pharmacist and two trainee dispensers. Pharmacy team members were not aware of any specific targets in place associated with the pharmacy services provided. Focus was reported to be on ensuring workload was up to date.

The pharmacy had enrolled most trainees on GPhC accredited training courses. One team member was still in their induction period and reported feeling supported since joining the team. The pharmacy had a high number of team members in training roles. It did not provide protected learning time at work. But there was some support for trainees available both internally and through their training provider. And several team members discussed how they took opportunities to expand their knowledge through conversation. For example, a locum pharmacist had recently shared learning associated with reporting safeguarding concerns with the team. The ACT had recently returned to work following long-term planned absence. They had been supported in returning to the checking role gradually and kept a record of the number of accuracy checks completed to help support their learning. Pharmacy team members had not yet received an appraisal to help support their ongoing learning and development needs since the transfer of ownership of the pharmacy in 2020.

Pharmacy team members communicated regularly both at work and between shifts through a secure messaging application. Daily discussions focussed on workload management and reflecting on what had gone well, and what had not gone so well. The pharmacy had a whistle blowing policy in place. And team members reported feeling listened to at work. For example, they had contributed their ideas to improve stock management. These ideas had proven effective in reducing both owings and the amount of medicine waste the pharmacy produced.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are secure, safe and clean. They provide a suitable space for the pharmacy services provided. People using the pharmacy can speak with a member of the pharmacy team in a private consultation room.

Inspector's evidence

The pharmacy was appropriately secure and clean. The pharmacy had running water and hand washing facilities. The premises consisted of an open plan public area, a private consultation room, a dispensary, and a small break room. Access to staff toilet facilities were provided in a separate building at the back of the pharmacy. Lighting was bright throughout the pharmacy. And ventilation was appropriate with air conditioning used to maintain an ambient temperature.

The dispensary was small for the level of activity taking place. But workload was effectively managed. For example, the team held assembled baskets of medicines on a centre island and the RP moved them across to their workstation when ready for them. There was enough workbench space available for dispensing activity and the completion of administration tasks. There was limited storage space within the dispensary. But some additional storage space at the front of the dispensary behind a partition wall provided space for holding bulk stock medicines, and bags of assembled medicines awaiting collection. On the day of inspection the pharmacy was storing a small amount of bulk medicine in its consultation room. A manager explained that screened shelving was shortly due to be fitted to support this arrangement. And the consultation room door was lockable. A tape barrier at the medicine counter was designed to deter access beyond this point. But this was not deployed during the inspection. The pharmacy's private consultation room was accessible via a ramp from the public area. It was a good size and team members were able to socially distance adequately from people when in the room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible to people. It obtains its medicines from reputable sources. And it stores its medicines safely and securely. The pharmacy team members use audit trails effectively to help manage dispensing services. They provide people with relevant information about the medicines they are taking. But they don't routinely record these types of interventions. This may make it more difficult to provide continual support and to evidence the care provided if queries arise.

Inspector's evidence

People accessed the pharmacy through a large pull/push door. The pharmacy advertised its opening times and services well through professional looking window displays. But some recent acute closures of the pharmacy on a Saturday had meant that the pharmacy had not been accessible to people as advertised. A manager confirmed the closures had been reported to NHS England and NHS Improvement as required. Seating in the public area allowed people to wait in comfort. Pharmacy team members were aware of how to signpost a person to another pharmacy or healthcare provider if they required a service or medicine which the pharmacy was not able to provide.

The pharmacy protected Pharmacy (P) medicines from self-selection as it displayed them behind the medicine counter. The RP had full supervision of the medicine counter from their checking area. This meant they were able to intervene if required. Pharmacists counselled people on the use of their medicines. But they did not regularly take the opportunity to record monitoring and intervention checks associated with higher risk medicines. Team members demonstrated their understanding of the requirements associated with the valproate pregnancy prevention programme. This included the correct placement of labels when supplying a medicine containing valproate. And the pharmacy had a supply of patient cards and booklets to supply to people in the high-risk group as required. The pharmacy used clear bags to help prompt additional safety checks of some medicines. For example, cold chain medicines and CDs.

The pharmacy team used effective audit trails throughout the dispensing process to help identify who had completed tasks associated with dispensing prescriptions. The pharmacy had effective processes for checking stock availability prior to the dispensing process beginning. It did this by a team member marking each item on a prescription form to identify if it was stock (s), required ordering (o) or would be arriving in the weekly bulk (b) stock order. This process helped to organise workload and supported effective stock management. The pharmacy sent prescriptions associated with the supply of medicines in multi-compartment compliance packs to the company's hub dispensary. Team members had access to video guides to support this process and pilot SOPs to work from. These SOPs were in the process of being reviewed. The process involved the hub being responsible for both the clinical and accuracy check of prescriptions associated with this service.

The pharmacy did not currently require people to sign to confirm delivery of their medicines. The driver posted a large-print card informing people of a missed delivery if they were not at home, and medicines which could not be delivered were returned to the pharmacy. The pharmacy held part-assembled medicines in baskets in a designated area of the dispensary. It held prescription forms associated with these medicines in the baskets also. This ensured the prescription was available throughout the whole

dispensing process. The team also retained prescriptions for owed medicines, and dispensed from the prescription when later supplying the owed medicine.

The pharmacy sourced medicines from licensed wholesalers. Medicine storage on shelves throughout the dispensary was orderly. The pharmacy had secure arrangements for the storage of CDs. Two expired prescriptions held with schedule 3 assembled CDs in a CD cabinet were brought to the RP's attention. The RP acted immediately to arrange cancellation of the prescriptions. The pharmacy's process for handing out assembled CDs included an additional check of the prescription, including validity. But the matter highlighted the need to regularly check all assembled CDs when completing balance checks of schedule 2 stock. The pharmacy had two medical fridges, and it stored stock and assembled medicines within these fridges in an organised manner. The pharmacy maintained fridge temperature records and these were within the accepted temperature range of two and eight degrees Celsius. But a thermometer for one fridge had broken a few days prior to the inspection. A new thermometer had been sourced and was placed within the fridge during the inspection.

There was no date checking record in place. Team members checked dates routinely during the dispensing process. And explained that they date checked medicines when they undertook a monthly audit of all stock to support bulk ordering. One recently expired medicine was found during a random check of stock held on dispensary shelves. This was brought to the attention of a manager who acted to safely dispose of the medicine. The pharmacy held medicine waste securely in a designated waste container in the dispensary. And regular waste collections took place. The team had access to CD denaturing kits for safely managing CD waste. The pharmacy received medicine alerts and drug recalls by email. Team members checked emails regularly and acted upon these alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the required equipment for providing its services. Its team members use this equipment appropriately and in a way which protects people's privacy.

Inspector's evidence

The pharmacy had up-to-date written and electronic reference resources available including the British National Formulary (BNF). Pharmacy team members had access to the internet to help resolve queries and to obtain up-to-date information. The pharmacy positioned its computer monitors carefully to ensure that information on screens was not visible from the public area. And team members accessed people's medication records through the use of NHS smartcards. Members of the pharmacy team used cordless telephone handsets. This meant they could move out of earshot of the public area if the phone call required privacy.

The pharmacy had a range of clean equipment available to support the delivery of pharmacy services. It stored counting apparatus for tablets and capsules, and crown stamped measuring cylinders for measuring liquid medicines within the dispensary. There was separate equipment available for counting and measuring higher risk medicines to reduce the risk of cross contamination. The pharmacy's blood pressure monitor was on the list of monitors validated for use by the British and Irish Hypertension Society.

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.