

Registered pharmacy inspection report

Pharmacy Name: Wolsingham Pharmacy Ltd., 12 Market Place,
Wolsingham, BISHOP AUCKLAND, County Durham, DL13 3AE

Pharmacy reference: 1029369

Type of pharmacy: Community

Date of inspection: 01/08/2019

Pharmacy context

The pharmacy is in the centre of the village. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides NHS services such as flu vaccinations.

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 risks to its services. It has a set of written procedures which the company reviews. The pharmacy keeps the records it needs to by law. The pharmacy team members respond appropriately when mistakes happen. They discuss what happened. And they share learning to try and reduce the risks of error in the future. The pharmacy looks after people's private information. And the pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as assembly, labelling and responsible pharmacist. These were subject to review, with most of the reviews between May 2018 and December 2018. The SOPs had signature sheets and the team had read and signed the sections relevant to their role. The team could advise of their roles and what tasks they could do. And advised about responsible pharmacist regulations. And explained that they had put a notice on the door to remind people if the pharmacist was not present then they would not be able to provide certain services. The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and a separate area for compliance pack preparation. There was an island in the centre of the dispensary which the pharmacist used for checking. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets for waiting and any colour for the remainder. They used larger baskets for the compliance packs. This helped to distinguish people's prescriptions by degree of urgency and this helped plan workload.

The pharmacy recorded near misses found and corrected during the dispensing process. The team recorded these on a specific template. Examples included alazocine 10mg with 28, on the prescription and 30 given and omeprazole 10mg with 20mg given. The team members had made a few quantity errors and they advised they had discussed various pack sizes to ensure they were aware of these. One of the dispensers advised that she had discussed with the pharmacist and she was circling quantities to try to improve. The pharmacy also had some shelf alerts in place to remind the team to take care when selecting items. The pharmacist prepared a dispensing review action sheet and discussed with the team. The review covered quantity errors with care to be taken with parallel imports as they did not always have standard pack sizes and, to be aware of 28 and 30 packs sizes. It also covered labelling errors which may have occurred from printing previous directions which had changed, strength errors and mixing brands, with a reminder to check with another dispenser and mark on the label when mixing brands. The pharmacist had highlighted some similar sounding drug names which also had the same strengths. These included clobetasone and clobetasol, sertraline and sumatriptan, pravastatin and paroxetine and bisoprolol and bendroflumethiazide. Flags and alerts were added to the patient medication records to raise awareness.

The pharmacy had a notice displayed in the pharmacy, above the counter, which explained the complaints process. And the team knew the procedure for recording any complaints received, with a SOP in place, including a template.

The pharmacy gathered feedback through the annual patient satisfaction survey. And displayed results

with comments on reviewing stock levels and ensuring people knew of the use of the consultation room. The pharmacy had current indemnity insurance with an expiry date of 31 October 2019. The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records on the computer and in a book for that purpose. A sample of the CD registers looked at had headings completed as required, with a few crossings out, running balances maintained and the register indicated monthly stock checks had been undertaken. Physical stock of an item selected at random agreed with the recorded balance.

The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy dispensed a few private prescriptions and maintained records in a book, with a few emergency supplies suitably recorded. The pharmacy kept special records for unlicensed products with the certificates of conformity completed. The pharmacy displayed information on the confidential data kept and how it looked after and safeguarded information. There were leaflets with the detail included. The team had undertaken some information security training which included General Data Protection Regulation (GDPR) information.

The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy team shredded confidential waste.

The pharmacy had a safeguarding SOP for the protection of vulnerable adults and children which it had recently updated. The pharmacist had undertaken level 2 CPPE training. And contact details for safeguarding organisations were available. The pharmacy had leaflets available for people to take with details for safeguarding adults in County Durham.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. The pharmacy team members are competent and have the skills and qualifications they need for their role. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. But they do not always record this. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have.

Inspector's evidence

There was one pharmacist, three dispensers and a medicines counter assistants (MCA) working in the pharmacy. In addition, there was another dispenser. One dispenser worked full time, 34.5 hours weekly and the others worked 31, 21 and 20.75 hours weekly. The MCA usually only worked 3.25 hours a week, on a Saturday morning but also covered holidays for the team. The MCA had completed the counter training course and the dispensers had all completed a recognised dispensing course. There was a regular pharmacist and regular locums covered time off and Saturdays. Certificates and qualifications were available for the team. And displayed in the pharmacy.

The team members had undertaken some training. They had undertaken training on children's oral health. They had attended some evening courses, but this had not been for a while. One evening course had been on lung and bowel cancer. The pharmacist kept the team up-to-date with topics such as items for the healthy living campaigns. And the team discussed learning from near misses and reviews. Some of the team advised they had completed some paperwork for performance reviews, but the reviews had not taken place. The team advised that as a small pharmacy they were able to discuss any issues as they arose. The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist or the superintendent (SI). There was a whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The contact names and details were listed in a folder.

The MCA followed the sales of medicines protocol when making over-the-counter (OTC) recommendations and referring to the pharmacist when necessary. The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. They worked well with the locum working in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for the pharmacy services it provides. People can have private conversations with a pharmacist or team member in the consultation room.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to a suitable standard with plenty space for dispensing, storing stock and medicines and devices waiting collection. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and the pharmacy team kept the pharmacy clean. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room which the team used. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The pharmacy had a standard operating procedure (SOP) for the chaperone policy. The pharmacy team kept the consultation room locked when not in use.

Members of the public could not access the dispensary. The dispensary had a monitor, so they could see who was at the counter. So, the team members were aware of customers in the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice. The pharmacy team members dispense medicines into devices to help people remember to take them correctly.

Inspector's evidence

The pharmacy was accessible to all from the street, with the hours of opening displayed on the door. The team assisted anyone requiring help. There was some customer seating. The pharmacy had a Healthy Living display, and in the window, it had displays on alcohol and smoking. There was a carousel unit with a wide range of leaflets on a variety of health-related topics. The pharmacy had a defined professional area, near the main counter. It kept pharmacy only medicines out of the reach of people. And assisted people if they wanted to buy these. They had a selection of information sheets which people could take on topics such as minor cuts and grazes and heartburn and indigestion at the counter.

The pharmacy served the local community and only provided a delivery service as an exception which had been the case for years and worked well. The pharmacy provided Medicine Use Reviews (MUR) and undertook the New Medicines service (NMS) when possible. It had provided a few flu vaccinations last year but due to the problems with supply the volume was low. The team provided blood pressure checks when asked and provided a smoking cessation service through the voucher scheme. They provided the Minor ailments service with limited uptake. And they provided Emergency Hormonal Contraception (EHC) through the patient group directive (PGD).

The pharmacy supplied medicines to around 20 people in multi-compartmental compliance packs to help them take their medicines. One of the team managed this, with others helping if required. She prepared four weeks supply for each person at a time. She worked ahead and kept up-to-date to ensure that the packs were ready for people. She used profile sheets for all people and kept these clear and replaced the sheets if there were many changes. Each sheet had the cell count for each row noted which assisted in the dispensing and checking process. The pharmacy supplied people with Patient information leaflets (PILs) once in each cycle. And included descriptions of medication on all backing sheets provided to people. The dispenser had developed a process to ensure that any supplies of gabapentin and pregabalin had the required prescriptions for the supply, due to recent changes in legislation.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked, at found compliance with this process. The team used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so the team could check the contents again, at the point of hand-out. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. The pharmacist used sticky notes stickers with comments on if the people required additional counselling. The team members used CD and fridge stickers on bags

and prescriptions to alert the person handing the medication over to add these items. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid.

When the pharmacy could not provide the product or quantity prescribed, full patients received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. They could explain the information they were expected to provide to the 'patients in the at-risk' group. And advised the pharmacist had counselled all people receiving this item. They had alerts on the computer system but could not locate the pack with the resources. They discussed ordering another information pack. On the notice board in the dispensary the pharmacist had placed a reminder to undertake another valproate audit.

The pharmacy provided a repeat prescription collection service. All people ordered their own medicines and about 50 people received prescriptions through the repeat dispensing process. The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked short-dated items with the month they would go out of date. And they took these off the shelf prior to the expiry date. They were up-to-date with checking. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use.

The pharmacy used recognised wholesalers such as DE, Alliance, Phoenix and AAH. The pharmacy had a standard operating procedure for the Falsified Medicines Directive (FMD) in a folder. But the team had not read yet and they were not sure when the company would be implementing this. They had the scanning devices and were waiting for further information. The team used appropriate medicinal waste bins for patient returned medication. These were uplifted regularly. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and protect people's private information.

Inspector's evidence

The pharmacy team members had access to a range of up to date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs).

The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use.

The team members used alcohol hand washing gel. The blood pressure machine appeared in good working order and the team checked it as required.

The pharmacy stored medication waiting collection on shelves, in boxes, where no confidential details could be observed by people. The team kept the prescriptions attached to the bag until they were supplied to people.

The computer in the consultation room was screen locked when not in use. The team used the NHS smart card system to access to people's records. The team used cordless phones for private conversations. And ensured they maintained confidentiality, being in a small rural community.

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.