

Registered pharmacy inspection report

Pharmacy Name: Vantage Chemist, 2 Imperial Buildings, Durham Road, BIRTLEY, County Durham, DH3 1LG

Pharmacy reference: 1029379

Type of pharmacy: Community

Date of inspection: 07/05/2021

Pharmacy context

This is a community pharmacy situated on a row of shops in Birtley, County Durham. The pharmacy opens for 42 hours a week. And sells a range of over-the-counter medicines. It dispenses NHS prescriptions, most of which it receives electronically. The pharmacy provides multi-compartment compliance packs to some people who need help managing their medicines. And it delivers medicines to people who can't attend its premises in person. Other services are on hold during the 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 suitably manages the risks associated with the services it provides to people. It acts to help keep members of the public and team members safe during the Covid-19 pandemic. It maintains the records it needs to by law and keeps people's private information secure. Its team members record some details of mistakes they make while dispensing so they can learn from each other and prevent similar mistakes from happening again.

Inspector's evidence

The pharmacy had completed a risk assessment of the impact of COVID-19 on the pharmacy and its services. And, as a result, the pharmacy team monitored access to the pharmacy so that only one person at a time was allowed in the pharmacy. The pharmacy had floor markings to indicate where people needed to stand, to help reduce the risk of cross infection. Members of the pharmacy team knew how they would report any work-related infections to the responsible pharmacist. They were self-testing for COVID-19 twice weekly. They always wore face masks and gloves to help reduce the risks associated with the virus. And they washed their hands or used hand sanitisers regularly.

The pharmacy had a set of "Informacist" standard operating procedures (SOPs) for the services it provided. The owner advised the inspector that he had amended some and added a new SOP for FMD. But he had not signed and dated the changes he had made in the review section. The SOPs covered tasks such as dispensing, responsible pharmacist requirements and controlled drug (CD) management. A record was kept for each team member to show they had read and understood the SOPs and would follow them.

The pharmacist picked up near miss errors at the checking stage of the dispensing process, then informed the dispenser of the error and asked them to record and rectify the mistake. When the pharmacist worked alone in the dispensary, he made the entry. The team recorded one or two each month and discussed them when they happened, so they could all learn from each other. Some entries lacked detail and team members didn't always record what action they took to reduce the risk of the near miss errors happening again. And so, the team may have missed the opportunity to learn and make specific changes to the way they work. The RP showed the inspector the changes made following dispensing incidents. Such as separating amlodipine strengths and highlighting the similarity of the packaging on the different simvastatin strengths. The team placed warning labels on medicines with similar names that could confuse team members, such as look-alike and sound alike medicines. The pharmacy kept records of any dispensing errors that left the pharmacy. The RP advised that they had very few dispensing errors. The last one involved the supply of beconase nasal spray instead of the inhaler required. The RP decided not to stock the lower dose Becotide inhaler.

The RP explained that any complaints or concerns were usually raised verbally with himself. The team worked hard to provide the best service they could offer a good service to people. And so far, no one had made a complaint. The last customer survey from 2020 indicated that 100% of the people surveyed were very satisfied with the service received.

The pharmacy had up-to-date professional indemnity insurance in place and displayed it on the wall in the dispensary. The pharmacy displayed the correct responsible pharmacist name and registration

number. So, people could easily see the responsible pharmacist on duty on the day. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept up-to-date paper records of private prescriptions and emergency supplies. The pharmacy did very few of these. It kept controlled drug registers and records of CDs returned by people to the pharmacy. The CD registers were audited against physical stock at the point of dispensing. A count of a randomly selected CD matched the balance in the CD register. The RP knew that any unresolved CD issues needed to be reported to the accountable officer. The pharmacy kept special records for unlicensed medicines with the certificate of conformity. The records were kept in chronological order in a clearly marked folder.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste segregated into a basket to avoid a mix up with general waste and shredded on site. The team understood the importance of keeping people's private information secure and they had all completed information governance training. The responsible pharmacists had completed level 2 training on safeguarding vulnerable adults and children.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to deliver safe and effective care. Members of the pharmacy team do the right training for their roles. They work well together and use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services.

Inspector's evidence

The pharmacy team consisted of one full-time and one part-time pharmacist. One full time dispenser, one part-time counter assistant and two part-time delivery drivers. Very occasionally locums would cover for holidays. The RP, who was also owner, explained that he cannot remember the last time he had a holiday. On the day, the dispenser was on a day off there was a counter assistant supporting the RP. He explained how the pharmacy team worked closely together. And they took pride in the service provided to people. Most had been appreciative of their efforts but there had been a small minority who had been un co-operative with the requirements to wear masks for example. On the day, the pharmacy team dealt with people in a helpful efficient way. The RP supervised and oversaw the supply of medicines and advice given by the assistant. The RP advised that the full-time dispenser had an appraisal last year. And they had ongoing discussions about near misses and pharmacy tasks during quiet times. The counter assistant interacted with the inspector offering pieces of evidence and joined discussions with the inspector.

The team displayed various training certificates on the wall near to the counter. For example, the dispenser's qualification certificate was displayed and training for measuring blood pressure.

The pharmacy did not have set targets. The RP made professional decisions to ensure people were kept safe. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. The RP explained that the team members offered suggestions about ways to improve the service offered. For example, where to display stock on the shelves and suggestions about popular lines to stock.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable and secure environment for people to receive healthcare. And its premises are clean and tidy. The pharmacy has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The dispensary was small, and it had a limited amount of bench space available, but the team managed the space well. And the dispensary was kept tidy and organised. They had increased the number of times the pharmacy was cleaned during the pandemic. There was a hand sanitiser dispenser located at the entrance to the dispensary. And they used it if they had interacted with people. And they regularly wiped and disinfected the surfaces they and other people touched. The pharmacy had a clean, well maintained sink in the dispensary, with hot and cold running water. The team had access to a toilet and sink available for staff use. The pharmacy had a sound-proofed consultation room which contained adequate seating facilities and a desk. The pharmacy had oil heaters in the pharmacy. The RP advised that they had turned off the under the counter plinth blowers during the pandemic.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services easily accessible to people and it manages them appropriately. It sources and stores its medicines properly and completes regular checks to make sure they are in date. The team members dispense medicines into multi-compartment compliance packs for some people. This helps them take their medicines correctly. And the service is generally well managed.

Inspector's evidence

People had level access to the pharmacy from the street. The pharmacy advertised its services and covid safety requirements in the window. The pharmacy had one computer terminal and the RPs had their own smart cards to access these. Team members had access to the internet which they used to signpost people. Team members used various stickers within the dispensing process as an alert before they handed out medicines to people. For example, they used fridge stickers to highlight that a fridge line needed to be added to the prescription before handing out. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. On the rare occasions the RP worked alone in the dispensary, he initialled both boxes. And tried to take a mental break between the dispensing and checking procedure. They used dispensing baskets to hold prescriptions and keep medicines together, this reduced the risk of them being mixed up. The team used owing slips when the pharmacy could not supply the full quantity prescribed. The pharmacy kept a record of the delivery of medicines to people. The RP explained that the delivery driver used the delivery sheet, but people did not have to sign the delivery sheet during the pandemic. The pharmacy used "speak to the pharmacist" stickers to highlight when a pharmacist needed to speak to a person about the medication they were collecting, such as a high-risk medicines like warfarin. The RP advised that during the pandemic a lot of patients were shielding so he had not had opportunities to ask about people's INR. The RP was aware of the valproate pregnancy prevention programme. And knew that people in the at-risk group prescribed valproate needed to be counselled on its contraindications. The RP stored the guidance literature and warning cards under the checking bench. And these were added to eligible people's prescriptions at the bagging stage.

The pharmacy supplied medicines in multi-compartment compliance packs to around a ninety people. Space restrictions meant that the pharmacy had to refuse requests for compliance packs for new people. The RP explained that they supplied patient information leaflets (PILs) on the first dispensing only. This may mean that people do not have all the information they need to take their medication safely. The team used the backing sheet to record tablet descriptions so people could identify the individual tablets.

The pharmacy team placed Pharmacy (P) medicines on shelving behind the counter so people could not self-select such medicines. The pharmacy had a process to check the expiry dates of its medicines at regular intervals. And wrote out of date stock items in a book. So, these could be removed before expiry. The inspector found no out-of-date medicines after a check of around ten randomly selected medicines in two different areas in the pharmacy. Liquid medicines had the date of opening marked on the label so checks could be made to make sure the medicine was safe to supply.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy

stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. The team members checked, and recorded fridge temperature ranges daily. A sample of the electronic record was seen, and temperatures were within the correct ranges. The pharmacy stored its CDs, which weren't exempt from safe custody requirements, securely. The pharmacy kept its out-of-date, and patient-returned, CDs separate from in-date stock. And its team kept a record of the destruction of patient-returned CDs. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The team received drug electronically, actioned them, and retained a copy of the actions taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

Team members had access to up-to-date reference sources. The team stored medicines waiting to be collected in a way that prevented people's confidential information being seen by members of the public. All equipment was clean and regularly monitored to ensure it was safe to use. The pharmacy used a range of CE quality marked measuring cylinders. Members of the pharmacy team made sure they cleaned the equipment they used to measure, or count, medicines before they used it. Pharmacy had a refrigerator to store pharmaceutical stock requiring refrigeration. The pharmacy restricted access to its computer and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screen so it could only be seen by a member of the pharmacy team. Most of the team members responsible for the dispensing process had their own NHS smartcard. And they each made sure their card was stored securely when they weren't working.

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.