

Registered pharmacy inspection report

Pharmacy Name: L.C. & J. Clark, 10 Cheveley Park, Belmont,
DURHAM, County Durham, DH1 2AA

Pharmacy reference: 1029426

Type of pharmacy: Community

Date of inspection: 06/08/2020

Pharmacy context

The pharmacy is in a parade of shops with other local businesses on a housing estate. During COVID-19 the pharmacy's main focus is to dispense NHS prescriptions. And it has increased the number of deliveries of medicines to people's homes. It sells over-the-counter medicines and provides advice to people about minor ailments. It supplies medicines in multi-compartment compliance packs. These help people remember to take their medicines. It provides the NHS 111 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
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 has reviewed the systems in place to support and manage risks when delivering its services. It has adapted its ways of working during the pandemic. The pharmacy team members have read and signed written procedures which provides reassurance that they are clear about the safest ways to carry out tasks. They record any mistakes made during the dispensing process, carry out reviews and use this information for ongoing learning and improvement. The pharmacy keeps the records as required by law, in compliance with standards and procedures. And it provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had been inspected in December 2019. At this inspection there had been some unmet standards. These related to standard operating procedures (SOPs) which had not been suitably reviewed. Also, the team members had not recorded mistakes, made during the dispensing process, in a regular manner. A member of the team had not commenced required training within the General Pharmaceutical Councils (GPhC's) minimum training requirements. In addition, the pharmacy had some trip hazards such as surface faults with the flooring and a dog in the dispensary. And the arrangements for ensuring stock remained fit for purpose was insufficient in relation to the fridge items. The owner provided assurance on 17 February 2020 that all matters had been addressed. But due to the COVID-19 pandemic the re-inspection was delayed.

The pharmacy had up-to-date standard operating procedures (SOPs) in place. The SOPs had been reviewed since the last inspection and the pharmacy team members had read, dated and signed them. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as dispensing of prescriptions and controlled drugs (CD) management. The pharmacy also had a file with information which included contracts of employment, training record, appraisals, staff handbook and error recording sheets. The staff handbook covered a range of topics including safeguarding, whistleblowing, confidentiality, Information Governance and Health & Safety.

The pharmacy owner had prepared specific SOPs for during the COVID-19 pandemic. These included a business continuity plan. And covered restrictions to access to the pharmacy and employee health checks, with advice on when to stay at home. There were notices displayed advising people about the virus which included social distancing and the wearing of face masks. These were clearly displayed in the window. The pharmacy had several pump dispensers of hand sanitiser available at various locations in the dispensary. The inspector was given one at the area she was in to use as required. The pharmacy team members were wearing appropriate face masks as personal protective equipment (PPE) and had done since the beginning of the pandemic. And they observed social distancing as far as possible while working in the dispensary. They were undertaking regular hand washing. And the pharmacist wore gloves and used hand sanitiser in addition.

The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different coloured baskets for waiting, call back, electronic and delivery to distinguish people's prescriptions by degree of urgency and this helped plan workload. Most of the prescriptions were now electronic repeats due to the pandemic. The pharmacy recorded near miss

errors found and corrected during the dispensing process. The team recorded these on a specific template. The team members had actively undertaken recording since the last inspection and they were happy to discuss any learning points from these mistakes. They placed shelf-edge alerts beside some medicines to raise awareness and try to minimise further picking errors. Examples included amlodipine and amitriptyline and isosorbide mono and dinitrate. The student showed that they had separated paracetamol and co-codamol as the boxes were very similar. The team recorded actions taken following near miss errors which included comments such as 'check process' and on occasions a little more detail of the action taken could improve the learning. This was discussed and taken on board.

The pharmacy had a practice leaflet which was on display behind the Perspex screen and the team provided it to people as required. It had a notice displayed in the pharmacy which explained the complaints process. It provided information about the Patient Advice and Liaison Service (PALS). The pharmacy had a folder which it kept records of any complaints received and the team explained what they would do. The pharmacy had current indemnity insurance with an expiry date of May 2021.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy usually checked CD stock against the balance in the register after each dispensing and undertook regular audits. This helped to spot errors such as missed entries. 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 in an appropriate manner. The records for private prescriptions were suitably maintained. 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 complied with legislation. The pharmacy displayed a notice on how it looked after information. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team demonstrated how they looked after and disposed of private information. The pharmacist and technician had undertaken level 2 Centre for Pharmacy Postgraduate Education (CPPE) training. The pharmacy had Safeguarding information including contact numbers for local safeguarding available for the team. The pharmacy was aware of the Safe Spaces initiative but had not signed up to it yet. The pharmacist advised of a case where they had assisted a person who was now in a refuge.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members are suitably trained or working under supervision during training. They have completed or are in the process of completing formal training within required guidelines. They help each other in their day-to-day work and share information and learning, particularly from errors when dispensing. So, they can improve their performance and skills. They feel supported by the pharmacy owner who keeps them well informed during the pandemic.

Inspector's evidence

There was a pharmacist, one technician, one dispenser and a pharmacy student present at the time of the inspection. The technician had recently returned from maternity leave. The pharmacy student had worked at the pharmacy for several months and had helped out during the pandemic. He had completed his third year and advised that year two was when he had undertaken the dispensing at university, so it was good to use this in practice. In addition, there were two other dispensers who worked at the pharmacy. One of the dispensers was on maternity leave and she had commenced the formal training course prior to going on leave. She had registered in February 2020 and had progressed well through the course. She had also undertaken some of the modules while on leave. The pharmacist advised that the pharmacy was employing another qualified dispenser to work at the pharmacy to cover the hours worked by the dispenser on leave and the student.

The team members described the training material they had been provided with during COVID-19 and that the owner had kept them well informed. They had also kept up to date with information and changes throughout the pandemic, using resources such as the local pharmaceutical committee (LPC) and Pharmaceutical Services Negotiating Committee (PSNC). The technician advised she had recently completed safeguarding, sepsis and risk management training. The pharmacist attended some local CPPE training days which were generally well attended. Courses attended had included topics such as Mindfulness, blood pressure and hand washing.

The team members said they could raise concerns about any issues within the pharmacy by speaking to the owners. They both worked at the pharmacy at times, and discussed and addressed any issues.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy environment is suitable for the services it provides. And the risks associated previously with trip hazards no longer remain an issue. Steps are in place to make the premises COVID secure. A consultation room is available to enable private conversations although the team members generally use a private area when the pharmacy is quite for any conversations, during COVID-19.

Inspector's evidence

The pharmacy was clean and hygienic. It was fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting for collection. The floor surfaces have been repaired or replaced, with tape placed along edges to provide an even surface. The dispensary was reasonably tidy. The pharmacy used shelving better than before for storage of completed multi-compartment compliance packs. This had cleared the clutter and boxes stored in part of the dispensary. The dog no longer came to the pharmacy and his toys have been removed. This had resolved the previous trip hazards to the pharmacy team and any drivers when making deliveries to the pharmacy or other people who used the consultation room.

The public space presented a safe environment. Only two people were permitted in the pharmacy at any one time to help maintain social distancing. The pharmacy had a Perspex screen installed at the medicine counter and additional Perspex screens preventing any further access to the consultation room, without permission. The team members explained that they minimised the use of the consultation room due to COVID-19. They had cleared the room to minimise and ease cleaning but tried to conduct any private conversation when the pharmacy had only the one person present. This generally was easy to achieve due to the reduced footfall in the pharmacy. At the counter the pharmacy had a tray which the team members placed items on, and they slid the tray under the gap in the Perspex. This helped minimise any contact. The team members held open a plastic wallet at the gap and people placed any green prescriptions directly into the wallet. This avoided the team members touching the prescription. The pharmacist advised that they dispensed through the plastic wallet and quarantined the prescriptions for 72 hours before filing. The team members advised some people used money and they asked people to place this in the tray and then they ensured they thoroughly washed their hands after touching it. The pharmacy displayed notices encouraging payment by card or contactless.

The pharmacy had an enhanced cleaning regime which it had implemented due to the coronavirus pandemic. This included wiping down surfaces regularly during the day and wiping down chairs and door handles. It was noted the chairs in the consultation room were fabric covered and may be difficult to clean. The pharmacist thought they could move these and replace them with plastic chairs. The room temperature was comfortable, with the use of the air conditioning unit when required, and the pharmacy was well lit.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy has effective procedures to manage its services safely. The team members make sure people have the information they need to use their medicines properly. The pharmacy gets its medicines from appropriate sources and stores them safely. It manages them appropriately to ensure they remain fit for purpose.

Inspector's evidence

On entrance to the pharmacy there was a notice displaying information relating to the Coronavirus. The pharmacy displayed other health-related information. The pharmacy was accessible to all, including patients with mobility difficulties and wheelchairs. There was a touch pad at the entrance for easy access. The team cleaned the pad regularly and encouraged people to use hand sanitiser. There was some customer seating which was not often used at present, but the team members cleaned throughout the day. The pharmacy had closed at the beginning of the pandemic for two hours over the lunch period. This had helped with cleaning and catching up with work. It was now open its usual hours and the team members had developed a cleaning schedule into the daily routine.

The pharmacy had stopped services such as Medicines Use Reviews (MURs) and New Medicine service (NMS) during the pandemic. It had received several NHS 111 referrals. It had referred a child to the urgent care centre as the pharmacist was concerned about their rash. Later the hospital phoned the pharmacist regarding the referral as the child had cellulitis and they had praised the pharmacist for their action.

The pharmacist advised that most people entering the pharmacy were now wearing face masks. She advised they encouraged people to wear these in the pharmacy and she occasionally had asked someone to wait outside if they did not want to purchase a mask to wear. This was to respect others coming into the pharmacy. People had been happy with that decision.

The pharmacy supplied medicines to around 70 people in multi-compartment compliance packs to help them take their medicines. The doctors generally assessed people as to their suitability for compliance packs. The pharmacy maintained suitable records for individual people. And the team completed audit trails during the process and documented any changes in medication. This ensured medicines were supplied as required. During the pandemic the pharmacy had continued to supply people with their medicines in compliance packs as normal. The pharmacy supplied people with patient information leaflets (PILs) once during each four-week cycle. The pharmacy offered a substance misuse service and had adapted this as required during the pandemic. The pharmacist reported that the pharmacy had a good working relationship with the substance misuse team. They liaised together if there were any concerns or issues.

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. There were some alerts stickers applied to prescriptions or bags to raise awareness at the point of supply. Or the team placed notes on bags. The stickers included warfarin, methotrexate and lithium which ensured patients received additional counselling. The team members contacted people by phone if there was any message, they required to

inform a person about before they started taking their medicines. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. The pharmacy had no person in the at-risk group taking this medication. The pharmacy delivered several medicines to people and the demand for deliveries had increased greatly since the start of the pandemic. The pharmacy had help from a volunteer for about 17 weeks. And he was now working for them as a part time driver. The delivery process had been altered due to the current restrictions.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had a suitable sized refrigerator for the volume of medicines requiring storage at such temperature. The pharmacy had obtained a new fridge thermometer. It had a nominated person and a deputy to record and manage the readings. They recorded the reading on a card which was kept on the fridge door and then on to the computer. The fridge alarm system had been checked to ensure it was functional and provided the appropriate alert if the temperature rose or fell below the recommended level. This ensured 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. It had always highlighted short-dated items well ahead of time and this had assisted during the pandemic when regular date checking was not completed. The team members had reinstated the date checking process and had completed the whole dispensary. The dispenser advised that they were marking items with expiry dates of January 2021. 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 obtained medicines from reputable sources. The pharmacy team were aware of the Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed, but the scanning process was not in place. The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. 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 and facilities it needs for the pharmacy services it provides. It monitors equipment to ensure it is fit for purpose. The pharmacy has provisions in place to provide confidential conversations with people.

Inspector's evidence

The pharmacy up-to-date reference resources, including the British National Formulary (BNF) and the team could access the internet to obtain further clinical information. It had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use. Methotrexate was available in blister packs.

The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private. The computer screens were out of view of the public and locked when not in use. The team used cordless phones for private conversations.

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.