

Registered pharmacy inspection report

Pharmacy Name: WELL, 40 Front Street, Langley Park, DURHAM,
County Durham, DH7 9SA

Pharmacy reference: 1029438

Type of pharmacy: Community

Date of inspection: 25/02/2020

Pharmacy context

The pharmacy is in the centre of the village. It sells over-the-counter medicines and dispenses NHS and private prescriptions. It offers advice on the management of minor illnesses and long-term conditions. It supplies some medicines in multi-compartment compliance packs, designed to help people to remember to take their medicines. And it provides a medicine delivery service to people's homes.

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 written procedures that the team follows. The team members have a clear understanding of their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The pharmacy keeps all the records as required, by law in compliance with standards and procedures. 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. The team members responsibly discuss mistakes they make during dispensing. But the detail they record is sometimes limited. So, they may be missing out on some learning opportunities to prevent similar mistakes from occurring.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) which the pharmacy team members had read. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as dispensing of prescriptions, electronic prescription management and controlled drug (CD) management. The company reviewed these on a rolling program and the company notified the pharmacy of any the team required to read. The team members had their own login code to access SOPs and ticked a declaration to confirm they had read the SOP. The company undertook audits for compliance which ensured the pharmacy was completing tasks appropriately to manage the running of the pharmacy.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate room for compliance pack preparation. The pharmacy had one computer terminal in the main dispensary and two in the room used for compliance pack preparation. They generally used the second computer in the compliance pack room for any additional labelling for repeat prescriptions. They had another computer terminal in the consultation room. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets for waiters, collections and delivery to distinguish people's prescriptions by degree of urgency and this helped plan workload. They placed any prescriptions for dispensing at the off-site hub into a yellow basket for processing.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these directly on to the company's electronic reporting tool, 'Datix'. The team members entered their own near miss errors as far as possible. The pharmacy produced a monthly patient safety report. A discussion took place about the information recorded as the team members generally did not complete all the parts on the electronic form. The pharmacist confirmed that if they recorded more detail it would assist in producing a more detailed report. And identify more points for learning. The pharmacy kept the monthly reviews in the company's 'Super' folder. The team had discussed the 'tall man' lettering and were planning signs to place on shelves for the Look-Alike Sound-Alike (LASA) drugs to help minimise picking errors. They had discussed recording more detail and focus on the LASA drugs.

The pharmacy had a practice leaflet and a notice displayed in the pharmacy which explained the complaints process. The pharmacy gathered feedback through the annual patient satisfaction survey which it displayed. This showed positive feedback. The team received newsletters from the superintendent's office. And they explained that they discussed the 'share and learn' patient safety

incidents. There was a procedure to record and report dispensing errors. The team members explained how to handle any concerns. And that they discussed these at the monthly patient safety review. The pharmacy had current indemnity insurance in place.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. The pharmacy maintained running balances of CDs within its CDs registers. It completed weekly stock audits against the physical stock. Entries in the register complied with legal requirements. 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 kept special records for unlicensed products with the certificates of conformity completed as required. Entries in the pharmacy's private prescription register complied with legal requirements.

The pharmacy displayed a privacy notice which explained the confidential data kept and how it complied with legislation. The team had completed learning associated with General Data Protection Regulation (GDPR). The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored personal identifiable information in staff only areas of the pharmacy. The pharmacy team stored confidential waste in 'Shred It' bins for offsite shredding.

The pharmacy had procedures and information relating to safeguarding vulnerable adults and children. And the team knew how to access contact numbers for local safeguarding teams. The registrants had undertaken level 2 Centre for Pharmacy Postgraduate Education CPPE training. And the team completed e-learning and Dementia friends training.

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. They understand their roles and responsibilities in providing services. Pharmacy team members complete ongoing training to maintain their skills and knowledge. The 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, one accuracy checking technician (ACT), one technician and six dispensers who worked in the pharmacy. The ACT worked 35.5 hours weekly and the dispensers generally worked a range of hours between 16.5 and 35.5 hours. One of the dispensers was a pharmacy student who had completed the dispensing course. She worked on Saturdays for the half day and also worked additional hours when required. On Saturdays the pharmacy had a minimum of a pharmacist and three team members. There were two drivers who worked alternate weeks. The team members were generally experienced, and many had worked at the pharmacy for around ten years, with one member who had worked 30 years.

The team advised that the company had cut the pharmacy hours by 28 hours a week. This had been due to the pharmacy sending some of the items to the company hub for dispensing. All the team had taken a cut in some of their hours. The pharmacist planned rotas in advance to ensure that there were sufficient team members at the busiest times. This allowed the pharmacy to manage the workload. The team members filled any gaps and covered other team members when they were on annual leave.

Certificates and qualifications were available for the team. The team members undertook continual learning through the company's E-expert system. They also read SOPs and newsletters. The team received some time in the branch to undertake training. They could also access training remotely if they wished. The pharmacist was undertaking the prescribing course and one of the dispensers was doing the technicians course. The pharmacist and registered team members had undertaken recognised external training on Sepsis and the Look-Alike Sound-Alike (LASA) drugs. They provided feedback and information to the rest of the team.

The team members received performance reviews which gave the chance to receive feedback and discuss development needs. They carried out tasks and managed their workload in a competent manner. They said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist. The team worked closely together and helped each other with tasks.

There was a company whistleblowing policy and telephone numbers were available so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy team had targets for services such as sign up for the text service. The team actively undertook this to assist people receiving medicines from the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are of a suitable size for the services it provides. The pharmacy is clean and secure. And people can have private conversations with the team in the consultation room.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting for 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 team undertook regular cleaning to ensure they maintained this. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. And kept benches organised and tidy. The room temperature was comfortable, and the pharmacy was well lit. There was a small step in the rear room used for the compliance pack dispensing and the cement on this had become worn. This made the step loose and required some attention. The team advised they would report to their maintenance team.

The pharmacy had a good sized, signposted, sound proofed consultation room which the team promoted for use. The pharmacy team kept the consultation room locked when not in use. And kept the drawers in the room which contained paperwork locked.

People using the pharmacy could not access the dispensary due to the layout of the counter. There was a gate at the end of the medicines counter which the team used when required. The counter was clearly observed from the dispensary and the staff were aware of customers in the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people. The pharmacy provides its services using a range of safe working practices. The pharmacy team takes steps to identify people taking some high-risk medicines. And they provide people with additional advice. The pharmacy team members dispense some medicines into multi-compartment compliance packs to support people to remember to take them correctly. The pharmacy gets its medicines from reputable suppliers. It adheres to storage requirements during the dispensing process. It takes the right action if it receives any alerts that a medicine is no longer safe to use.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. The front of the pharmacy was mainly window. The team observed people coming into the pharmacy and assisted any people if required. The pharmacy displayed its service in a ladder in the window. And the hours of opening. There was some customer seating. And there was a working hearing loop in place. The pharmacy displayed practice leaflet and had a range of leaflets and posters with health care information. It displayed a privacy notice, chaperone policy and customers satisfaction process at the medicines counter. The chaperone notice informed people that they could have a family member or chaperone present for any private consultations. The pharmacy had a defined professional area. And items for sale were mostly healthcare related. The pharmacy kept the pharmacy medicines behind the medicines counter and the team assisted people wishing to purchase these items.

The pharmacist undertook Medicines Use Reviews (MURs) and advised that he generally reinforced information to people regarding their medicines. The pharmacist undertook between two to three New Medicine service (NMS) reviews each week. And followed these up by phone and discussed any difficulties people were experiencing. The pharmacy had provided around 370 flu vaccinations in the season and people generally came in and waited for these. All the team provided blood pressure checks when required. Two of the dispensers provided the smoking cessation service and the pharmacy had several people using the service. The pharmacy provided the minor ailments service with items generally for children. The pharmacist supplied Emergency Hormonal Contraception (EHC) through the Patient Group Direction (PGD). The team signposted to other healthcare services if they did not provide the service. The pharmacy provided the Community Pharmacist Consultation Service (CPCS). People accessed the CPCS service through NHS 111 referrals. The CPCS linked people to a community pharmacy as their first port of call. This could be for either the urgent provision of medicines or the treatment or advice for a minor illness. The pharmacy had undertaken a few since the scheme started.

The pharmacy supplied medicines to around 200 people in multi-compartment compliance packs to help them take their medicines. These were all assembled in the pharmacy. The doctors generally assessed any people who wished to receive their medicines in compliance packs. The team made up four weeks of packs at a time with the exception of packs which contained CDs, including Tramadol. The pharmacist clinically checked the packs after any changes. The ACT undertook some final checks. The pharmacy had profile records for each person. And they all had an allocated number which was their location point for storage. The team provided people with patient information leaflets (PILs) with the first pack of each cycle. The team used a tracker to monitor the progress of packs to ensure these were

ready in time for collection or delivery. The pharmacy offered a substance misuse service for seven people for methadone. The pharmacist made up supplies each morning ready for the day's collections. The pharmacy supervised all people's supply on the day of collection.

The pharmacist demonstrated the process followed when preparing prescriptions for the offsite dispensing. They had received some support and training through e-learning and SOPs to support them in managing the service. The pharmacy sent about 800 items a week to the hub. All the dispensary team could enter data for the hub. A pharmacy team member entered data into the patient medication record (PMR) system ahead of the pharmacist logging into the system and completing the accuracy checks of this data. And a clinical check of the prescription. The pharmacist submitted the data to the hub. Some prescriptions were assembled in part at the hub and in part in the pharmacy. Pharmacy team members demonstrated how they managed these prescriptions. And they used a handheld device to store the location of each part of the prescription within the prescription retrieval system. This mitigated the risk of a person being supplied with part of their prescription. Pharmacy team members advised people could withdraw consent for this service and have their medicines dispensed locally. The team undertook a daily audit as part of this process. It involved an accuracy check of one complete hub assembled prescription, one part-hub part-locally assembled and one locally assembled prescription. The records confirmed the pharmacy undertook this daily.

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 ACT sometimes checked general dispensed items. The pharmacist marked these prescriptions to show that he had completed a clinical check. This allowed the accuracy checking technician to do their accuracy check. The team used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so they could check the contents could again, at the point of hand out.

Pharmacy team members highlighted some bags of assembled items waiting collection with stickers. The stickers prompted the team members to promote service such as MURs and NMS. They used 'pharmacist' stickers to prompt that they required to provide some additional counselling. These sometime included items such as warfarin, methotrexate and lithium. They used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that they required to add some medication to complete the supply. The team highlighted the CD prescriptions to remind them to check the date for the supply to be valid.

When the pharmacy could not provide the product or quantity prescribed in full, patients received an owing slip. And the pharmacy kept a copy with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable to ask for an alternative. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And had the tools required to comply with the process and counselling. They explained the information they provided to the 'patients in the at-risk' group.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had two refrigerators in place. They used one for stock and the other for items waiting for people to collect. 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 followed the company date checking rota on the computer. This ensured they checked all sections in the pharmacy. 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 sourced medicines from recognised wholesalers and specials manufacturers. The team had some knowledge of the Falsified Medicines Directive (FMD). They

were scanning prescriptions for labels and producing bag labels as part of the dispensing process. But this was not fully implemented for FMD. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The driver used a separate delivery sheet for controlled drugs. The driver was receiving training on the new hand-held pod device which was being put in place for deliveries. And for arranging deliveries. Another driver who had used the system was providing training through shadowing.

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 managed its drug alerts electronically from its head office. It also received information through the NHS mail system. And it kept an audit trail of receipt and actions taken. The team filed any relevant alerts in the company Super folder for information.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

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 and intranet 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 separate range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. The team members had access to disposable gloves and alcohol hand washing gel. The equipment such as the carbon monoxide monitor, and blood pressure machine appeared in good working order and the team checked these as required. They both had stickers on with the date of the next test due in November 2020.

The pharmacy stored medication waiting collection on shelves and people in the pharmacy could not observe any confidential details. The computer in the consultation room was screen locked when not in use. People waiting in the pharmacy could not see the computer screen in use in the dispensary. The team used the NHS smart card system to access to people's records. The team used cordless phones for private conversations. And took conversations out of earshot of the public area when discussing private information with people on the phone.

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.