

Registered pharmacy inspection report

Pharmacy Name: WELL, 25 Gilesgate, DURHAM, County Durham,
DH1 1QW

Pharmacy reference: 1029441

Type of pharmacy: Community

Date of inspection: 12/04/2019

Pharmacy context

The pharmacy is adjacent to a medical centre on the edge of the town. The pharmacy dispenses NHS prescriptions for the local population, with some students. It provides people, living in their own homes, with medication in multi-compartmental compliance packs, to help them take their medicines. And offers a delivery service to housebound and vulnerable people.

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	2.2	Good practice	The pharmacy team members have the skills and qualifications they need for their role. And they work well together in a supportive environment and encouraged to undertake ongoing learning.
		2.4	Good practice	The pharmacy team works with openness and honesty to help support the safe and effective delivery of pharmacy services.
		2.5	Good practice	The pharmacy team can make suggestions and get involved in making improvements to services.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy team manages its services safely and effectively. It takes extra care when it supplies high-risk medicine and helps to make sure that people take these medicines safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has systems in place to support and manage the risks. The pharmacy team members follow written procedures. And work in a safe way to provide services to people using the pharmacy. They record and discuss mistakes. Occasionally the detail they record is limited. So, they may be missing out on some learning opportunities. They learn and make changes to their practice to improve the safety and quality of the services they offer. The pharmacy asks people for their views. And it deals with complaints and uses feedback to improve the services. The pharmacy keeps all the records it needs to by law to help evidence compliance with standards and procedures. It looks after people's private information and it explains how they will use it. 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 team members had read. These provided the team with information to perform tasks supporting delivery of service. They covered areas such as the dispensing prescriptions and controlled drugs (CD) management. These were subject to regular review and available on the company's training portal. The team read SOPs as they were reviewed and put on the system and answered questions at the end. They then completed a declaration confirming they had read these. The team could advise of their roles and what tasks they could do. There were also several other corporate checks undertaken weekly to manage the running of the pharmacy.

The pharmacy workflow provided different sections for dispensing activities. There was a dispensing bench at the front where the team dispensed items for people who walked in with prescriptions. And there was a separate area for dispensing and checking, repeats and compliance aids. The team utilised the limited space well.

The team used baskets throughout the process to keep prescriptions and medicines together. These used different colours of baskets, with red for waiters, blue for managed repeats and white for collections. The team used grey baskets for delivery. This helped distinguish patients' prescriptions by degree of urgency and this helped plan workload.

Near misses that were found and corrected during the dispensing process were recorded using a specific template. They were then transferred on to the computer system, Datix and the paper copy ticked which confirmed the entry had been made. Examples included amlodipine with amitriptyline dispensed, some wrong quantities but the amounts not specified and pregabalin with wrong drug, but the drug required not specified. They team all received a copy of the monthly review. Areas covered in the review included reminder of some of the Look Alike Sound Alike (LASA) medicines such as propranolol and prednisolone, carbamazepine and carbimazole and azathioprine and azithromycin. Also included were actions of items separated and the shelves marked with stickers at the location, to assist in minimising further picking errors. The team shared learning in their monthly huddle. They also noted that they were managing their stock and trying to keep less which had created more space on the

shelves. Attached to the review, each member received, was a copy of the company's document "Share and Learn". The team discussed the examples which related to General Data Protection Regulation (GDPR), as part of their learning. They were also given a copy of the LASA drugs of the month which were chlorperazine and procyclidine.

The pharmacy gathered feedback through the annual patient satisfaction survey and displayed the results. There had been comments about the waiting times and they team had reviewed this and gave people waiting an explanation if they were busy.

There was a procedure to record and report dispensing errors and evidence was seen that this procedure was followed. The team could advise on the process and learning which was included in the monthly reviews.

The pharmacy had current indemnity insurance in place. The pharmacy had the correct Responsible pharmacist (RP) notice displayed. And Responsible pharmacist records were completed as required.

A sample of the CD registers looked at had the headings completed, running balances maintained and the register indicated weekly stock balance checks were undertaken. Physical stock of an item selected at random agreed with the recorded balance. A record was kept of CDs which had been returned by patients and these were destroyed promptly.

Records for private prescriptions were recorded in a book as required. And special records for unlicensed products were kept with the certificates of conformity completed.

There were Information Governance arrangements in place. The team had had training on General Data Protection Regulation (GDPR). And there was a notice about how information was looked after displayed. The IT system was password protected. The computer stored patient medication records (PMRs) electronically.

And the team used the NHS Smart card system to access to people's records. The team kept patient sensitive information securely. Confidential waste was stored in separate containers for offsite shredding.

Safeguarding information including contact numbers for local safeguarding were available for the team. This information was kept in their "SUPER" folder which contained information on Standards, Useful information, Patient Safety, Evidence and Regulations. The pharmacist and technicians had undertaken level 2 CPPE training. The team knew to contact the superintendent's officer if they had a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. They have the skills and qualifications they need for their role. They work well together in a supportive environment and encouraged to undertake ongoing learning. The pharmacy team members reflect on their own performance and discuss any needs with the pharmacist. Learning is tailored to the needs of the person and their progress checked which improves the services they provide. The pharmacy team members feel comfortable in raising concerns. And they suggest changes to practice to improve services.

Inspector's evidence

There was one pharmacist, two technicians and two dispensers who worked in the pharmacy. The technicians both worked 40 hours a week and the dispensers worked 16 and 20 hours weekly. There were relief dispensers available in the area and all holiday cover could be covered with overtime. The team assisted covering any sickness absences when required. And the relief team could be asked and would cover if available. Certificates and qualifications were available for the team.

The team members had access to training modules. And time was given for training. The pharmacy kept training records on the computer. Some of the team members took training home to read. This was their choice. Recent training undertaken by the team had included risk assessments and children's oral health.

The team received performance reviews which gave the chance to receive feedback and discuss development needs. One of the team had asked for more training on the compliance packs so she could help with these.

The dispensary team worked closely together. And the technician said they were encouraged to provide feedback about the pharmacy or make suggestions for improvement. The team had discussed improvements for the storage space for the compliance packs and items waiting collection. They had made some progress. And some of the team and the pharmacist were coming to the pharmacy on Saturday when it was closed to rearrange the area. They felt this would be better as there would be no interruptions. This would save time and prevent any distractions. They had discussed this for future planning for the central fulfilment dispensing. This was when the pharmacy would be receiving items from their central hub.

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 pharmacy team had targets for services such as MURs. These were achievable, and reviews done when they met the patient's needs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for the pharmacy services it provides. The team members address any issues with the building in a timely manner. People can have private conversations, with a pharmacist or team member, in the pharmacy's consultation room.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. It was fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting collection. And the team were looking at further ways to improve this.

The pharmacy had a defined professional area. And items for sale were mostly healthcare related. Pharmacy only medicines could not be reached by customers. Dummy packs were available in sections for people to take to the counter. The packs were generally for larger packs sizes for items such as paracetamol and ibuprofen.

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 a cleaning rota was available to ensure this was maintained. The room temperature was comfortable and well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room for use. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The consultation room door had a lock. But there was no key. The team only kept blank forms in the consultation room. And no confidential information. The team used cordless phones for private conversations.

Members of the public could not access the dispensary. The pharmacy had a retractable barrier which it kept pulled across. The team members were aware of customers in the premises. A bell alerted to people entering. And the counter was clearly observed from the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides access to a range of services and displays service and health information. So, the pharmacy keeps people informed of the services it provides. The pharmacy has good records and processes to make sure people get the right medicine at the right time. And it uses safety tools to highlight when to complete actions to improve care or give advice to people. The pharmacy team members supply medicines in devices to help people take their medicines at the right time. They provide information with the pack to show what each medicine looks like. And they supply patient information leaflets (PILs) each cycle with these medicines. The pharmacy sources, stores and manages medicines appropriately. It responds well to safety alerts. So, it stops the supply of medicines, to people, which are no longer fit for purpose.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a working hearing loop in place. The pharmacy displayed their customer care policy and information on privacy, chaperone policy and requests for feedback. The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. The pharmacy displayed the Healthy Living certificate and undertook health campaigns. The pharmacy had a defined health promotion zone. And information at the counter which people could take away. There was a further range of leaflets in the consultation room.

The team signposted to other healthcare services such as substance misuse which was not undertaken at this pharmacy. The team provided a smoking cessation service with vouchers received. They referred people to the surgery who had an advisor there one day a week.

The pharmacy undertook Medicine Use Reviews (MURs) which provided a general review of their medication. The team advised that people liked the opportunity to discuss their medicines and ensure that everything was fine. Positive benefits included people being reminded to take their medicines with food. New medicines services reviews were followed up by telephone and people asked how they were getting on with their medication. The pharmacy undertook flu vaccinations in season and the team undertook a few blood pressure checks, usually when people asked for these. The pharmacy had several NHS 111 referrals, generally from students, with a good turnout, following the referral. The pharmacy then provided advice as required or provided an item. Occasionally people were referred to their general practitioner. The pharmacy also provided a service under a scheme called care navigation where people were referred by the surgery.

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 contents could be checked 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.

These included therapy check and warfarin which ensured patients received additional counselling. The team ensured that if the Patient Information leaflets (PILs) had been taken out of a box, the split packs was clearly marked with "No PIL". PILs were printed off as required. Notes were added to bags such as to tell a patient an alternative has been supplied as the usual brand was out of stock.

The team 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.

The pharmacy team were aware of the Pregnancy Prevention Programme for valproate. The team could explain the information they were expected to provide to the "at-risk" group. The pharmacy had counselled all patients, with a note on the patient information record recording this. They showed the recent information from the superintendent who was strengthening the information previously supplied and reinforcing the risks. This was to ensure the team advised people properly.

The pharmacy supplied medicines in multi-compartmental compliance packs to several people. This helped these people then take their medicines. Most people received these packs weekly. And most were delivered by the pharmacy. The pharmacy team members followed processes for dispensing the packs. And kept trackers for the cycles. They documented any changes with clear audit trails in place. The pharmacy ordered the medicines for the packs, in line with the Clinical Commissioning Group policy. The pharmacy supplied Patient Information leaflets (PILs) with each cycle.

The pharmacy provided a repeat prescription collection service. They kept a track of items orders to identify any missing items. Some patients ordered their own. These people were told when they had to order their next supply and provided with the date. And the date when the items would be ready.

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.

Medicines were stored in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. Short dated items were marked and taken off the shelf prior to the expiry date. Liquid medication was marked with the date of opening.

The team were aware of the Falsified Medicines Directive (FMD) and they were waiting for a new computer. This was due at the beginning of June 2019.

When the product or quantity prescribed could not be provided in full patients received a balance slip. And one was kept 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 used recognised wholesalers such as Healthcare Service Centre (HSC), Alliance and AAH.

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. These came from their head office. These were actioned, and a form completed and sent back to the head office.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services. And it keeps people's private information safe.

Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). The pharmacy team used the company system, the Hub, as a resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs) and NHS Choices.

The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It also had a range of equipment for counting loose tablets and capsules. They cleaned triangles after use. Methotrexate was available in blister packs. The team had access to disposable gloves and alcohol hand washing gel.

The blood pressure machine appeared in good working order and the team checked it as required. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range.

The computer screens were out of view of the public. The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team filed these in boxes in a retrieval system out of view, keeping details private. The computer in the consultation room was screen locked when not in use.

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.