

# Registered pharmacy inspection report

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

**Pharmacy reference:** 1029441

**Type of pharmacy:** Community

**Date of inspection:** 27/03/2024

## Pharmacy context

The pharmacy is situated next door to a GP medical centre in Durham. The pharmacy premises are accessible for people, with adequate space in the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. It has a consultation room available for private conversations. And some medicines are supplied in multi-compartment compliance aids to help people take their medicines at the right time.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy manages the risks associated with its services and protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record some things that go wrong, so that they can learn from them. But they do not regularly review all of their mistakes, so they may miss some opportunities to improve. The pharmacy keeps the records required by law.

### Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, with sign off records showing that members of the pharmacy team had read and accepted them. Team members completed online training modules to demonstrate they had read and understood each SOP. Roles and responsibilities of staff were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties.

Team members recorded dispensing errors that had been identified after people received their medicines on the pharmacy's computer system and learning points were included. Mistakes noticed before people received their medicines, known as near misses, were discussed with the pharmacy team member at the time they occurred and recorded. The pharmacist had not reviewed the near misses for some time due to workload pressures. The pharmacy team provided examples of steps they had taken to help prevent the same near miss happening again. For example, losartan and lercanidipine stock had been placed on different shelving. And Epilim Chrono and Epilim plain had been separated to help prevent selection of the wrong medicine.

The pharmacy had a complaints procedure in place. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would refer to head office if necessary. The pharmacy had current professional indemnity insurance. The correct responsible pharmacist notice was clearly displayed. The records for emergency supplies, private prescriptions, unlicensed medicines (specials), responsible pharmacist (RP), and the controlled drug (CD) register were in order. CD running balances were kept and audited regularly. Patient returned CDs were recorded appropriately.

The pharmacy team placed confidential waste into a designated container that was sealed when full and collected by an authorised carrier, and confidential information was kept out of sight of the public. The pharmacy team completed information governance training when they commenced their employment. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. A privacy notice was displayed, explaining how the pharmacy used patient's personal data. The pharmacy team had read the safeguarding policy, and the pharmacist had completed level 3 safeguarding training. There were details of local safeguarding contacts available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are comfortable about providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement. And the team has access to ongoing training.

### Inspector's evidence

The pharmacy team consisted of a pharmacist branch manager, two pharmacy technicians and a dispenser. This was the usual staffing level. The pharmacy team worked well together in a busy environment and managed the workload adequately. The pharmacy team participated in ongoing training using an e-learning platform. The team members had completed an online training module recently on controlled drugs. A member of the pharmacy team explained that training was completed when the workload permitted.

The pharmacy team were aware of the pharmacy's whistle blowing policy and knew how to report concerns about a member of the team if needed. Details outlining the policy were available for the team to refer to. The pharmacy team members had not received development appraisals with the pharmacy manager. This meant there was a missed opportunity to help them improve. They said that the pharmacist was approachable, supportive and they were more than happy to ask her questions or provide feedback when needed.

A member of the pharmacy team working at the medicines counter was clear about her role. She knew what questions to ask when making a sale and when to refer people to the pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist. And they demonstrated a clear understanding of medicines liable to misuse and would speak to the pharmacist if they had concerns about individual requests. The pharmacist said there were professional service targets in place, and whilst they were mostly manageable, there were times when she felt under pressure to achieve them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and generally tidy. The premises are suitable place to provide healthcare, but some remedial improvement works may be required to help protect the health and safety of the pharmacy team and public. It has a consultation room so that people can have a conversation in private.

### Inspector's evidence

The pharmacy was clean and generally tidy. It had a waiting area. The temperature in the pharmacy was controlled by heating units. Lighting was adequate. The pharmacy team cleaned the floor, dispensing benches and sinks regularly.

The pharmacy had some evidence of damp on a dispensary wall, damp on the walls of the staff toilet and subsidence on the front wall of the premises – visible from inside the retail area. The pharmacy did not store stock in these areas. And the issues had been reported to the maintenance team at head office, who had visited the pharmacy to assess and consider what action was to be taken. The pharmacy team had use of a WC with wash hand basin and antibacterial hand wash. The consultation room was uncluttered and clean in appearance.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. And they are managed, so people receive their medicines safely. But members of the pharmacy team do not always know when higher-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. The pharmacy sources medicines safely and carries out checks to help make sure that they are kept in good condition and suitable to supply.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including people with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area. The opening hours were displayed. The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were stored tidily on shelves. Schedule 2 CD prescriptions were highlighted with a CD sticker attached to the assembled prescription bag, to act as a prompt for team members to add the CD and to check the date on the prescription before handing out. Team members did not highlight schedule 3 and 4 CD prescriptions. This meant there was a chance of handing out a CD on a prescription that had expired.

Prescriptions for higher risk medicines such as warfarin, methotrexate and lithium were not routinely highlighted to ensure people received appropriate advice and counselling. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy, and aware of the updated guidance around original pack dispensing. An audit of valproate had been carried out, and the pharmacy had patient information resources to supply with valproate.

The workflow in the pharmacy was organised into separate areas with a designated checking area for the pharmacist. The pharmacy team intialled "dispensed by" and "checked by" boxes on dispensing labels to provide an audit trail. Baskets were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing. A dispenser explained the process for delivering prescriptions to people. The delivery driver asked patients to provide an electronic signature for receipt of CD deliveries. If nobody was available to accept a delivery a note was left, and the medicines were returned to the pharmacy.

The pharmacist explained how the NHS Pharmacy First service was provided to people. She had carried out 5-10 Pharmacy First consultations since the service was introduced and these had been a mix of self-referrals, GP-referrals, and referrals from the NHS 111 service. The up-to-date, signed, patient group directives (PGD) and clinical pathways were available to refer to. And the pharmacist explained she had completed a consultation for a patient with a sore throat very recently, and followed the PGD to demonstrate whether antibiotics were required.

The pharmacy supplied multi-compartment compliance aids for people who required extra support with their medicines. These were labelled with individual medicine descriptions and a dispensing audit trail. Hospital discharge prescriptions were kept for the pharmacist to review and liaise with the GP if needed, regarding medication changes. Patient information leaflets were routinely supplied. Stock medicines were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. CDs were stored appropriately. Patient returned medicines were disposed of appropriately. And patient-returned CDs were destroyed using denaturing kits. There was a clean

medicines fridge, equipped with a thermometer, and the minimum and maximum temperature was being recorded daily.

Stock medicines were divided up into sections for date checking purposes, with different sections date checked periodically. Short-dated medicines were highlighted with a sticker attached to the medicine's container. No out-of-date stock medicines were found present from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Alerts and recalls were received via email from the NHS and head office. These were read, acted on by a member of the pharmacy team, and a record was kept.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. It is used in a way that protects privacy. And the electrical equipment is regularly tested to make sure it is safe.

### Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information. For example, Medicines Complete. Copies of the BNF and BNFc were present. Any problems with equipment were reported to the head office. All electrical equipment appeared to be in working order and it had been PAT tested.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. Computers were password protected and screens were positioned so that they weren't visible from the public areas. A cordless telephone was present, and it was used to hold private conversations with people when needed.

### 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.