

Registered pharmacy inspection report

Pharmacy Name: M. Whitfield Ltd., 34 Sunderland Road, Gilesgate,
DURHAM, County Durham, DH1 2LG

Pharmacy reference: 1029452

Type of pharmacy: Community

Date of inspection: 17/01/2020

Pharmacy context

The pharmacy is on a main road on the outskirts of the town centre. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. It delivers medicines to people's homes. And supplies some medicines in multi-compartment compliance packs. These help people remember to take their medicines. It provides NHS services such as flu vaccinations and the minor ailments service. And has a large section of the disability aids displayed for customers.

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 processes and written procedures that the team members follow. The team members have a clear understanding of their roles and tasks. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people. The pharmacy provides people using the pharmacy with the opportunity to feedback on its services. It keeps all the records as required by law, in compliance with standards and procedures. The pharmacy's team members record, report and learn from errors and mistakes during the dispensing procedure. But on occasions the information recorded lacks detail and the team don't always complete the causes of mistakes to help inform the changes they make. So, they may be missing out on learning opportunities.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as roles and responsibility of pharmacy staff, dispensing of prescriptions and handling of controlled drugs (CDs) management. These were subject to regular review. And the majority last reviewed in January 2020. The SOPs had signature sheets and the team had read and signed the sections relevant to their role. The team could advise of their roles and what tasks they could do.

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 team put prescriptions for people waiting on the front dispensing bench. And they used other benches for the electronic downloads and repeats. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used yellow baskets for the compliance packs. And pink for any items for the local hospice. And other colours for the remainder. This helped distinguish people's prescriptions by degree of urgency and this helped plan workload. The pharmacy delivered to the hospice daily, so these items generally required prompt attention.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team members recorded these on a specific template. They generally recorded their own. Examples included wrong strength but no name of the medicine and wrong drug with ropinirole instead of risperidone and furosemide instead of fluoxetine. The team usually completed the actions taken with comments such as 'corrected' or 'changed'. Most of the entries had some detail recorded but the comments lacked information. The team discussed the near miss errors. And the pharmacist completed the review online and sent to the head office. The head office shared some learning from the branches. The pharmacy displayed a list of the common Look-Alike Sound-Alike (LASA) drugs and a National Pharmaceutical Association (NPA) safety update which they had all read.

The pharmacy had a practice leaflet which explained the complaints process. And the team members advised what they would do following receipt of a complaint. The pharmacy gathered feedback through the annual patient satisfaction survey. And displayed the results. Recent results had commented about the comfort of the waiting area. The pharmacy was redesigning this area to provide additional privacy. Someone had been over to review this with intentions to put in a screen. The pharmacy had current indemnity insurance with an expiry date of 30 September 2020.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records. 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. This helped to spot errors such as missed entries. The register indicated regular and recent checks had been undertaken. Physical stock of an item selected at random agreed with the recorded balance. 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 pharmacist undertook regular destructions due to substantial amount returned regularly from the hospice. The pharmacy kept special records for unlicensed products with the certificates of conformity completed. And it kept a record of private prescriptions. The team entered these as required. The pharmacy supplied several veterinary prescriptions.

The pharmacy displayed the NHS information leaflet 'Your data matters to the NHS'. This explained how data use complied with legislation. And how the pharmacy kept information confidential. The team had read information on information sharing. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. And kept patient sensitive information securely. The pharmacy team shredded stored confidential waste in the pharmacy. The pharmacy had a safeguarding vulnerable adults and children SOP. And it had a folder with safeguarding information including contact numbers for local safeguarding teams. The pharmacist had undertaken level 2 CPPE training. And all patient-facing team members have completed 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. The pharmacy provides the pharmacy team with some ongoing training to learn and develop. And they undertake ad-hoc training. But they do not always record this. The pharmacy team members 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 and six dispensers who worked in the pharmacy. The dispensers worked between 35 and 24 hours a week. Another member of the team worked four hours a week and served on the counter. She referred people to other team members if they required medicines as she had not undertaken the medicines counter assistant (MCA) course. She dealt with sales from the retail area and disability aids. There was a pre-registration trainee doing a two-week placement at the pharmacy.

Certificates and qualifications were available for the team. And displayed in the retail area. The team members had some sheets in a folder entitled 'employee continuing professional development record sheet'. Each member's sheet had some details of training undertaken. This included safeguarding with a note that they had read a fact sheet and undertaken training on the multiagency hub. And dementia friends training. Some sheets had some additional training noted, with fact sheets read on cannabidiol oil and over-the-counter Viagra. The team advised they received updates from the head office which included some training. But these were not recorded. One dispenser was undertaking the healthy living training course. There was no specific time allocated for ongoing training. The team did not receive structured performance reviews but advised they could discuss any issues with the pharmacist manager.

The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. They assisted the locum pharmacist when required. 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.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure. The premises are well maintained and offer a professional environment for the delivery of the pharmacy's services. People can have private conversations with a pharmacist or team member in the consultation room.

Inspector's evidence

The pharmacy was very spacious with a large public area which was well presented and tidy. The premises were in good order and presented a professional appearance. A good display of health-related matters, disability material and aids created a professional appearance. There was 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. The team ensured they maintained this. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had a good sized, signposted, consultation room which the team used. There was a blind at the window which the team pulled down over the window as required for additional privacy. The pharmacy team kept the consultation room locked when not in use. The team advised the consultation area was being reviewed. And some more screening was being put in to provide a further area for private discussions. 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's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice. The pharmacy gets its medicines from reputable suppliers. And it stores and manages its medicines appropriately. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy team members dispense some medicines into multi-compartment compliance packs to help people remember to take them correctly. But they don't generally provide the patient information leaflets to give to people to help them take their medicines safely.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. The pharmacy had double doors at the entrance. And the team opened these if people required more accessibility such as when patients came in on disability scooters or with prams. There was a ramped entrance and hand rails available. The pharmacy displayed its services within the pharmacy at the medicines counter and in the waiting area. The hours of opening were on the door. There was a practice leaflet, but the team could not locate this. But found it during the inspection and placed it in a more prominent position for people to see. The pharmacy provided a range of disability and help aids some of which the pharmacy displayed and others which people could order through a catalogue. The catalogue was on a stand accessible for people to look at. And team members assisted when required. The pharmacy kept the pharmacy medicines behind the counter and appropriate members of the team assisted if people wished to purchase these items. The team asked the pharmacist if they required to provide any additional advice. The pharmacist sometimes printed off information to provide to people such as a list of food items which contained potassium to assist them.

The pharmacy provided Medicine Use Reviews (MUR) and the New Medicines service (NMS). It provided blood pressure checks when requested. And the pharmacist sometimes undertook these during a MUR. The pharmacy undertook the minor ailments service. The most popular items were paracetamol, ibuprofen and treatments for threadworm for children. The usual pharmacist provided emergency Hormonal Contraception (EHC) through the patient group direction (PGD). The locum present did not and advised people could pay or the team would refer them to another pharmacy. The team signposted to other healthcare services such as flu vaccinations and smoking cessation. The pharmacy displayed a notice advising people of the nearest pharmacies which provided flu vaccination services. The pharmacy provided a palliative care service and kept sufficient stock due to its involvement with the local hospice.

The pharmacy provided the Community Pharmacist Consultation Service (CPCS). The CPCS connected patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy as their first port of call. The referrals came from NHS 111. The pharmacy had undertaken a few, with some sales of medicines undertaken and some referrals. A dispenser advised that requests occurred on Fridays when people realised that they would run out of medication or on Saturdays.

The pharmacy supplied medicines to around 80 people in multi-compartment compliance packs to help them take their medicines. The team advised that they were at the maximum amount they could accommodate. And they would have to consider carefully if they were to take on any more people

requiring medicines in packs. They advised the pharmacist would assess people requesting medicines in packs. The team prepared backing sheets, four weeks at a time. Each person had patient profile sheet which the team kept in plastic folders. The folders had additional information such as requests for changes and discharge emails or letters. Most people received one packs at a time. Each folder had a record sheet which showed who had dispensed the pack and that they had ordered the next set of prescriptions. The team members tried to work two to three weeks ahead to ensure the packs were ready. They kept some stock for specific people in the room for the compliance packs, together with any split packs used. The team members advised that they provided people with patient information leaflets (PILs) when they first received their medicines in packs and when they got a new item. The pharmacy did not have a set process to ensure that it provided people receiving medication in packs, with PILs routinely, as required by legislation.

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. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply which ensured patients received additional counselling. The team members 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 members highlighted CDs on the prescription form which prompted them to check to ensure that the prescription was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. The explained the information they provided to the 'patients in the at-risk' group.

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 kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. The driver signed the sheet once he had delivered the medication. People only signed for medication if the bag included a controlled drug. And they signed the actual prescription. The pharmacy doesn't obtain signatures from people for the receipt of their general medicines. So, the pharmacy doesn't have a robust audit trail. And cannot evidence the safe delivery of people's medicines which could mean queries may be difficult to resolve.

The pharmacy used recognised wholesalers such as Durham Pharmaceuticals and AAH. The pharmacy had some guidance notes about the Falsified Medicines Directive (FMD). The team advised they scanned out a few supplies from one wholesaler, but this was only about six items. The team were unaware when the pharmacy would be FMD compliant. The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily. They checked these to ensure the refrigerator remained within the required temperature range. The pharmacy team checked expiry dates on products and all sections were regularly checked. The team members marked short-dated items and they took these off the shelf prior to the expiry date. The team members marked liquid medication with the date of opening. This allowed them to check to ensure the liquid was still suitable for use.

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 members actioned these and kept records of the action taken. They advised of a

recent alert for ranitidine when they had retired some stock.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways to protect people's confidentiality.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF), Martindale and Stockley's. They used the internet as an additional resource for information. The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. And a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use.

The team members had access to disposable gloves and alcohol hand washing gel. The pharmacy replaced the blood pressure monitor when required. The pharmacy stored medication waiting collection on shelves alphabetically with the prescriptions attached. This section was in the dispensary and people could not see any confidential details from the public area. The pharmacy also had a section for larger bags waiting for people to collect at the same location.

The computer screens in the dispensary were out of view of the public. And the computer in the consultation room was screen locked when not in use. The team used the NHS smart card system to access to people's records. And 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.