

Registered pharmacy inspection report

Pharmacy Name: Village Pharmacy, Pioneering Care Centre, Cobblers Hall, Burn Lane, NEWTON AYCLIFFE, County Durham, DL5 4SE

Pharmacy reference: 1029462

Type of pharmacy: Community

Date of inspection: 09/04/2019

Pharmacy context

This is a community pharmacy situated within a Pioneering Care Centre which provides various facilities for health and wellbeing. The centre has services such as a hydrotherapy pool, osteopathy, reflexology and a surgery with several general practitioners. The surgery is a hub for the NHS 111 service. And the pharmacy receives several NHS 111 referrals. The pharmacy serves a mixed population, with several large housing estates and more homes planned in the area. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. It also supplies medicines in multi-compartmental compliance devices to people living in their own 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 a set of written procedures, which it has recently reviewed. But, since the review, team members have not signed to say that they have read all the updated procedures. So, the pharmacy is not able to show that its team members are clear about which tasks they can undertake. And that they will carry out tasks as intended. The pharmacy team members discuss mistakes they make during the dispensing process responsibly. But they do not always record these. The detail they record and review is sometimes limited. So, they may be missing out on some learning opportunities. The pharmacy asks people for their views and deals with complaints and uses feedback to improve the services. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. The pharmacy 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 it had reviewed in July 2018. The team members advised they had read these and some of the team members were referring to them for courses they were undertaking. But none of the team had signed them. The team had read and signed previous older procedures. The team advised of their roles and what tasks they could do.

There was the main dispensary for general dispensing with dedicated benches for assembly. And the pharmacist had a dedicated area for checking prescriptions. There was a separate room for preparation of multi-compartmental compliance packs. The pharmacy had limited space for items waiting for patients to collect and some of these were being stored on the floor. The pharmacy stored stock excess stock in boxes on the floor and on some shelving. The pharmacy was cluttered in some areas, including the consultation room which the pharmacy used for storing excess stock. The team discussed that the pharmacy could put up more shelving to maximise the use of areas and improve storage. The team explained that the volume of prescriptions had increased over the last few years and this had increased items requiring storage and volume of stock. The pharmacy had looked at extending but the area suggested for use was limited and thought not to provide much benefit. The pharmacy was looking at other storage within the building. And utilising the consultation room more for storage. The pharmacy had obtained some offsite storage for paperwork which they required to keep such as invoices.

The team used baskets throughout the process to keep prescriptions and medicines together. These used different sized baskets, with smaller baskets for prescriptions from people walking in to the pharmacy. They used larger baskets for the collections. The team had recently reviewed the process following the change in legislation for pregabalin and gabapentin as these prescriptions were no longer repeatable. And they were also receiving electronic controlled drug (CD) prescription. So, they were highlighting the bags as an extra check since the prescriptions were no longer green. This served as a reminder to ensure that the pharmacy supplied these to patients in the required validity.

Near misses that were found and corrected during the dispensing process were discussed by the pharmacy team members. They sometimes recorded these using a recording sheet. But this was not always done. Examples included Movicol paediatric plain with Laxido given and Ramipril 10mg instead of 25mg. The team members showed examples of recent near missies with HTC Ketones and glucose strips, with the boxes very similar. All the team members had been made aware of these. They disused

care with rosuvastatin and rabeprazole. The pharmacy had completed the audit, with learning and improvements for the audit for the Quality Payments. The pharmacist advised that he recorded similar packs to the NHS patient safety team.

The pharmacy gathered feedback through the annual patient satisfaction survey and displayed results. The results had been positive with no suggestions for improvement. There was information available to people on how to provide comments and about the complaints process. The team were aware of the process for dealing with complaints.

The pharmacy had current indemnity insurance with an expiry date of 30 April 2019. The pharmacy had the correct Responsible pharmacist (RP) notice displayed and RP records were maintained on the computer. The signing out had not been completed on most entries. The pharmacist thought this was automatically done when the system closed. But this was not this case and the pharmacist advised he would check with the provider to ensure this was done in the future.

A sample of the CD registers looked at had the headings completed, running balances maintained and the register indicated checks were undertaken at least once a month. But the pharmacy aimed for every two weeks. 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 kept electronically with emergency supplies recorded as required. Special records for unlicensed products were kept with the certificates of conformity completed.

There were Information Governance arrangements in place. The team had read General Data Protection Regulation (GDPR) information. There was a notice about how information was looked after. The computer stored patient medication records (PMRs) electronically. The IT system was password protected. And the team used the NHS Smart card system to access to people's records. Patient sensitive information was kept securely. Confidential waste was stored in separate containers for offsite shredding.

There were SOPs for Vulnerable adults and Child protection. Safeguarding information including contact numbers for local safeguarding were available for the team. The pharmacist had undertaken level 2 CPPE training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. They are competent and have the skills they need for their role. They work well together and help each other to perform the team's tasks. The pharmacy team members undertake training on an ad-hoc basis. And there is an informal process for them to reflect on their own performance. They can discuss their development needs with the pharmacist. And these are acted on. But the lack of formal training and records may make it difficult to tailor training.

Inspector's evidence

There was one pharmacist, and five dispensers working in the pharmacy. Three of the dispensers were undertaking the technicians' course. One had nearly completed this and the other two were about six months in to the course. The team members received some time to undertake the coursework during the day. Certificates and qualifications were available for the team. And displayed behind the medicines counter.

Team members described how they read through magazines and leaflets from suppliers, but this was not recorded. They received a monthly topic which was included in the pharmacy's newsletter. This month was on Sepsis. So, the team read this prior to this being displayed to ensure they could advise people if required.

The team did not receive formal reviews. But could discuss development needs, with three of them going on to the technicians' course. The dispensary team worked closely together and the dispenser said they were encouraged to provide feedback about the pharmacy or make suggestions for improvement. They had discussed how to manage the change in the electronic CD prescriptions.

The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist. There was a whistleblowing policy. And the team were aware that they could raise any concerns outside the pharmacy if needed. But required to have contact details of the person as these were not readily accessible.

The pharmacy team had targets for services such as MURs. These were achievable and 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. People can have private conversations with a pharmacist or team member in the consultation room. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy was clean. It was fitted out to an acceptable standard with suitable space for dispensing. But space was limited for storing stock. And medicines and devices waiting collection, some being stored on the floor. No confidential details could be observed by people using the pharmacy. Some parts of the storage areas were cluttered and the team advised they required to be tidied.

The pharmacy had a defined professional area. And items for sale were mostly healthcare related. Pharmacy only medicines could not be reached by customers. And one of the team had made some dummy packs for some pharmacy medicines, so these could be kept in the relevant healthcare section to alert customers to their availability. These were labelled to take to the counter for assistance. 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 members all assisted in cleaning.

The room temperature was comfortable and well lit. The pharmacy had a large room which it used for consultations. This room had a desk and chairs. But was also filled with stock and boxes, on the floor. And this distracted from the appearance. There was limited shelving and cupboard space. They advised that this required to be attended to, to make better use of the space. And improve the appearance. The pharmacy team kept the consultation room locked when not in use.

The team used cordless phones for private conversations. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present.

Members of the public could not access the dispensary. 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 provides a suitable range of services. And it displays information about its services and other health-related topics. The pharmacy provides its services using a range of safe working practices, including the use of baskets to keep items together. And the team use dispensed by and checked by signatures to provide an audit trail, to ensure they deliver services safely. It takes extra care supplying high-risk medicines and helps to make sure that people take their medicines safely. The pharmacy gets its medicines from reputable suppliers and generally stores them properly. Some medicines are not always in their original packs. So, they can't evidence they are fit for purpose. It takes the right action if any medicines need to be returned to the supplier.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was some customers seating. One entrance was through automatic doors. The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. And they were displaying the coming Bank Holidays to advise people of the closures.

The pharmacy had a range of leaflets and posters available for people to take away. They had a health point with various materials such as cancer information, cervical screening advice and local details for independent living in the area. They advised they had the monthly leaflet on the counter and in the health area. And since being on the counter they had more uptake, with people interested in the monthly topics. The team signposted to other healthcare services such as the various clinics on site.

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 used to apply to prescriptions to raise awareness at the point of supply. This included warfarin and speak to pharmacist which ensured patients received additional counselling.

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 team were reinforcing the CD process following the change to electronic prescriptions.

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 carried out an audit. And they had the pack with leaflets and guides which they gave to people as required.

The supply in multi-compartmental compliance packs helped people take their medicines. Some people came in and collected their packs and generally received for weeks at a time. Most of the people receiving deliveries received one week at a time. The team made up four weeks unless they contained pregabalin or gabapentin when they made up the supply with the weekly prescription. The team supplied Patient information leaflets (PILs) once each cycle, banded together. All patients had a section

for their medication. Changes were documented on patient record cards and recorded who had asked for the change and when. Packs were then placed weekly for delivery. The pharmacy had a tick checking process which tracked each stage. And information such as a patient being in hospital. They printed an extra label at the time of dispensing and this was placed in a book for ordering the next prescriptions.

The pharmacy provided a repeat prescription collection service. They kept a track of any items ordered through the pharmacy as a record when they received the prescriptions. Generally, most people ordered their own repeats. Several people were on the repeat dispensing process with batches of prescriptions. These people phoned the pharmacy to say they would be coming to collect and the team got their medication ready for collection.

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 sheets were marked if they included controlled drugs (CDs) or fridge lines.

The pharmacy handled many requests through the NHS 111 service, as the centre was a hub in the locality for this service. The pharmacy also provided several items using the NHS Urgent Medicine Supply Advanced Service (NUMSAS). Both NHS 111 referrals and NUMSAS had increased greatly over the last year.

Medicines were generally stored in an organised way, within the original manufacturers packaging and at an appropriate temperature. Some medicines which had been popped in error were in containers with insufficient information, such as no expiry date or batch number. 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 pharmacy was ready for the implementation for the Falsified Medicines Directive (FMD). They had made arrangements and were accredited by SecurMed. They had the scanning devices and software. They were waiting to be contacted by their computer provider (Positive Solutions). There had been some issues. And they had been told they were on a list.

When the product or quantity prescribed could not be provided in full patients received an owing 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 Norchem, AAH, Alliance and Phoenix.

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. The actioned 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. Records of temperature recording for the fridge has recently lapsed. But this is being reinstated to provide an audit. There are provisions in place to maintain people's privacy.

Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). They used the internet 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. They cleaned triangles after use.

The pharmacy had recently obtained two new refrigerators from a recognised supplier. They were both medical fridges and had the temperature displayed on the front. They also both had alarm systems which went off if the fridge went out of range. The team explained that the temperature of one was always three point five degrees unless they left it open when the temperature would go up. But then return to three point five. The other fridge was always at five degrees. The team had been, until obtaining the new fridges, recording the maximum and minimum temperatures but this had lapsed. During the inspection it was discussed about the need to maintain a record of the maximum and minimum temperatures. And the benefits. The team advised they would reinstate this process. And set a prompt on the computer as a daily reminder for this task.

Access to the pharmacy computers and patient medication records was restricted to authorised users. The computer screens were out of view of the public.

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.