

# Registered pharmacy inspection report

**Pharmacy Name:** York Road Pharmacy, 60 York Road, PETERLEE,  
County Durham, SR8 2DP

**Pharmacy reference:** 1029473

**Type of pharmacy:** Community

**Date of inspection:** 19/07/2019

## Pharmacy context

This is a community pharmacy situated in a parade of shops, with housing estates surrounding it. It sells over-the-counter medicines and it dispenses NHS and private prescriptions. And it has a Post Office within the pharmacy. The pharmacy also offers advice about the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartmental compliance packs, designed to help people remember to take their medicines. And it delivers medicines 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
<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 has written procedures that the team follows and the team members have a clear understanding of the roles and tasks. They work in a safe way to provide services to people using the pharmacy. The pharmacy keeps the records it needs to by law. The pharmacy team members respond appropriately when mistakes happen. And they discuss what happened and act to prevent future mistakes. The pharmacy looks after people's private information. And the pharmacy team members know how to protect the safety of vulnerable people. But the pharmacy's procedures have not been recently reviewed or signed by all the team. This means there is a risk that team members may not be following up-to-date procedures. And they don't always record the discussions of how mistakes happened and what they did for all of these. Sometimes the detail is also limited. This means that the team does not have all the information to identify patterns and learn from these.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of service. They covered areas such as the dispensing prescriptions, sales of medicines protocol and controlled drugs (CD) management. There were signature sheets which the team had signed in the sections relevant to their role. But the pharmacy had not reviewed the SOPs at the review date of September 2018. They advised that procedures had not changed and confirmed that they required to review the SOPs and re-read and sign them. The team could advise of their roles and what tasks they could do. The team were aware of the Post Office staff roles and their limitations. The team had read the staff handbook which the pharmacy kept with the SOPs.

The pharmacy was set out, with all medicines behind the counter. This assisted the team in being clear what the Post Office staff could sell and what the pharmacy team had to sell. And it provided clarity for the Post Office staff. The pharmacy had a good workflow which it had improved following a refit. The workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, compliance aid preparation and a bench which the team cleared when required for use by the delivery driver when preparing the bags of medication for delivery. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They marked the bag label for items which required delivery. This distinguished patients' prescriptions by degree of urgency and this helped plan workload.

The pharmacy had a book for recording near misses found and corrected during the dispensing process. There were few near misses recorded. The team advised the pharmacist told them of near misses and they discussed these, but they did not always record these. They gave examples of learning from near misses, with items separated. The pharmacist provided verbal reviews but kept no documentation. The examples recorded had limited detail. The team had a few shelf edge alerts on shelves to minimise further picking errors. The pharmacy gathered feedback through the annual patient satisfaction survey. And had a notice displayed in the pharmacy which explained the complaints process. And who to contact. A recent complaint had involved gabapentin and pregabalin. The pharmacy had completed a form, kept the packaging. And discussed for learning which had included a shelf alert at both items. And the team separating items to avoid repetition. The team had also learnt from a complaint which had

been the incorrect reading of the name on the label. A contributing factor had been that the label had slipped in the printer and the name was obscured by the pharmacy name pre-printed on the label. This had resulted in the name being misread as it was not clear.

The pharmacy had current indemnity insurance with an expiry date of 31 December 2019. The pharmacy had the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. A sample of the CD registers looked at were complete with headings in place and running balances maintained. The register indicated sporadic balance checks had been undertaken. The pharmacist carried out regular checks for the running balance of methadone. 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 pharmacy kept the records for the private prescriptions in a book with few emergency supply (ES) and a few veterinary prescriptions. The pharmacy kept special records for unlicensed products with the certificates of conformity completed. The pharmacy displayed a notice on how it looked after personal information. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy stored confidential waste in separate containers and this was taken to the head office for secure disposal.

Safeguarding information including contact numbers for local safeguarding were available for the team. The pharmacist had undertaken level 2 CPPE training. And the team completed Dementia friends. The team had SOP for the protection of vulnerable adults and children.

## 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. The pharmacy team members support each other in their day-to-day work. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. But they do not always record this.

### Inspector's evidence

There was one pharmacist, three dispensers and one medicines counter assistant (MCA) who worked in the pharmacy. One dispenser worked 36 hours a week and the others both worked 20 hours. The MCA worked 14 hours a week. In addition, there was a pre-registration graduate who worked 37 ½ hours a week. But he was moving to another pharmacy, related to this pharmacy, due to a restructure within the company. He would be moving once he had completed his first 13-week block. And the current pharmacist, who was his tutor, was moving at the same time. There were two staff members, employed by the pharmacy, who worked on the premises but were only involved in the Post Office business. Their job shared covering the hours the Post Office was open. They were only involved in Post office sales and items people brought from the retail area. They did not get involved in any pharmacy sales of any type. They were bound by confidentiality through the Post Office contract and had not read or signed any SOPs in relation to the pharmacy.

The team members had ongoing training records which they had completed in the past, but they were no longer recording training undertaken. Team members described how they read through magazines and leaflets from suppliers, and used Counter Skills booklets on topics, for training. The team undertook reading when required to update their knowledge on alcohol interventions, flu vaccinations and C-card condom supplies. They had undertaken training on the General Data Protection Regulation (GDPR) information. One of the MCAs had done training for the smoking cessation service.

The team did not receive formal performance reviews but felt able to discuss any issues and received feedback from the pharmacist. The team could raise concerns about any issues within the pharmacy by speaking to the pharmacist or the superintendent (SI). The SI was in regular contact with the pharmacy team. The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. The team discussed issues as they arose during the day with suggestions of how to deal with issues. They had input on the storage space required for prescriptions waiting collection, during the refit. And these had been taken on board with ample space in the retrieval section.

There was a whistleblowing policy and the team had telephone numbers for various people at the head office should they have any concerns. So, the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy team did not have any set targets for services such as MURs. The pharmacist did these when they met the patient's needs.

## 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 well maintained. And people can have private conversations with the team in a 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 collection. There was separate space for the Post Office requirements. 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 kept a cleaning rota to ensure this was maintained. They kept floor spaces clear to reduce the risk of trip hazards. And the room temperature was comfortable and well lit.

The pharmacy had two good sized, signposted, sound proofed consultation rooms which the team actively used. They referred several people for private conversations. And used them for NHS 111 referrals, Minor Ailments and general inquiries by people. The pharmacy team kept the consultation room doors closed when not in use. And the team ensured they did not leave any confidential information unattended. The team used cordless phones for private conversations. The Post Office and pharmacy counter went right across the width of the premises. And 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 is accessible to people. And it provides its services safely and effectively. It stores, sources and manages its medicines safely. And it delivers medicines to peoples' homes. The pharmacy team takes steps to identify people taking some high-risk medicines. And they provide people with advice. They dispense medicines into devices to help people remember to take them correctly. But do not regularly provide people with medicines information leaflets. So, people may not have correct information they need to help them take their medicines safely.

### Inspector's evidence

The pharmacy, consultation rooms and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was adequate customer seating. The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. There was a display area, with a wide range leaflets and information for people. The pharmacy team had a display with coloured glasses to raise awareness of alcohol units in various drinks. And promoted safe use. The pharmacy did not have a current practice leaflet available on display for people to take away. The pharmacy had a defined professional area. And all healthcare related medicines were kept behind the counter. This included 'Pharmacy Only' medicines and 'General Sales List' medicines. This ensured all medicine sales were undertaken by the pharmacy team members and not the Post office staff.

The pharmacy provided Medicine Use Reviews (MUR) and had referred some people to their doctor following concerns with them taking their medication. They had picked up a few people with the early signs of Dementia. They also undertook the New Medicines Service (NMS) and promoted inhaler technique. They got the people to show how they used their inhaler. And got them to come back and show this again, to ensure they were using the inhaler correctly.

The pharmacy had provided around 250 flu vaccination, mostly NHS. They generally provided these as people came in. But booked some appointments for housebound people. They prepared the room if they had a person in a wheelchair, by removing the additional chairs. This allowed more space. The pharmacist provided blood pressure checks when felt necessary, during MURs and if people requested the service. The MCA undertook the smoking cessation service with limited uptake. And occasional Emergency Hormonal Contraception (EHC) consultations and the C-card, free condoms. The team provided the Minor ailments service. They had a check list in the dispensary for referral by the team. This listed the conditions, medicines available and the age restrictions. This was used for reference for a person with earache. The pharmacy supplied him with a liquid paracetamol. The other most commonly supplied items were for the treatment of thread worm and head lice. The pharmacy offered a substance misuse service with a few people receiving methadone. The pharmacist made up the supplies ready for people as they attended the pharmacy.

The pharmacy supplied medicines to around 80 people in multi-compartmental compliance packs to help them take their medicines. They use a tracker to monitor the progress of the compliance packs during the process. The tracker had a column for noting the supplies of patient information leaflets (PILs). These were generally not ticked. The team advised they supplied PILs with a new item or every six months or so. They added descriptions of medication to the packs, if requested by people. All patients had a patient medication profile with their details. All the team undertook the compliance

packs. And there was a list with which packs required to be completed. The team completed some four weeks at a time and others weekly due to changes that they had.

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. And the pharmacist made notes and attached these to the bags. This ensured patients received additional counselling such as a note for the carer that the patient was now on the repeat dispensing service so did not they did not require to order prescriptions. The team used CD and fridge stickers to alert the person handing the medication over to add these items. The pharmacy team highlighted CD prescriptions to make sure they were within the 28-day legal limit. This prevented supplies when the prescription was no longer valid.

When the pharmacy could not supply the product or quantity prescribed, in full, patients received an owing slip. And the pharmacy 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 team members were aware of the Valproate Pregnancy Prevention Programme. They had carried out an audit and had no patients in the 'at-risk' group. They could explain the information they were expected to provide. And had a notice on the shelf beside the products, with the information packs, to remind the team.

The pharmacy had provided a managed repeat prescription collection service. But the doctors were stopping this service in September. They had started to implement the system straight away. And were getting people to order their own medication. The dispenser had phoned all patients to explain the system. And how they needed to order in time. They had implemented in advance to allow them scope for any patients who were having difficulty. A man came in and they were able to order his medication but explained how he would have to do this the next time. A few people received the repeat dispensing service and the pharmacy thought the surgery would use this more for people, if suitable. 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. And a signature for controlled drugs.

The pharmacy used recognised wholesalers such as DE, Alliance, AAH and Phoenix. 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 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 had a rota in place to ensure all sections were regularly checked. The team members marked short dated items and they made a list of short dated items. And took these off the shelf prior to the expiry date. 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 had scanners for the implementation of the Falsified Medicines Directive (FMD). The team were aware of the directive but had not heard from the head office when they would be implementing this.

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 team actioned these and kept the records, with any required action, in a file.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services and protect people's private information.

### Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). It had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of clearly marked measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. They cleaned triangles after use. The equipment such as the carbon monoxide monitor, and blood pressure machine appeared in good working order and the team checked these as required. The pharmacy replaced the blood pressure monitor when required.

The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team kept prescriptions attached to the bags, keeping details private. The computer in the consultation room was screen locked when not in use. The computer screens were out of view of the public.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.