

# 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:** 04/10/2024

## Pharmacy context

The pharmacy is in a parade of shops, with housing estates surrounding it. It sells over-the-counter medicines, and it dispenses NHS and private prescriptions. There is a Post Office within the pharmacy. The pharmacy also supplies medicines in multi-compartment compliance packs, 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 suitably identifies and manages risks with its services. It has written procedures relevant to its services and team members follow these to help them provide services safely. Pharmacy team members learn and improve from mistakes. They keep people's confidential information secure. And they know how to identify situations where vulnerable people need help. The pharmacy mostly keeps the records required by law.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to help pharmacy team members manage risk with providing services. These included for dispensing, Responsible Pharmacist (RP) regulations and controlled drug (CD) management. These SOPs were held in an organised file so that team members could access them easily. The SOPs had not been signed by all team members to confirm they had understood them. However, the team members who had not signed them explained that they had read and were following them. The working processes described by the team, and observed during the inspection matched the content of the SOPs.

Pharmacy team members received feedback following any mistakes made and identified during the dispensing process, known as near misses. And they demonstrated measures that had been put in place to reduce risk following these types of mistakes, such as separating medicines with similar names or ones that looked similar. The near miss records made by the RP seen during the inspection showed that these were not always consistently recorded. But the RP explained how they routinely made team members aware of any errors they had made, so that these could be corrected and reflected upon to make dispensing safer. The pharmacy had a procedure for recording mistakes identified following the supply of a medicine to a person, known as a dispensing error. The RP stated they had not needed to report a dispensing error for some time. Older records of these were available and these included an analysis of what had gone wrong and learning points to avoid the same or similar errors being repeated. The team explained how they would manage a dispensing error, including when to inform prescribers and to investigate and report the incident.

The pharmacy had a procedure for dealing with complaints. The team aimed to resolve any complaints or concerns informally. If they were unable to resolve the complaint, they escalated it to the superintendent pharmacist (SI) who worked regularly at the pharmacy as the RP. The pharmacy had current professional indemnity insurance. The Responsible Pharmacist had their RP notice on display which meant people could see details of the pharmacist on duty. Team members knew what activities could and could not take place in the absence of the RP. And they knew what their own responsibilities were based on their role within the team. The team were also aware of the Post Office staff roles and their limitations.

The pharmacy kept its RP log electronically. A sample of RP records checked were found to be regularly lacking RP sign out times. The importance of maintaining accurate records was discussed during the inspection. The pharmacy also kept its private prescription records electronically and these were generally found to be compliant. The RP completed monthly checks of the running balance in the CD register against the physical stock. Random balance checks against the quantity of stock during the inspection were correct. The pharmacy kept a register of CDs returned by people, and there were

recent records of these returns being destroyed.

The pharmacy had a process for keeping people's personal information safe. And team members kept confidential waste and general waste separate. A third-party company collected the confidential waste regularly for destruction. Pharmacy team members had completed some learning associated with their role in protecting vulnerable people. They were knowledgeable about the 'Safe Space' provision the pharmacy offered and advertised in its window and retail area. And the team shared examples of where they had concerns for vulnerable people and acted to share these with relevant local agencies after discussing them with the RP.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough people in its team with an appropriate range of skills and experience to deliver safe and effective care. Team members work well together and within the scope of their competence. They are comfortable about giving feedback to help the pharmacy do things better.

### Inspector's evidence

At the time of the inspection, the RP was the regular pharmacist and superintendent (SI) of the pharmacy. They were supported by a team which consisted of three qualified dispensers. There was another team member working at the premises employed for the Post Office business. They were involved in only Post Office related sales and items people brought from the retail area. They were not involved in any pharmacy medicine sales or the provision of health advice. Other team members who were not present during the inspection were a qualified dispenser and a medicines counter assistant. Team members worked overtime to cover periods of absence within the team. The team were observed to be managing the workload throughout the inspection. Team members worked well together. And they communicated effectively to plan and handover key tasks. The competence and skill mix of the team appeared appropriate for the nature of the business and the services provided. A delivery driver worked five days a week for the pharmacy.

Team members completed various training to support their development. The RP explained that team members' training needs and development was reviewed annually. And those who were enrolled on training courses were given protected time during working hours to facilitate their learning. Pharmacy team members asked appropriate questions when selling medicines over the counter and referred to the RP when needed. They were confident challenging requests for over-the-counter medicines that they deemed inappropriate.

Pharmacy team members knew how to raise concerns. This would typically be with the SI. They described a team culture which was open and honest. And they were confident that any concerns raised would be listened to and appropriate actions taken to improve the services the pharmacy was providing. The pharmacy team was not set any internal targets to achieve.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean, secure, and provide a suitable environment for the services provided. It facilitates the separation of pharmacy services from Post Office services. And the pharmacy has a consultation room to meet the needs of people requiring privacy when using its services.

### Inspector's evidence

The pharmacy was in a good-sized premises and had a suitably professional appearance. The retail area of the pharmacy had a counter that spanned the width of the premises. This was clearly marked where people could access the separate services of the pharmacy and Post Office. The counter provided a barrier preventing unauthorised access to the dispensary. The dispensary was a sufficient size for the workload being undertaken. And there was a separate area to the side of the dispensary, where multi-compartment compliance packs were assembled and checked. Walkways were kept as clear as possible to minimise trip hazards. And there was sufficient storage space for stock, assembled medicines and medical devices. There was a window from the dispensary that looked out into the retail area. This supported the RP's supervision of medicines sales and queries, without compromising confidential materials within the dispensary. The lighting and temperature were suitable to work in and to provide healthcare services. The dispensary had a sink with access to hot and cold water for professional use and hand washing. There were staff and toilet facilities that were hygienic.

The pharmacy had two private consultation rooms which were accessed from the main retail section. Both consultation rooms were of adequate size for providing pharmacy services, but only one was being used with the other used for storage of non-medical items. The consultation room that was in use also had a hatch from the dispensary area to facilitate the supervision of people taking medicines. The pharmacy team kept the hygiene of the premises to an adequate standard, with team members completing cleaning tasks as required.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy sources its medicines from recognised suppliers. And it generally stores and manages them appropriately. Pharmacy team members complete regular checks to ensure medicines are suitable for supply. And they respond appropriately when they receive alerts about the safety of medicines. Team members appropriately manage the delivery of services safely and effectively. And they take opportunities to provide people with advice on higher-risk medications.

### Inspector's evidence

The pharmacy had level access from the street. The pharmacy team had the ability to provide people with large print medication labels, if they required it. The pharmacy provided a medicines delivery service. Team members stored assembled bags of medicines waiting for delivery separately. And they provided the delivery driver with a sheet detailing the name and address of the person due to receive a delivery that day. The driver kept an audit trail of the deliveries completed, including the time of the delivery attempt. They provided people with a note when deliveries could not be completed. And they returned any failed deliveries back to the pharmacy on the same day.

The pharmacy provided a large number of people with their medicines dispensed in multi-compartment compliance packs. Team members ordered people's prescriptions in advance of the compliance pack being due, which allowed enough time to receive the prescriptions back, order any necessary stock and deal with any queries. They also kept an audit trail of which ordered prescriptions had been received back to easily highlight if any were outstanding. The pharmacy used a record for each person that listed their current medication, dosage, and dose times. This was referred to throughout the dispensing and checking of the packs. From a sample of packs checked, dosage instructions, warnings, and medication descriptions were included. And patient information leaflets (PILs) were routinely supplied with these packs.

The pharmacy team dispensed prescriptions using baskets, which kept prescriptions and their corresponding medicines separate from others. And they placed the baskets on different benches, according to a prescription's priority, when they were ready to be checked. Pharmacy team members signed dispensing labels to provide an audit trail of who had dispensed and checked all medicines. They used stickers to highlight if a prescription contained a fridge item, to ensure correct storage temperatures were maintained. And they used other similar stickers to highlight prescriptions containing higher-risk medicines.

The RP provided counselling on a range of higher-risk medicines when supplying them to people. They annotated notes on copies of prescriptions forms if they were for medications that required further advice and counselling. This meant that these prescriptions could only be handed out after the RP had the opportunity to speak to the person collecting. And if it was the first time a person was receiving a medicine, the team would offer to deliver the NHS New Medicine Service. This allowed the pharmacy to support people with their new medicines over a period of time. The pharmacy team were aware of the requirements for dispensing valproate for people who may become pregnant and of the recent safety alert updates involving other medicines with similar risks. The team dispensed prescriptions for these medicines in the manufacturer's original packs. And it took care to place labels on appropriate parts of the box. The pharmacy provided some higher-risk medicines to people in regular instalments

throughout the week. And the RP supervised the consumption of these supplies. The pharmacy team prepared these medicines in advance of when they were due. The RP referred to the prescription to check the quantity before the doses were transferred to appropriate, labelled containers. And they made records on prescription forms and in the CD register after supplies were made.

When the pharmacy could not entirely fulfil the complete quantity required on a prescription, team members created an electronic record of what was owed on the patient medication record (PMR). And they gave people a note detailing what was owed. This meant the team had a record of what was outstanding to people and what stock was needed. The team checked outstanding owings daily and were managing these well. The pharmacy had a procedure for checking expiry dates of medicines. Team members checked defined sections of the dispensary and recorded when the expiry dates of medicines in a section had been checked. This ensured that the team had an audit trail of expiry dates checked and the details of any medicines that were expiring soon. This allowed the team to remove the stock they knew to be expiring at an appropriate time to avoid it being used. Evidence was seen of medicines highlighted due to their expiry date approaching or because the shelf life was reduced after being opened. Two instances of stock medicines being stored in amber bottles was seen on the dispensary shelves. However, the pharmacy team had applied printed labels to these which contained relevant information, including batch numbers and expiry dates. And they knew how to produce PILs, if these were to be dispensed. The pharmacy kept unwanted medicines returned by people in segregated containers, while awaiting collection for disposal.

The pharmacy obtained medicines from licensed wholesalers. The pharmacy held medicines requiring cold storage in a medical fridge equipped with a thermometer. Team members monitored and recorded the temperature of the fridge regularly. These records showed cold-chain medicines were stored at appropriate temperatures. A check of the thermometer during the inspection showed temperatures were within the permitted range. The pharmacy held its CDs in secure cabinets. It had a process for responding to drug safety alerts and manufacturer's recalls. It received these via email and had records of alerts received and any actions taken in response.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use the equipment in a way that protects people's private information.

### Inspector's evidence

Pharmacy team members had access to a range of hard-copy reference materials and access to the internet for up-to-date information and further support tools. There was equipment available for the services provided which included a pulse oximeter, a digital thermometer, and a blood pressure monitor. Electrical equipment was visibly free from wear and tear and appeared in good working order. The pharmacy had a range of clean triangles for counting medicines and CE marked measuring cylinders for liquid medicines preparation. The team used separate equipment when counting and measuring higher-risk medicines. They used personal protective equipment, such as disposable gloves when handling medicines and performing some other tasks.

The pharmacy's computers were password protected and access to people's records was restricted by the NHS smart card system. Computer screens were protected from unauthorised view and a cordless telephone was available for team members to have private conversations in quieter areas. The pharmacy stored completed prescriptions and assembled bags of medicines away from public reach in a restricted area.

### 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.