

Registered pharmacy inspection report

Pharmacy Name: A.D. Phillips, 21a Church Road, Trimdon Village,
TRIMDON STATION, County Durham, TS29 6PY

Pharmacy reference: 1029498

Type of pharmacy: Community

Date of inspection: 23/02/2023

Pharmacy context

This is a community pharmacy in Trimdon Village, County Durham. The pharmacy sells a range of over-the-counter medicines and dispenses NHS prescriptions. It provides a range of services including a minor ailment scheme and EHC. And it delivers medicines for some people to their homes.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not identify and manage all the risks associated with its supplies of specific higher-risk medicines. It does not have risk assessments for the service. And it does not have relevant information, such as prescribing policies to help the team manage the risks when supplying medicines in this specialised area.
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 not all met

Summary findings

The pharmacy doesn't identify and manage all the risks associated with its services. It doesn't complete risk assessments for all its services and the higher-risk medicines it supplies. The pharmacy clearly advertises how people can provide feedback and it acts on this feedback to help inform improvement. It protects people's private information appropriately. Pharmacy team members are aware of how to recognise and raise concerns to help safeguard vulnerable people.

Inspector's evidence

The pharmacy had some written standard operating procedures (SOPs), most of these had been reviewed in 2020 and 2021. The SOPs provided the team with information to help them complete various tasks, but these didn't cover all pharmacy activities. For example, the pharmacy dispensed private prescriptions for high-risk medicines without any procedures in place to cover the service. Team members read the SOPs and signed to confirm that they had read and understood them. But pharmacy team members didn't always follow them for example for near miss recording and CD balance checks. The pharmacy had a template to record mistakes which were identified before the medicines were handed out to people (near misses). But no records had been made since January 2022. The RP advised that they hadn't had many near misses, and they discussed them when they occurred. The pharmacy had a process to report any dispensing mistakes that were identified after the person had received their medicine. The team used an electronic reporting tool to report such incidents. The RP recalled an error when trazadone had been supplied instead of tramadol and demonstrated that these had been separated onto different shelves. But RP was unable to access the error report records during the inspection. The pharmacy had a pharmacy leaflet that detailed how the pharmacy handled concerns and complaints. Any complaints or concerns were verbally raised with a team member. If the team member could not resolve the complaint, they escalated the concern to the RP. A recent concern had been raised that conversations could be overheard from the seating area outside of the consultation room. So, the chairs had been moved to the other side of the retail area.

The pharmacy had up-to-date professional indemnity insurance. It displayed the right responsible pharmacist (RP) notice. The pharmacy kept electronic RP registers and recent entries were up to date. The pharmacy had a book to record private prescriptions but used a different book to record private prescriptions they dispensed for an independent prescribing service. The inspector reminded the RP that all private prescriptions needed to be recorded in one contemporaneous record. The pharmacy retained controlled drug (CD) registers. But the inspector checked the balance of three randomly selected CDs and only one was found to be correct. The pharmacy kept records of CDs returned to the pharmacy for destruction, but these indicated that patient returned CDs had not been destroyed since 2021.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate bin to avoid a mix up with general waste. The waste was periodically destroyed. Team members understood the importance of securing people's private information. And they had signed a confidentiality agreement at the start of their employment. The pharmacy had a formal written procedure to help the team raise concerns about safeguarding of vulnerable adults and children. And team members had completed some basic training on the subject. They had access to the contact details of the local safeguarding teams which the

RP displayed in the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the necessary training and skills to provide the pharmacy's services. They support each other and work well together as a team. They can raise concerns, give feedback, and suggest improvements to provide a more efficient service.

Inspector's evidence

The RP was supported by one trained dispenser and a trainee on the day. The RP covered most of the hours and a regular locum covered Saturdays. The trainee reported that they felt well supported in their training by the rest of the team. And team members volunteered pieces of information and evidence during the inspection. They shared ideas and thoughts on how to work better. Team members didn't have formal appraisals, but the RP spoke to individuals about their performance and to the trainee about their course work. The part-time members of the team worked extra when they could when the pharmacy was extra busy or when people took holidays. But they sometimes struggled with the workload.

Team members were not provided with a structured training programme but had completed various training to assist the RP when providing services, for example with COVID-19 vaccinations. The pharmacy didn't routinely get a second pharmacist when providing COVID-19 vaccinations, so the service had impacted on the pharmacies core services. The inspector spoke to the RP about the need to provide additional support if the service was to be re-instated. The team had been enrolled on an alcohol training event the following week and had dates booked for C-card training.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is basically clean, but its team leaves the dispensing benches and some floor areas too cluttered. It has a private room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The dispensary was small with very little bench space available to dispense from. It had a retail area to the front with some seating. The dispensary and associated store areas were cluttered and untidy. The area looked disorganised and there were various obstructions on the floor representing a trip hazard. The shelves were dusty, and the floors had not been swept or hoovered recently. The pharmacy didn't have a cleaning rota so cleaned when time allowed. It had separate sinks available for hand washing and for the preparation of medicines. The pharmacy had a small consultation room which had two seats a desk and computer. The pharmacy temperature was comfortable throughout the inspection. Lights were all working.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy ensures its services are accessible to people. And it generally stores its medicines safely and securely with some checks to make sure medicines are in good condition and suitable to supply. But the pharmacy cannot demonstrate that it always stores its medicines requiring cold storage in appropriate conditions.

Inspector's evidence

People had access into the pharmacy via a small step to the front. The pharmacy advertised its services and opening times in the window and door. The pharmacy had some healthcare related information leaflets for people to take away with them. They had previously provided a COVID-19 vaccination service, but this had been concluded at expiry date of last batch of vaccines received. The pharmacy provided a dispensing service for a specialist prescribing service. The clinic posted prescriptions to the pharmacy and people collected their medication from the pharmacy. The pharmacy obtained the specialist medication from a specials manufacturing facility. The pharmacy didn't have any procedures for this service and hadn't completed risk assessments. No due diligence checks had been done to check the prescriber's registration.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, to highlight the presence of a fridge line or a CD that needed handing out at the same time. Team members sometimes signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. A check of the bagged and sealed prescriptions in the retrieval area indicated that this wasn't always the case. So, there was an increased risk that people obtained medication that had not been fully checked by the pharmacist. Team members used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy offered a limited delivery service to house bound people but didn't get people's signatures as proof of delivery.

Team members were aware of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks, but they had inadvertently crossed through the information card on the valproate boxes on the shelf to indicate that some tablets had been removed.

All Pharmacy (P) medicines were stored on shelving behind the counter and inaccessible to people to self-select. The RP confirmed that they had an informal process for the team to check the expiry date of the pharmacy's medicines. This involved team members checking the expiry dates at the point of dispensing and removing any out-of-date items spotted on the shelves. The dispensary stock was date checked by the stocktakers annually and out-of-date stock was removed. One out-of-date medicine was found following a random check of twenty medicines on the pharmacy shelves. The pharmacy's shelves had no dividers, and some medicines were mixed together increasing the risk of a picking error. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy had one domestic fridge to store medicines that needed cold storage. The temperatures were recorded onto a memory stick, but the team had not been checking the

temperature ranges recorded by the probe for more than a year. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. It received medicine alerts electronically through email and the team actioned the alert but hadn't always kept a record of the action taken so there wasn't an audit trail to indicate that appropriate action had been taken. The pharmacy used licensed wholesalers.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date reference resources available. These included the most recent version of the British National Formulary (BNF). Pharmacy team members could access the internet to help resolve queries and to obtain up-to-date information. The pharmacy's computers were password protected and most members of the team had their own NHS smartcard. Information displayed on computer monitors was not visible from the public area. The pharmacy had a range of equipment available to support the delivery of its services. This included CE marked glass measures for measuring liquid medicines and clean equipment for counting tablets and capsules. Team members used separate equipment for measuring and counting higher risk medicines.

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.