

Registered pharmacy inspection report

Pharmacy Name: Davidson Pharmacy, 3 Station Road, BILLINGHAM, Cleveland, TS23 1AG

Pharmacy reference: 1029898

Type of pharmacy: Community

Date of inspection: 09/11/2021

Pharmacy context

This is a community pharmacy in Billingham. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy team offers advice to people about minor illnesses and over the counter medicines. It supplies some medicines in multi-compartment compliance packs to people living in their own homes. And it provides a home delivery service. It provides a seasonal flu vaccination service. The pharmacy was inspected during the Covid-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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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 doesn't always identify and manage key risks with its services. This includes the accuracy of its standard operating procedures and how the team is working. There is ongoing poor record keeping. The pharmacy does not adequately manage the risk with storing medicines outside their original containers and with the build-up of patient returns and confidential waste.
		1.6	Standard not met	The pharmacy does not always keep accurate records as it is required to do by law. This includes for controlled drugs and for specials medicines. This is similar to issues highlighted in the last inspection.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy does not always provide a safe and suitable professional healthcare environment for pharmacy services. Some areas of the premises are cluttered and untidy. This results in the team working in a disorganised and chaotic way. And at risk of trips and falls.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not always adequately store all its medicines with the proper safeguards in place. It routinely transfers medicines from manufacturer's original packaging and on most occasions, it does not have adequate labelling. The pharmacy does not adequately separate and dispose of obsolete medicines and patient returned medicines in a timely manner.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not suitably identify and manage all the key risks with its services. And it doesn't adequately keep all its records up to date and in order as it should. This includes those required by law. The pharmacy has procedures for team members to work to. But these do not always match the way the team works. And team members do not always work in a consistent way. They record and discuss mistakes to help to learn from them. And they understand the importance of keeping people's confidential information safe. But they do not always safely dispose of confidential waste in a timely manner.

Inspector's evidence

The pharmacy had risk assessed the impact of COVID-19 on the services and the people who used them. Team members wore face masks to help reduce the risks associated with the virus. The layout of the pharmacy had been changed temporarily so that people could not access the retail area and the team provided service through a hatch. The pharmacy had posters advising of the need to still wear masks in the pharmacy.

The superintendent (SI) showed the inspector a file with the standard operating procedures SOPs. He had reviewed these in January 2020. No team members had signed these to indicate they had read and understood them. And some did not reflect current practice for example the SI had recently introduced a handheld scanning system designed to reduce risk during the dispensing process. The SOPs had not been amended to reflect this change. The SI had trained the team on their use but not all team members used the devices so the team worked inconsistently.

The pharmacist or the accuracy checking technician (ACT) picked up errors at the checking stage and entered these onto the electronic near miss error record. The electronic record indicated that three or four near misses had usually been recorded each month. The SI brought up the near miss entries and reviews on the screen. These contained minimal detail, making analysis of the causes of the errors and effective change difficult. The team members provided an example of change made following an error, the separation of the omeprazole capsules and tablets on the shelves to avoid selection errors. The team used an incident report form to record dispensing errors. The SI related an incident in August when the dosing regimen had been changed by the prescriber, but the label had been repeated from a previous dispensing, so the dosage instruction was incorrect. This was missed at the checking stage. The SI advised that he had discussed with the team the need to take care when labelling and not just repeat labels from a previous dispensing. No records were made of these discussions.

The pharmacy displayed a notice that told people who the RP on duty was, but this was out of view. So, people could not see the details of the pharmacist on duty. A team member moved the sign to a prominent position. The team could not recall any formal complaints but provided examples of the way that they responded to people who expressed dissatisfaction with the service they received. Some people had expressed their dissatisfaction when calling back to collect owings only to find that the item was not ready, and they had to wait. To address this the team prioritised dispensing prescriptions with owings on daily.

The pharmacy had appropriate indemnity insurance in place and the certificate was displayed in the dispensary and valid until 30 September 2022. The pharmacy kept an accurate electronic record to show which pharmacist was the RP and when. The pharmacy had an electronic controlled drug (CD) register. The SI advised that he tried to do a CD balance check monthly however the electronic record did not reflect this. A balance check of two randomly picked CDs in the cabinet did not tally with the CD register. These were similar issues that had been highlighted at the last inspection, so the team had not adequately kept up the required standards. The SI resolved one of the discrepancies during the inspection and subsequently contacted the inspector to confirm that the other discrepancy had been resolved. The team recorded private prescriptions electronically, but the SI could not locate the private prescriptions so it was not possible to check the accuracy of the records. The pharmacy had a file for unlicensed medicinal products it made which was in disarray, invoices and certificates of conformity were not together in the file and of the number looked at it was evident the pharmacy did not regularly record patient details as it should.

The pharmacy team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was piled up and overflowing under the bench near the shredder. There were bags of confidential waste piling up waiting to be shredded. The SI advised that they had been busy, but team members did it when time allowed. They previously used a contactor to shred confidential waste but found this expensive. The SI and ACT had completed safeguarding training and knew what to look out for and what action to take. If they had a safeguarding concern the SI advised that they use the internet to get contact details for local safeguarding services.

Principle 2 - Staffing ✓ Standards met

Summary findings

A small team provides the pharmacy's services. And team members can suggest improvements to the ways of working. They feel comfortable to raise concerns if they need to. Team members receive some ad hoc training. They do not receive regular appraisals so they may miss opportunities for learning and development.

Inspector's evidence

At the time of the inspection the pharmacy team consisted of the SI who worked every day at the pharmacy, one part-time ACT, one-part dispensing assistant and the full-time driver supported. The trainee dispensing assistant was not working on the day of the inspection. The SI had recruited after a period of pressure. He had appointed a full-time dispensing assistant to start next week. He had also advertised for an additional part-time counter assistant. The team had struggled with the workload and had somewhat fallen behind with routine tasks such as destruction of patient-returned medicines and confidential waste, CD balance checks, date checking and general housekeeping tasks.

Team members interacted with the inspector openly and to explain how they checked expiry dates of medicines and discussed errors. The SI advised that he provided training to the team when new systems were introduced. But this wasn't documented. The ACT had received vaccination training so they could provide flu vaccinations and support the SI. The team discussed the possibility of getting a dispensing robot and a robot to prepare the compliance packs. The team supported the idea. Team members hadn't had an appraisal but rather the SI spoke to individuals when the need arose. The team found the SI approachable and supportive. The ACT thought that an area for improvement would be a greater focus on customer satisfaction and outcomes for patients.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy premises are mostly suitable for the services provided. But there is excessive clutter and untidiness in the pharmacy which is detrimental to the safe provision of services. This contributes to chaotic processes and increases the risk of mistakes. The pharmacy has adequate facilities for people to have conversations with team members in private. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy had a generously sized retail area and an adequately sized dispensary with a room to the rear for preparing multi-compartment compliance packs. The pharmacy had plenty of natural light. The pharmacy had air-conditioning units, but the SI advised that these didn't work. The SI checked prescriptions at a checking bench at the front. And the team worked on various benches in the dispensary. But had very little available bench space to work on because of the clutter. During the inspection, the SI had trouble locating various pieces of evidence due to the lack of order and consistency. Stock in totes on the floor obstructed access and represented a trip hazard. The pharmacy had access to hot and cold running water in the main dispensary, consultation room, staff areas and in the rear dispensing room. The pharmacy had a large sound-proofed consultation room with desk, computer, and seats where people could sit down with a team member. It was signposted by a sign on the door. The SI administered flu vaccinations and supervised consumption of medicines. He advised it was cleaned regularly. The pharmacy didn't keep cleaning records.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy appropriately sources its medicines. But it doesn't always store all its medicines as it should. It transfers some of its medicines from the manufacturer's packs. And it doesn't suitably label medicines it stores in this way. It doesn't adequately segregate returned medicines or dispose of them in a timely manner. People with a range of health needs access the pharmacy's services. And the pharmacy has some safeguards in place to safely dispense medicines.

Inspector's evidence

The pharmacy had on street parking outside of the pharmacy. People in wheelchairs and those with mobility issues could easily access the pharmacy by using the ramp and handrail to the side. The pharmacy advertised its services and opening times in the window. The team didn't have leaflets on display, these had been removed at the start of the pandemic. The pharmacy provided a range of services these included a walk-in flu vaccination service and emergency hormonal contraception (EHC).

Team members signed the dispensing labels when dispensing and checking, so, they had a robust audit trail of the process in place. The team used coloured baskets to prioritise the workload for example they used blue baskets for walk ins. And they used the baskets to hold prescriptions and medicines together to help people's prescriptions from getting mixed up. Team members used various stickers within the dispensing process as an alert before they handed out medicines to people. For example, they used "controlled drug" stickers to remind the team member handing out the medication that a CD needed to be given at the same time. The SI advised that they gave an owing slip when they had been unable to supply the full quantity of a medicine. When they could not source a medicine then the surgery provided a prescription for an alternative. The pharmacy delivered medicines to around sixty people in their homes each day. And used an automated delivery application to track the driver's location and delivery route. The SI confirmed that due to the pandemic they didn't obtain signatures from people in receipt of their medicines in line with the NHS SOP. The team was working through a backlog of electronic prescriptions, so sometimes people's prescriptions were not ready when they called to collect them.

The SI was aware of the need for a pregnancy prevention programme (PPP) for some people prescribed valproate, and of the risks. The SI was unable to locate patient warning cards, stickers and other information. The inspector gave the SI a copy of the guidance as a reminder of the requirements. The pharmacy usually stored pharmacy (P) medicines behind the pharmacy counter to prevent people self-selecting them. But because of the covid pandemic the whole retail area had been sectioned off. The SI intended to get the partition removed. The pharmacy did not routinely stock codeine linctus and would order one should a prescription be presented.

There were no dividers to separate stock on the shelves in the dispensary so different medicines were mixed together. Some stock had been placed on the shelves so that the medicine name and strength could not be seen and increasing the risk of a picking error. Team members usually checked the expiry date at the point of dispensing and marked items with a three-monthly expiry so they could be easily identified and removed from the shelf. The team didn't keep a record of short-dated items or when date checking had been done. The pharmacy didn't routinely record the date on liquid medicines when

they had been opened. Two bottles of morphine solution had been opened but not marked with the date. So, checks could not be done to see if they were fit to supply. The upstairs stock room had an area packed with dozens of large plastic bags and large boxes of returned medicine some of these had been there for more than a year. The SI advised that they had been busy due to the added work pressures during the pandemic and staff absences, and returns had mounted up. During the pandemic they had stored returned medication in plastic bags in the upstairs stock room, but they had been too busy to arrange collection for destruction. The downstairs room where the team prepared compliance packs also had bags of returned medicine stored under the bench. The cupboard above the dispensing bench had a lot of amber bottles of medicines removed from their original manufacturers packaging. Most had not been labelled with the expiry date or batch number, only the name of the medicine inside. The SI thought these had been removed from compliance packs that hadn't left the pharmacy. The SI agreed to remove these for destruction. There were two large containers of out-of-date CDs in the cabinet. And a lot of patient returned CDs waiting destruction. The SI advised he checked both fridge temperatures and recorded the fridge temperature ranges daily. However, the electronic record indicated that the fridge temperatures had last been recorded on 7 October 2021. SI intended to contact the IT package provider to access the temperatures to provide assurance that fridge items had been stored at the appropriate temperatures. Both fridges' temperatures on the day were within the correct range. The team stored the medicines inside the fridges and CD cabinet in a tidy manner. The pharmacy received safety alerts and recalls electronically. The pharmacy demonstrated the audit trail that provided assurance that all alerts had been received and actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment in a way to keep people's data secure. And the team makes sure the equipment it uses is clean.

Inspector's evidence

Team members had access to up-to-date reference sources. And the team had internet access to look up information to help with queries. The team stored medicines waiting to be collected in a way that prevented people's confidential information being seen by members of the public. The SI used a pump to measure methadone and a team member cleaned after use. The pharmacy had two pharmacy grade refrigerators to store pharmaceutical stock requiring refrigeration. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. Team members responsible for the dispensing process had their own NHS smartcard.

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.