

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: 08/12/2022

Pharmacy context

This is a community pharmacy in Billingham, Cleveland. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy offers a medicines delivery service. It supplies medicines in multi-compartment compliance packs to people living in their own home. And people can get a winter flu vaccination from the pharmacy.

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 suitably identifies and manages the risks associated with its services. It has written procedures that the pharmacy team follows. And the pharmacy has appropriate insurance to protect people if things do go wrong. It completes the records it needs to by law. Pharmacy team members openly discuss mistakes they make, and they take suitable action to prevent future mistakes. They complete relevant training to help protect vulnerable people.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs). The SOPs provided the team with information to perform tasks supporting the delivery of services. The Superintendent (SI) had re-written the SOPs since the last inspection to reflect current practice. The electronic record indicated that all team members had signed the SOPs relevant to their roles and level of competence.

The company had a procedure for managing errors identified during the dispensing of prescriptions. The pharmacy kept electronic records of these errors known as near misses. The records demonstrated that pharmacy team members consistently recorded the errors they made. The responsible pharmacist (RP) discussed the error with the team at the time. The pharmacy kept a monthly patient safety log, which showed analysis of trends from errors. The pharmacy had introduced hand help scanners which had reportedly significantly reduced the selection error rate. Most errors were incorrect quantities selected. The RP had completed a root cause analysis and found that team members didn't always mark split boxes adequately so after discussion the team agreed that the safest way forward was to always strike through the bar code on a split box so the scanner would alert the dispenser that the quantity needed to be added manually. The pharmacy had a procedure for managing errors identified after the person had received their medicine, known as dispensing incidents. The procedure included the manager completing an electronic dispensing incident report. The pharmacy had supplied the wrong strength of medication and the cause was identified as a team member not using the scanner. The RP reminded the team that the scanning device must be used on each dispensing, and this was observed to be the case during the inspection. The incident had been fully recorded and team members involved in the error had completed reflective statements. The pharmacy had an SOP for handling complaints raised by people using the pharmacy services and the team displayed this prominently in the retail area.

The pharmacy had up to date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. Pharmacy records demonstrated that CD balances were audited weekly, and the SI confirmed they had no ongoing discrepancies. A balance check of two CDs in the CD cabinet matched with the balances in the register. The team recorded CDs returned by people for destruction. A sample of records for the receipt and supply of unlicensed products demonstrated that the team kept certificates of conformity with people's details included filed in the pharmacy. Team members completed General Data Protection Regulations (GDPR) training. And the retained training records for team members in the GDPR training folder. They separated confidential waste, shredded it on site and a third-party contractor collected it for destruction.

The pharmacy had safeguarding procedures and guidance for the team to follow. The RP had electronic

access to local safeguarding contact details. The RP and the accuracy checking technician (ACT) had completed Level 2 training on protecting children and vulnerable adults and team members knew to speak to the RP if they had a concern. No concerns had been raised to date.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the appropriate training and skills to provide the pharmacy's services safely and effectively. They work well together and manage their workload well. The pharmacy team members complete training to keep their knowledge and skills up to date.

Inspector's evidence

The SI covered most of the pharmacy hours. On the day of the inspection three trainee dispensary assistants supported the SI. He reported that they struggled recruiting fully trained dispensary assistants so had employed people with the right attitude and potential to train. The SI had enrolled four members of the team onto the Buttercups course. The ACT and the SI supported them with their course work which they usually completed in work time. Team members worked extra hours to help when people took holidays.

The pharmacy team members discussed tasks that needed to be completed. And they discussed any near miss errors as they occurred. The SI gave in the moment feedback. But the pharmacy team hadn't had a formal appraisal. The SI confirmed that he had planned these in the diary for the new year. Team members found the SI approachable, and they felt comfortable sharing ideas to improve the pharmacy's services, such as positioning of stock in the dispensary. The pharmacy team knew to speak to the SI if they had any concerns. Team members did some ongoing training by reading training material provided by manufacturers of medicines. The SI had enrolled them on the e-Learning for Healthcare system. The SI had completed training to provide services such as the minor ailment scheme and flu vaccinations.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare. The premises are adequately maintained and suitable for the services the pharmacy provides. It has a good-sized sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy looked professional and was well presented and maintained. The SI had made some minor adjustments to the layout of the pharmacy since the last inspection to accommodate a robot for dispensing multi-compartment compliance packs. It was well laid out and designed with plenty of space for people to work. The main dispensary had an area to the side where multi-compartment compliance packs were assembled, packed, and stored. Pharmacy team members had separate areas to label, dispense and check prescriptions. The pharmacy was clean and generally tidy but there was minimal clutter on the benches. The pharmacy had a good sized consultation room for the services it offered and if people needed to speak to a team member in private. The pharmacy had sinks in the dispensary, the consultation room, the kitchen and in the toilet. All had hot and cold running water.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can easily access. And it has working practices which promote safe and effective delivery of its services. The pharmacy delivers medicines to people's homes and keeps records to show that it delivers the right medicine to the right person. The pharmacy gets its medicines from reputable sources. And it manages and stores them properly.

Inspector's evidence

People could access the pharmacy which had a ramp and handrail. The team displayed the pharmacy's opening hours and details of the services it provided in the window. The pharmacy offered services including seasonal flu vaccinations, a minor ailment scheme and a locally commissioned urinary tract infection (UTI) referral scheme. It offered a free delivery service to people who couldn't attend its premises in person. And the driver received digital signatures from people on receipt of their medication. So, they had an audit trail for each delivery to show that the right medicine was delivered to the right person. The pharmacy also supplied medicines in multi-compartment compliance packs to people to help them to take their medication as intended by the prescriber. Two trained team members managed the service and used a robot to dispense them. Random sampling found that all packs had photographs and descriptions of all medicines on the printed backing sheet. And the pharmacy supplied patient information leaflets with the first pack each month. So, people had been supplied with all information they needed to make sure they took their medicines safely.

The pharmacy had separate areas for labelling, dispensing, and checking of prescriptions. Pharmacy team members referred to prescriptions when labelling and picking medicines. They initialled each dispensing label, to provide an audit of the process and to help with learning should there be any mistakes. Assembled prescriptions were not handed out until the responsible pharmacist or ACT checked them. Team members used baskets during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. And they used fridge and CD stickers to show that a fridge line or a CD needed to be added at the hand-out stage. The SI was clear on his understanding of his obligations when dispensing for people prescribed valproate. They had completed a mandatory audit earlier in the year and had identified one person prescribed valproate and they had a pregnancy prevention programme in place. The team had the cards and booklets which they supplied when dispensing valproate.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Team members marked containers of liquid medicines with the date they were opened. They had a date checking procedure, and a matrix which showed that the last date check had been completed at the end of November. A random sample in four different areas in the pharmacy found no out-of-date medicine. The pharmacy had medical waste containers and CD denaturing kits available to support the team in managing pharmaceutical waste. And the SI had systems in place to ensure that all obsolete stock and medical waste was collected regularly by a third-party contractor for destruction.

The pharmacy had two medical fridges to store items at the recommended temperature, where necessary. The records demonstrated that team members monitored and documented the temperature daily. And the temperatures recorded were consistently within the required range. The

team members received drug alerts electronically. The alert remained red on the system until an action was recorded. The last significant alert received highlighted that the Macrobid patient information leaflet was incorrect. The alert was annotated 'no stock.'

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of glass measures to measure out liquids. And it had equipment for counting loose tablets and capsules which members of the team cleaned before they used it. They had access to up-to-date reference sources. The pharmacy positioned its computer screens so they could only be seen by members of the pharmacy team and it restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. Team members used their own NHS smart cards to access patient records.

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.