

Registered pharmacy inspection report

Pharmacy Name: Harrops Chemist, 1 Zetland Road, Loftus,
SALTBURN-BY-THE-SEA, Cleveland, TS13 4PP

Pharmacy reference: 1029984

Type of pharmacy: Community

Date of inspection: 10/09/2021

Pharmacy context

This is a community pharmacy in Loftus. 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 provides NHS services; such as new medicines scheme (NMS). It supplies some medicines in multi-compartment compliance packs to people living in their own homes. And it provides a home delivery service. A flu vaccination service is planned.

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 acts to keep members of the public and team members safe during the Covid-19 pandemic. It has policies and procedures in place. But the team have not read these so they may not be working consistently. Team members discuss dispensing mistakes and make some improvements to avoid the same errors happening again. The pharmacy keeps the records it needs to by law but does not check CD balances regularly. So, there is a risk that CD discrepancies may go undetected for a prolonged period. People using the pharmacy can raise concerns and provide feedback. Team members securely dispose of personal information when it is no longer required.

Inspector's evidence

The pharmacy had changed hands at the beginning of August 2021. The pharmacy had standard operating procedures (SOPs) for most of the services it provided. The superintendent (SI) had prepared these but the team had not yet read them. The SI explained that they had been busy re-arranging the dispensary and clearing the clutter and prioritising tasks. The pharmacy had risk assessed the impact of COVID-19 on the services and the people who used it. Team members wore fluid resistant face masks to help reduce the risks associated with the virus. And they washed their hands regularly and used hand sanitising gel when they needed to. A screen was in use at the medicines counter and acted as a barrier between team members and members of the public.

The pharmacy had systems to review dispensing errors and near misses. Members of the pharmacy team discussed the mistakes they made to learn from them and reduce the chances of them happening again. Seven near misses had been recorded to date. The additional information section had basic information such as "dispensed off label". The SI had decluttered the shelves which had been flowing over with stock. They had also changed the layout of the shelves to make selection of medicines easier and to reduce the risk of a picking error. There had been no dispensing errors, but the SI confirmed that they would use the electronic system and record details on the PMR. The pharmacy team had separated medicines that had been the cause of picking errors previously.

The pharmacy displayed a notice that told people who the RP was. Members of the pharmacy team knew what they could and couldn't do, and what they were responsible for when the pharmacist was absent. The pharmacy had a complaints procedure. And they had a leaflet inviting suggestions and comments from customers on how they could improve things. During the pandemic, some people expressed their frustration when their prescriptions had not been sent to the pharmacy. The team diffused the situation by explaining the process and worked with the surgery to resolve any issues promptly.

The pharmacy kept an electronic record to show which pharmacist was the RP and when. The pharmacy had an electronic controlled drug (CD) register. But its team had fallen behind with making sure the CD register was kept up to date. And the stock levels recorded in the CD register hadn't been checked since the pharmacy had been taken over at the beginning of August. The SI confirmed that CD balances had been completed at acquisition. Two CD balances checked against the stock in the CD cabinet did not tally. The SI thought that this was due to some prescriptions not being entered into the CD register promptly. So, the pharmacy team could have been missing opportunities to spot mistakes quickly. The

SI notified the inspector soon after the inspection that the entries in the CD register were now up to date, and explained the steps put into place to ensure CDs will be entered promptly. The SI had signed up to receive drug alerts from MHRA. These would be printed off and retained for reference. SI advised that they hadn't received any since taking over although there had been several such as the Metformin recall. So, the team may be missing opportunities to prevent harmful medicines being supplied to people. The SI was in the process of reviewing the system to ensure all alerts had been received and actioned promptly. The pharmacy had a system for the supplies of the unlicensed medicinal products it made. The team used a private prescription book to record private prescription transactions.

The pharmacy team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was segregated to avoid a mix up with general waste. And this was shredded off site. The pharmacy had a safeguarding policy. SI confirmed that she had spoken to the pharmacy team and they would come to responsible pharmacist (RP) in the first instance if they had a concern about a child or a vulnerable adult. The team had local contact details if needed. There had been no issues to report to date.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough people in its team. They're comfortable about giving feedback on how to improve the pharmacy's services. Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. They work well together and make decisions about what is right for the people using the pharmacy. They complete training as and when required. And, they learn from the pharmacist to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team consisted of the superintendent pharmacist (the RP), one technician, four part time dispensing assistants, two part time medicines counter assistant (both registered onto the NPA course) and one part time driver. The RP was supported at the time of the inspection by a dispensing assistant, two trainees and the driver.

The team worked well together, and the SI appreciated this. SI had recognised the anxieties staff could feel when a new company takes over a pharmacy. So, had tried to minimise this so the team wouldn't feel overwhelmed. SI had spent a day a week in the pharmacy for the three months prior to the changeover. This enabled her to have a hand over from the previous owners, but more importantly to start building the relationship with the pharmacy team. This enabled the team to be more receptive to changes to improve the efficiency and safety of the pharmacy. The SI advised that she had been training the team in the new ways of working. The SI intended to prioritise team members to read and sign the SOPs. People in the pharmacy were served promptly and the team worked together to meet people's needs. The pharmacy had a sales of medicine protocol and team members referred to the pharmacist when appropriate. The team assisted the inspector during the inspection by providing pieces of evidence and explaining how tasks were done. The team covered each other's time off when necessary. The company did not offer training structured training as such, but the team completed appropriate training such as NWOS training on Ostomy, Incontinence and Hosiery products. The SI had spoken to individual members of the team shortly after acquisition to find out individuals training needs and as a result had enrolled two members of the team onto appropriate NPA training. Moving forward the SI planned to have an annual appraisal for team members. The team had daily discussions about the work priorities that day.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable and secure environment for people to receive healthcare. And its premises are clean and well equipped. The pharmacy team members take appropriate steps to reduce the risk of Covid 19 infection.

Inspector's evidence

The change in the pharmacy since the last inspection was apparent. All areas looked clean and clutter free and the team had worked hard to create a tidy and welcoming environment from which to provide its services. The pharmacy had efficient lighting and heating. It used fans to keep the pharmacy cool during the warmer weather. The dispensary had a good-sized sink with hot and cold running water for medicines preparation and for staff use. The pharmacy had staff toilets with a sink with hot and cold running water. It also had separate storerooms for stock and an area for compliance pack storage. The SI had plans to use space in the retail area to extend the dispensary. The pharmacy had a sound-proofed consultation room with desk, computer, and seats where people could sit down with a team member. The room had a small sink. It was professional in appearance and was signposted by a sign on the door. The team directed people to the consultation room if they wanted a quiet word with the pharmacist.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy generally provides its services safely and maintains clear audit trails for its prescribing service. The pharmacy provides medicines to some people in multi-compartment packs to help them take them correctly. And it suitably manages the risks associated with this service. It obtains its medicines from reputable sources. But there is an inconsistent approach to date checking and documenting this. So, this may increase the risk of dispensing medicines that are not suitable for supply.

Inspector's evidence

The pharmacy had two steps up into the pharmacy. So, it was not possible for wheelchair users to access the pharmacy. The team went out to help people and attend to their requirements. The pharmacy advertised its services and opening times in the window. And people using the pharmacy had access to some health information leaflets displayed near the front counter.

The pharmacy protected Pharmacy (P) medicines from self-selection as it displayed them behind the medicine counter. Team members assisted on the counter when needed. The pharmacy had a consultation room where people could have a confidential word with pharmacy team members. And the SI was planning to use it for flu vaccinations.

The team used baskets to hold prescriptions and medicines. For example, red baskets were used for waiters. This helped the team members stop people's prescriptions from getting mixed up. And to prioritise the workload. Team members used various stickers within the dispensing process as an alert before they handed out medicines to people. For example, they used "pharmacist" stickers to remind the team member handing out the medication that pharmacist intervention was required. The team used owing slips on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy delivered medicines to people in their homes. Due to covid the driver had not been requesting signatures from people on delivery. The deliver sheet provided a record of delivered medicines. And so, the team had an audit trail that could be used to solve any queries.

The pharmacy supplied medicines in multi-compartment compliance packs for people living in their own homes. The SI had overhauled the system to make it safer. For example, previously compliance packs had been checked on the day they went out on delivery. This put unnecessary pressure on the team and did not allow for any discrepancies to be followed up in time for delivery. Compliance packs were now checked a few days prior to delivery. The team produced backing sheets at the beginning of each cycle. The SI had regular discussions with the surgery to improve processes to reduce the number of missing prescriptions and inform the pharmacy of any changes.

The SI was aware of the pregnancy prevention programme (PPP) for people prescribed valproate, and of the risks. The inspector reminded the SI about the updated guidance from MHRA. The SI confirmed she aware of the guidance and the pharmacies obligations.

The pharmacy stored pharmacy medicines behind the pharmacy counter to prevent people self-

selecting them. The medicines on the pharmacy shelves in the retail area were tidy. The team checked the expiry dates and marked short dated stock with a highlighter pen to help identify medicines that were expiring within the next six months. The team date checked the pharmacy when time allowed. But they had no record of when this had been done or which medicines had been date checked. The pharmacy team has recorded the date on liquid medicines when they had been opened. So, checks could be done to see if they were fit to supply. A check of three areas in the pharmacy found out of date creams, these had not been marked so could have been supplied to people in error. The pharmacy had procedures in place to appropriately store and then destroy medicines that had been returned by people. And the team had access to CD destruction kits.

The pharmacy team checked and recorded the fridge temperature ranges daily. The technician recorded these electronically. The fridge temperature on the day was within the correct ranges. The medicines inside the fridges and CD cabinets were well organised.

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 to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

Team members had access to up-to-date reference sources. 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 pharmacy used a range of CE quality marked measuring cylinders. The team cleaned the equipment they used to measure, or count, medicines before they used it. The pharmacy had one refrigerator to store pharmaceutical stock requiring refrigeration and another one was on order. 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. The pharmacy had a consultation room so its team could have confidential conversations with people when necessary without being overheard. Some of the 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.