

Registered pharmacy inspection report

Pharmacy Name:Phillips & Wright Pharm.Chemist, 9 Alhambra Terrace, Fishburn, STOCKTON-ON-TEES, Cleveland, TS21 4BU

Pharmacy reference: 1029986

Type of pharmacy: Community

Date of inspection: 10/02/2023

Pharmacy context

This is a community pharmacy in Fishburn, a small village in Stockton-on-Tees. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy offers a medicines delivery service. And it supplies medicines in multi-compartment compliance packs to people living in their own home.

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 follow. 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 standard operating procedures (SOPs) in place to support its team to work safely and effectively. These had been reviewed in 2022 and were signed by team members to confirm they had read and understood them. The SOPs were kept in an indexed file so people could easily locate a specific SOP.

The pharmacy had a procedure in place for the recording of errors identified within the dispensing process before reaching people. These were known as near miss errors. Team members took responsibility to record their own near miss errors. They recorded some details about each near miss error. For example, the medicines involved. But they didn't always record the reason the error might have happened. And so, the team may have missed the chance to identify any trends or patterns and make specific changes to the way they worked. Team members informally discussed near misses, and they talked about steps the team could take to prevent the risk of similar near misses recurring. A team member completed a monthly safety review of the errors and discussed with the team. The team had separated some medicines that had previously been selected in error for example enteric coated prednisolone had been separated from the normal release preparation following selection errors. This measure reduced the risk of a similar error occurring. The pharmacy had a procedure in place for recording errors from the dispensing process that had reached the patient known as dispensing incidents. The manager described the process. It involved discussions with the affected patient or representative, the manager or the pharmacist recorded the details of the error in a formal report which included a root cause analysis. The manager described an incident that had previously occurred and the steps the pharmacy had taken to help prevent errors of this nature in the future. The pharmacy had a formal complaints procedure which the team were able to direct people to. Complaints from people who used the pharmacy were initially dealt with by the manager. The team had an SOP for complaints to refer to.

The pharmacy had up to date indemnity insurance. The RP notice displayed the correct details for the pharmacist on duty. The pharmacy held a paper responsible pharmacist (RP) record. And it was completed in line with regulations. The pharmacy kept records of private prescriptions issued. And the pharmacy team members filed the prescriptions chronologically. The pharmacy also kept suitable records of unlicensed medicines supplied known as specials. Certificates of conformity were correctly completed with the required information, including patient details. The pharmacy kept suitable controlled drugs (CDs) records. The team completed balance checks of the CDs usually weekly but at least every month. The pharmacy kept records of CDs returned to the pharmacy for destruction.

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 confidential waste was periodically destroyed off-site. Team members understood the importance of securing people's private information. The pharmacy had a consultation room and a quiet area set back at the side of the counter where people could have private conversations with team members. The pharmacy had a data protection file with training material which team members had read and signed to confirm they understood the contents.

The pharmacy had a procedure to help the team raise concerns about safeguarding of vulnerable adults and children. And team members had completed some basic training. The manager confirmed that if they had any safeguarding concerns, they would google the contact details of the local safeguarding teams.

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 pharmacist on the day was supported by two dispensary assistants one of whom was the manager who also worked between two local branches. The pharmacy employed two full-time and two part-time dispensing assistants. A permanent pharmacist had been employed to start after Easter and the manager welcomed this so there would be continuity. The pharmacy team members were observed working well together and supported each other in managing the workload.

Team members were given some opportunity to complete ongoing training during their working hours to improve their knowledge and skills. They were not provided with a structured training programme but had completed various training through the electronic learning for health portal such as infection prevention and control, suicide, inhaler technique and safeguarding. Team members were not provided with a formal appraisal process, but the manager had a plan for improvement which included introducing an appraisal procedure in quarter three. The manager gave on the spot feedback and found this worked well. Team members reported that they supported each other and worked well together.

The team could raise concerns with the manager or the pharmacy's owners. A team member RP explained that they were encouraged to provide feedback on ways the pharmacy could improve its services and that they felt comfortable with doing that. The team discussed, for example ways they could re-arrange the dispensary and retail area to make best use of the space available. The pharmacy didn't have targets as such, but their overall aim was to provide the best service they could.

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.

Inspector's evidence

The pharmacy was clean and professional in appearance. The dispensary was small and there was limited bench space for the team to dispense from. Some areas were a little cluttered. The pharmacy's floor space was mostly clear from obstruction. The tearoom was also used as the consultation room. The manager confirmed that they were planning, at some point to extend the dispensary into the retail area to provide more space to dispense and to provide a separate consultation room. The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team manages and delivers the pharmacy's services well. And it makes its services accessible to people. The pharmacy sources its medicines from recognised suppliers, and it suitably stores and manages them to ensure they are fit for purpose.

Inspector's evidence

People have access to the pharmacy by way of four small steps and a handrail. The pharmacy team had some healthcare related information leaflets for people to take away with them. 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. The pharmacy also supplied medicines in multi-compartment compliance packs to people to help them to take their medication as intended by the prescriber. And it had written processes that the team followed to manage the service. The dispensing assistants had been trained to prepare the packs. And they included tablet descriptions on the backing sheet so that people could identify each medicine in the pack. The pharmacy supplied patient information leaflets with the first dispensing each month. So, people received all the information they need to take their medication appropriately.

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 had 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. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation, and they knew when to refer people to the RP for appropriate counselling. The pharmacy team had access to information to provide to people receiving valproate in a drawer in the dispensary.

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, but the team weren't able to locate the matrix to demonstrate when the last date check had been completed. 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 pharmacy 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 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 team members printed these out, actioned them and retained for reference.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services. And it uses its equipment appropriately to protect people's confidentiality.

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. Team members had access to personal protective equipment including face masks and gloves.

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.