

Registered pharmacy inspection report

Pharmacy Name: Dean & Smedley, 1 West Street, SWADLINCOTE,
Derbyshire, DE11 9DG

Pharmacy reference: 1030466

Type of pharmacy: Community

Date of inspection: 04/01/2024

Pharmacy context

This is a community pharmacy that is situated in the town centre. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy holds a warfarin clinic on a Wednesday. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own homes. It provides other services including the seasonal flu vaccination, and the substance misuse service. It delivers medicines to people's homes.

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 | 1.2 | Good practice | Members of the pharmacy team record and review their mistakes and can demonstrate that they use these events to improve the safety and quality of the services they provide. And learning points are shared across the pharmacy's owned by the company. |
| 2. Staff | Standards met | 2.4 | Good practice | The pharmacy has a culture of openness, honesty, and learning. |
| 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 identifies and manages the risks associated with the provision of its services. Members of the pharmacy team record and review their mistakes and can demonstrate that they use these events to improve the safety and quality of the services they provide. And learning points are shared across the pharmacy's owned by the company. Its team members have defined roles and accountabilities. The pharmacy manages people's personal information safely.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) which had been signed by the pharmacy team members to show they had read and understood them. Staff were seen following the SOPs which included dispensing medicines and handing medicines out to people safely. Staff understood how to sell medicines safely and had a good understanding of the advice to give during a sale. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. The pharmacy highlighted Schedule 3 and 4 CDs and kept them on a separate shelf to remind the person handing out of the shorter validity of these prescriptions. These prescriptions had a card attached that showed the date by which the medicine needed to be supplied so that it was easy to check that they were still valid.

Roles and responsibilities of the team members were identified in the SOPs. They wore uniforms and were easily identifiable with name badges. When asked, the team members could confidently explain what they could and could not do in the absence of a responsible pharmacist (RP). The RP notice was visible in the dispensary and identified the pharmacist on duty.

The pharmacy had processes for learning from dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time and were then recorded in the near miss log. The near miss log had good information which included a range of reasons why a mistake had been made and the learning points to be drawn from that. Different members of the team completed a monthly review which highlighted actions going forward. They then fed back these learning points to the whole team. The team felt this increased engagement in this process. And, when asked, were able to recall the actions from the latest review. Including focusing on dispensing and not being distracted. A copy of the learning points was sent to head office and, when appropriate, shared across the company in a weekly newsletter.

The pharmacy maintained the necessary records to support the safe delivery of pharmacy services. These included the RP record, the private prescription book, and the CD register. The entries for two items checked at random during the inspection agreed with the physical stock held. Balance checks were completed when a CD was received, or a supply was made. These were not recorded but if there was a discrepancy the pharmacist was advised. In addition, balance checks of all CDs were completed each month. Patient-returned CDs were recorded promptly on receipt in a designated register and had been recently destroyed. Date-expired CDs were clearly marked and separated to prevent dispensing errors.

The pharmacy had a complaints procedure and an information governance policy. Access to the

electronic patient medication record (PMR) was password protected. Confidential information was stored and destroyed securely. Professional indemnity insurance was in place. The pharmacy understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person. The pharmacy team were aware of the 'Safe Space Initiative' with a poster on the front door. And they knew what to do if someone 'asked for Ani.'

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a culture of openness, honesty, and learning. The pharmacy's team members manage the workload within the pharmacy well. They are suitably trained for the roles they undertake. And they can raise concerns if needed.

Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively and also kept clinical governance up to date. There was one pharmacist, an accuracy checking pharmacy technician, three trained dispensers and one trained counter assistant. There was a friendly culture within the pharmacy. The team members actively engaged with the inspection, demonstrating their enthusiasm for the roles they undertook and were keen to take on board any learning points or ways they could improve their service. Members of the team worked well together, and staff said they felt supported by the manager and the pharmacist. They discussed any issues informally on a daily basis and felt able to raise concerns if necessary. Team members were observed referring queries to the pharmacist when needed. The team had access to online training as well as a weekly newsletter and ad hoc informal training from the pharmacist. The latest newsletter had provided details on the new 'pharmacy first' scheme and senior staff were going on a training day for this service later in the month. Staff were given additional responsibilities to support their development, for example carrying out the monthly near miss review and feeding back the outcomes to the team

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And people visiting the pharmacy can have a conversation with a team member in private. The pharmacy makes changes to help keep people using the pharmacy safer from the risk of catching infectious diseases.

Inspector's evidence

The public area was neat and tidy with suitable seating and plenty of space for people using the pharmacy. There were clear plastic screens at the pharmacy counter which provided re-assurance to both the staff and the customers. And there was hand sanitiser available. The dispensary was an adequate size for the services provided. There was suitable heating and lighting, and hot and cold running water was available. Two reasonable sized consultation rooms were available for people to have a private conversation with pharmacy staff. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's healthcare services are suitably managed and are accessible to people. The pharmacy's team shows care and concern for people using its services. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it knows the right actions to take if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy had flat access with a push-pull door which provided suitable access for people with a disability or a pushchair to get into the pharmacy. The whole pharmacy team showed a people focus and were heard engaging with people, looking to answer questions and resolve problems they had. The pharmacist was easily accessible and during the inspection engaged with people visiting the pharmacy. The pharmacy team understood the signposting process and used local knowledge to direct people to local health services. Pharmacy medicines were stored out of reach of the public and staff were aware of higher-risk over-the-counter medicines such as painkillers containing codeine. The pharmacy knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate and had implemented the latest advice. The pharmacist gave a range of advice to people using the pharmacy's services. This included advice when they had a new medicine or if their dose changed. The pharmacist explained the advice she gave for medicines that required ongoing monitoring such as methotrexate or lithium to make sure that people were taking them safely.

The pharmacy ran an INR monitoring clinic on Wednesdays for people taking warfarin. This was a locally commissioned NHS service. People were referred to the pharmacy and their INR was checked, and doses adjusted where needed. The easy accessibility of the pharmacy meant people could attend the clinic at a convenient time without having to attend their local GP clinic or hospital.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label to help identify who had done each task. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error. The pharmacy supplied medicines in multi-compartment compliance packs to people living in the community to help them take their medicines at the right time. The pharmacy spread the workload for preparing these packs across the month. Compliance packs seen included medicine descriptions on the packs to make it easier for people to identify individual medicines in their packs. Patient information leaflets were provided to people each month.

Medicines were stored on shelves in their original containers. Opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable for use. The pharmacy team had a process for date checking medicines. A check of a small number of medicines did not find any that were out of date. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacy manager explained the process for managing drug alerts which included a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridges were in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy's portable electronic appliances had been tested in September 2023 to make sure they were safe.

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. |