

Registered pharmacy inspection report

Pharmacy Name: Stearns Chemist, 48 High Street, STEVENAGE,
Hertfordshire, SG1 3EF

Pharmacy reference: 1032310

Type of pharmacy: Community

Date of inspection: 30/07/2019

Pharmacy context

This community pharmacy is located along a high street in Stevenage. It generally dispenses NHS prescriptions that are received from two local surgeries. The pharmacy mostly provides its services to people in the local area and surrounding villages. The pharmacy supplies some medicines in multi-compartment compliance packs to help people organise their medicines.

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 generally manages its risks well. Its team members make records about their mistakes, so they can improve the dispensing process. The pharmacy keeps the records that it needs to and generally makes sure that these are accurate. The pharmacy's team members manage people's personal information properly. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) to help its team members provide services safely. The SOPs were reviewed every year, so they could be kept up to date. A sample of SOPs was chosen at random and these had been signed by the pharmacy's team members to show that they had read them. The responsible pharmacist's name and registration number was displayed on a notice that was visible in the retail area.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. The pharmacy's team members said that they regularly received positive verbal feedback. They said that they telephoned people to arrange deliveries after receiving feedback about the delivery service. The pharmacy had an SOP about managing complaints. A team member said that they could provide the superintendent pharmacist's contact details to people who wanted to make formal complaints.

A team member said that they had read SOPs about safeguarding vulnerable people. The safeguarding SOP had been signed by pharmacy team members to indicate that the team had read and understood the process. Some team members had completed additional training from the Centre for Pharmacy Postgraduate Education (CPPE). Team members said that they would escalate their concerns to the responsible pharmacist to be appropriately managed. They said that there had not been any previous concerns that they could recall. The pharmacy had contact details to refer its concerns to local safeguarding organisations.

The pharmacy had SOPs about information governance and confidentiality. A team member described the training that they received when joining the pharmacy. Confidential waste was separated to make sure that it was appropriately destroyed. The pharmacy used a shredder to destroy confidential waste. Most team members had their own NHS smartcards to access electronic prescriptions. A dispenser said that she was in the process of applying to get a smartcard.

The pharmacy recorded dispensing errors and near misses. There were recent entries on the template that was used to record near misses. Dispensers recorded their own mistakes on the template. They said that incidents were generally reviewed when they occurred so that everyone could be informed about improvements to make. The near miss record was also used to record actions to reduce the chance of errors reoccurring, however most entries included general advice to 'read carefully'. The pharmacy's team members added dividers between different strengths of the same medicine, so the right strength was chosen. Dispensers said that they always tried to include additional accuracy checks to make sure dispensed medicines were correct.

Certificates were displayed which showed that there were current arrangements for employer's

liability, public liability and professional indemnity insurance. The pharmacy kept required records about controlled drugs (CDs). The CD records included running balances, so the pharmacy could keep track of its stock. Three CDs were checked at random and their physical stock matched the recorded balances. Other records about the responsible pharmacist, private prescriptions, unlicensed medicines and CDs returned by people were kept and maintained adequately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide a safe service. It makes sure that its team members have the right qualifications for their roles. The pharmacy's team members competently provide pharmacy services and they know when they need to refer to a pharmacist.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (locum pharmacist), one pharmacy technician, one trainee dispenser, one dispenser and one counter assistant present. The staffing level was adequate to manage the pharmacy's workload. Team members said that the pharmacy was part of a chain so additional staff could be sent from other pharmacies. They said that their annual leave was managed by their head office so that an appropriate staffing level could be maintained. Team members were clear about their roles and issues that would need to be referred to the pharmacist. They said that they used informal discussions to share information with each other and to make sure that important tasks were completed.

There were some certificates displayed which showed that most team members had completed appropriate pharmacy qualifications. Other team members were in the process of completing their course. The pharmacy's head office provided team members with information about courses to keep their knowledge and skills up to date. Team members had undertaken training about children's oral health and had also received training about dementia. They said that they generally completed the courses in their own time because there wasn't enough time when they were at work. This may have made it more difficult for them to keep their knowledge and skills up to date. The pharmacy used appraisals to provide feedback about their performance. Team discussions were also used to provide general feedback or new information. Several team members said that they were comfortable to approach the pharmacist to raise concerns or suggest improvements. The pharmacy was set targets to achieve but the pharmacy's team members said they did not feel undue pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. Its team members make sure there is enough space to safely dispense medicines. The pharmacy's consultation room has enough space and allows people to speak without being overheard.

Inspector's evidence

The pharmacy was clean and tidy. The layout of the dispensary meant that there was sometimes limited space to dispense medicines. However, the pharmacy's team members managed the pharmacy's workflow well and made sure workbenches were clear so that there was enough space to safely dispense medicines. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a consultation room which was suitable for private consultations and conversations. And it had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides services which are organised and efficient. Its team members take the right actions when they are told about defective medicines. And they largely make sure higher-risk medicines can be used properly by people.

Inspector's evidence

The pharmacy's team members said that they helped people enter the pharmacy if they had large pushchairs or wheelchairs. Team members could not find the pharmacy's practice leaflets which may have restricted some people's access to information about the pharmacy and its services. The pharmacy mostly kept records about people's prescriptions it ordered from local GP surgeries. The records helped the team to make sure all required medicines were received.

The pharmacy supplied some medicines in multi-compartment compliance packs. The packs were arranged over a four-week schedule which helped the workload to be organised. There was one dispenser who generally assembled all the packs. Other team members could complete the processes for the packs if needed. Most people received their pack every four weeks. The dispenser said that this was usually decided by the prescriber. She said that she would discuss weekly supplies with people if she felt they needed more support with their medicines. The pharmacy kept records about prescription orders, regular medicines and administration times. The dispenser also kept records about any changes to medicines. Assembled packs included descriptions which helped people to identify individual medicines. Patient information leaflets were also provided to people which provided information about the medicines received in the packs.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team. Team members verbally informed the pharmacist about interactions or printed warning labels when needed. Prescriptions were kept with checked medicines awaiting collection. Dispensed CDs were highlighted so team members made sure they were supplied at the right time.

Stickers were used to highlight queries about dosages or other information that the pharmacist wanted to discuss with people. Team members said that they didn't usually ask people about relevant blood test results if they received warfarin. They said that the GP surgery had all the required information if it was needed. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate, and they had guidance materials available to provide to people. The pharmacy delivered some people's medicines and it kept appropriate records about these deliveries which included the recipient's signature. Team members said that the driver made sure confidential information was covered on the form when people signed for their deliveries.

The pharmacy kept invoices which showed that its medicines were obtained from licenced wholesalers. Stock that required cold storage was kept in two fridges. The pharmacy kept fridge temperature records, so it could monitor storage conditions for these medicines. CDs were stored appropriately. Expired CDs were separated from other stock to prevent them being mixed up. The pharmacy's team members wrote the date onto medication bottles when they were first opened. This helped the team members to know that the liquid medicine was suitable if they needed to use it again. Team members

said that they checked expiry dates of medicines when receiving orders from wholesalers and when they dispensed medicines. The pharmacy did not have a schedule to check expiry dates, so it may have been easier for some checks to be missed or not completed as regularly. The pharmacy kept a record about medicines that were approaching their expiry dates, so they could be removed from stock when needed. A sample of medicines was chosen at random and was in date.

Expired and returned medicines were separated from other stock and placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used for hazardous medicines. A list was displayed to help the team identify these medicines. The pharmacy team said that its head office had planned for equipment to be installed to help verify the authenticity of medicines in line with the Falsified Medicines Directive (FMD). They described changes to the dispensing process which had been discussed to include FMD checks. The pharmacy received information about medicine recalls. It kept records about recalls it had received and the actions that had been taken. This included a recent recall about bisacodyl tablets.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members make sure that the pharmacy's equipment and facilities are properly maintained. And they use up-to-date reference sources.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Maintenance issues were managed by the regular pharmacist and escalated to a company director if needed. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had suitable measures to accurately measure liquids. The pharmacy had equipment to count loose tablets. The pharmacy team accessed up-to-date reference sources on the internet.

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. |