

# Registered pharmacy inspection report

**Pharmacy Name:** Fewster Square Pharmacy, 11 Fewster Square,  
Leam Lane Estate, Felling, GATESHEAD, Tyne and Wear, NE10 8XQ

**Pharmacy reference:** 1037461

**Type of pharmacy:** Community

**Date of inspection:** 19/06/2019

## Pharmacy context

The pharmacy is on a shopping square in Felling, Gateshead. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from a local GP surgery. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides NHS services such as flu vaccinations, EHC, a minor ailment scheme and a substance misuse service.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally identifies and manages the risks associated with its services. But they don't always record all the details of what the error was or why it happened. So, they may miss out on learning opportunities. The pharmacy asks people for their views. And uses feedback to improve the services. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. The pharmacy looks after people's private information and it explains how they will use it. And the pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The retail area was a good size. The dispensary was small. But the pharmacy team members had developed an effective work flow.

Standard Operating Procedures (SOPs) were in place and were up-to-date. And had been reviewed on 1/10/18 by the Superintendent (SI). Members of the team had read the SOPs relevant to their roles. There was a training sheet of staff signatures at the back of each SOP.

The pharmacy had recently changed the procedure for recording near misses and dispensing errors. And these were entered electronically by the pharmacist. The locum pharmacist on the day was unsure of how to access the system. And so were other members of the pharmacy team. When asked how the pharmacy team members would record near misses in the managers absence, the team responded that they would record these on paper and leave a note for the manager. The Responsible Pharmacist (RP) said that she would contact the professional standards pharmacist to explain how to get onto the system. The electronic records for June lacked details and there were no learning points relating to the near misses recorded. The pharmacy team members provided some examples of changes they had made following dispensing errors. Such as the separation of the 15mg codeine and the 30mg codeine. And warnings were on the look alike sound alike drugs (LASA). Pharmacy team members were unable to recall any recent dispensing errors. The team discussed incidents as they occurred. There were no notes made of these discussions.

Valid Public liability and professional indemnity insurances were in place. A complaints policy ensured that staff handled complaints in a consistent manner. There was a pharmacy leaflet which informed people about the complaints process and provided contact details. And this was on display and available for self-selection. There had been no complaints. But the pharmacy team members said that they responded to people's preferences. For example, stock was ordered and retained for people who have expressed a preference.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist electronic record up to date. The correct RP sign was prominently displayed. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs once a week.

The pharmacy recorded controlled drugs that people returned for destruction. A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the medication. The

pharmacy team completed data protection training and GDPR training last year. The pharmacy stored prescriptions for collection out of view of the waiting area. And computer screens were not visible. The pharmacy team used a password and smart cards to restrict access to patient medication records. Confidential waste was segregated for shredding. There was a patient information leaflet that explained how their data was protected.

The manager advised that there was a procedure in place to protect children and vulnerable adults. There was a flow chart on the wall. And all members of the pharmacy team were aware of it. Staff were aware of vulnerable groups. And key contact details were available should a referral be necessary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy had enough trained team members to provide its services safely on the day. The pharmacy team members work within their skills and qualifications. The pharmacy team members reflect on their performance. And identify and discuss their learning needs at review meetings. This ensures they keep up to date in their roles. The pharmacy team members support each other in their day-to-day work.

### Inspector's evidence

The manager was on holiday. And at the time of the inspection, there was the RP who was a locum. There were two dispensing assistants. And one Medicines Counter Assistant. Members of the pharmacy team thought that they generally managed but on busy days. And when staff were on holiday or on sickness leave it was sometimes difficult to manage. This may mean that there is an increased risk because pharmacy team members are rushing to complete tasks. The manager and the area manager were aware of these concerns. But nothing had been done to alleviate the problem to date.

The company did not offer product training for members of the pharmacy team. And the team received training for services such as blood pressure monitoring through Gateshead Council. The team had also attended training after work on E45 and Nurofen.

Members of the pharmacy team had completed appropriate qualifications to work in the dispensary and on the medicines counter. Some members of the pharmacy team were unsure how to access and use the pharmacy error reporting system. One of the dispensing assistants was a dispenser champion and went to other branches to help to get the pharmacy organised and running efficiently.

Team members worked well together. And would refer to each other with queries. The pharmacy used performance reviews to develop staff. The pharmacy team members had received a review last year. And training opportunities were discussed. A member of the team had expressed a desire to complete smoking cessation training. And she was due to start the training.

The pharmacy had targets in place for services. The pharmacy team members thought that there was some pressure to hit the targets. However, they felt able to exercise their clinical judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are suitable to provide its services safely. The pharmacy's team appropriately manages the available space. The pharmacy is secure when closed.

### Inspector's evidence

The pharmacy premises were clean. The pharmacy was a small. But the pharmacy team made best use of the space available. The working areas were free of clutter. And this helped to maintain an efficient workflow.

The consultation room was suitable for private consultations and counselling. The consultation room door did not lock. But there was no confidential information on display.

The pharmacy's premises were appropriately safeguarded from unauthorised access. The pharmacy was alarmed. And there were shutters to the front and back of the premises.

There was adequate heating, air conditioning and lighting throughout the premises. The sink areas were clean and tidy. And running hot and cold water was available. Maintenance issues were reported to head office.

## Principle 4 - Services ✓ Standards met

### Summary findings

People with a range of needs can access the pharmacy's services. The services are generally well managed. The pharmacy may not always provide advice or information to people who get higher-risk medicines. This could mean that people do not always get the advice they need about how to use their medicines safely. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use. It adequately sources and manages its medicines, so they are safe for people to use.

### Inspector's evidence

Access to the pharmacy was via a small step to the front. It was still possible for wheelchairs to access the pharmacy. The pharmacy provided a range of services to people. The pharmacy leaflets were openly available and listed the pharmacy's services. A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers.

Stock requiring refrigeration was stored at appropriate temperatures. Records were maintained to ensure temperatures were within the appropriate ranges. There was a procedure to follow if the temperatures went out of the accepted range. A controlled drugs cupboard was available for the safe custody of controlled drugs. The cupboard was appropriately secured. The contact details for the accountable officer were in the files. Expired controlled drugs were segregated to prevent mixing up with stock for patient use. Dispensed controlled drug or fridge items such as insulin were stored in clear plastic bags. This provided the opportunity for additional accuracy checks when being collected by the patient.

The pharmacy had a process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. The pharmacy's procedures indicated that sections were completed regularly. Medicines were checked at random and were found to be in date. Short dated items were stickered and removed from the shelves before expiry to ensure that they were not supplied to people. For example, rigevidon was marked as out of date in July 2019. Opened bottles of liquid medications were marked with the date of opening to ensure they were still safe to use when used for dispensing again.

The pharmacy team members dispensed into baskets. This helped to ensure that the assembled medication remained organised. Computer-generated labels included relevant warnings and were initialled by the pharmacist and dispenser which allowed an audit trail to be produced. The shelving system enabled sufficient storage and retrieval of dispensed medication for collection. People collecting were routinely asked to confirm the name and address of the patient to ensure that medication was supplied to the correct patient safely.

The pharmacy team members were not fully aware of the updated guidance on sodium valproate. And the requirement to provide information to women in the at risk group who received sodium valproate. The pharmacy team were unsure of where the information cards were. And these were not provided when sodium valproate was dispensed. There was no procedure in place for counselling patients taking high risk drugs such as warfarin. Out-of-date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication.

The pharmacist said that the pharmacy had not yet adjusted to meet the Falsified Medicines Directive. The pharmacy did have scanners, but these were not used. This may have reduced the ability of the pharmacy to verify the authenticity of its medicines. The pharmacy provided a delivery service to housebound patients and the elderly. Signatures were obtained on delivery for all drugs including CDs.

MHRA alerts were received electronically. And these were printed off. The pharmacy had a folder of collated alerts which had been signed and dated to confirm they had been completed. The file was up-to-date.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Equipment required for the delivery of pharmacy services is readily available. The pharmacy store it appropriately and use it in a way that protects the privacy and dignity of patients.

### Inspector's evidence

Up to date reference sources were available and included the BNF and BNF for Children. There was access to the internet which was used for a range of uses including leaflets for patients and PharmOutcomes. A range of CE quality marked measures were in use which were cleaned after use. There were separate measures for measuring methadone.

The pharmacy also had a range of equipment for counting loose tablets and capsules. Tweezers and gloves were available. There was a first aid kit. The CDs were stored in a CD cabinet which was securely bolted in place. The LEC medical fridge used to store medicines had been recently purchased. And was an appropriate size for the volume of medicines requiring storage at such temperatures.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Access to patients' records restricted by Smart cards. Medication awaiting collection was stored out of view and no confidential details could be observed by customers. prescriptions were filed in boxes out of view of patients keeping details private.

### 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.