

Registered pharmacy inspection report

Pharmacy Name: Herrington Medical Centre Pharm., Philadelphia Lane, Herrington Burn, HOUGHTON LE SPRING, Tyne and Wear, DH4 4LE

Pharmacy reference: 1037495

Type of pharmacy: Community

Date of inspection: 19/07/2023

Pharmacy context

The pharmacy is adjacent to a medical centre in Herrington. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide medicines to people in multi-compartment compliance packs to help them take their medicines correctly, and they deliver medicines to people's homes.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	Pharmacy team members do not have access to standard operating procedures that reflect the pharmacy's current practice, to help them manage the risks of providing the pharmacy's services.
2. Staff	Standards not all met	2.2	Standard not met	Some pharmacy team members are not suitably trained or enrolled on training courses appropriate for their role.
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 not all met

Summary findings

The pharmacy doesn't adequately identify and manage all the risks associated with its services. It does not have suitable written procedures to help pharmacy team members manage these risks. And the limited procedures that are available do not reflect the way the pharmacy provides its services. Pharmacy team members understand their role in helping to protect vulnerable people. And they suitably protect people's private information. They record and discuss the mistakes they make so that they can learn from them. And they sometimes use this information to make changes to help improve the safety of their services.

Inspector's evidence

The pharmacy did not have documented standards operating procedures (SOPs) in place to help pharmacy team members manage risks. The superintendent pharmacist explained they had removed most of the SOPs to review and update them following the pharmacy's last inspection, but they had not managed to complete this for all of the SOPs. The SI showed some amended SOPs for checking expiry dates of medicines and assembling and labelling prescriptions. But these SOPs were not easy to find in the pharmacy, and they included little or no information about how team members should use the pharmacy's robot as part of their dispensing processes. And there was no evidence to confirm that pharmacy team members had read and understood the procedures. Pharmacy team members generally knew how to complete tasks and explained how they used the robot to help them dispense. And they demonstrated various processes, such as how they dispensed a prescription and how they recorded near miss errors they made while dispensing. They also explained what they could and could not do in the absence of a responsible pharmacist, with the help of a checklist displayed on the wall in the dispensing area.

Pharmacy team members explained how they highlighted and recorded near miss errors and dispensing errors, which were errors identified after the person had received their medicines. They had recorded four near miss errors since October 2022 and explained the low number of records was because the robot helped them to reduce the number of errors they made. Team members sometimes made changes in response to errors they made. One example was ensuring that people produced an owing slip each time they could not fulfil the whole quantity of someone's prescription. This meant that the robot was able to automatically dispense the remainder when the medicines arrived and prevented the need for a team member to manually dispense, reducing the risk of errors. Pharmacy team members could not produce any records of dispensing errors they had made. So, their quality of their reporting, and how they responded to these errors, could not be assessed at this inspection.

Pharmacy team members explained people usually provided verbal feedback. And any complaints were referred to the pharmacist to handle. There was information available for people in the retail area about how to provide the pharmacy with feedback. But there was no documented SOP to help team members manage feedback and complaints properly. The team could not provide any examples of any changes the pharmacy had made after it had received feedback.

The pharmacy kept accurate controlled drug (CD) registers. It kept running balances for all registers, and pharmacy team members audited these balances against the physical stock quantity when they made an entry in the register. But this meant that the team did not regularly audit registers for CDs that

were not often used. Checks of the running balances against the physical stock for three products were found to be correct. The pharmacy kept a register of CDs returned by people for destruction. It maintained a responsible pharmacist record electronically, which was complete and up to date. The pharmacist displayed their responsible pharmacist notice. Pharmacy team members monitored and recorded fridge temperatures. The pharmacy kept private prescription and emergency supply records, which were complete and in order.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in locked bins, which were emptied regularly and taken for secure destruction by a waste disposal contractor. Pharmacy team members explained how they protected people's privacy and confidentiality. They gave examples of how they would be mindful of people's privacy when speaking to them about their medicines. And how they were careful not to leave sensitive documents, such as prescriptions, around the retail counter. The pharmacy did not have a documented SOP about confidentiality and data protection to help them achieve this.

Pharmacy team members gave some examples of signs that would raise their concerns about vulnerable children and adults. They explained how they would refer to the pharmacist. The pharmacy did not have a documented procedure for dealing with concerns about children and vulnerable adults. Team members had completed safeguarding training in 2021.

Principle 2 - Staffing Standards not all met

Summary findings

Some of the pharmacy's team members are not properly trained or undergoing training appropriate for their role. And they are carrying out activities which they are not appropriately qualified or trained to do. The team completes some ad hoc training to help keep their knowledge and skills up to date. Pharmacy team members feel comfortable raising concerns and discussing ways to improve services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the superintendent pharmacist (SI), a pharmacy technician, a qualified dispenser, and trainee dispenser and two other pharmacy team members. The SI worked as the regular responsible pharmacist at the pharmacy. One of the pharmacy team members had worked at the pharmacy regularly on a part-time basis for approximately a year. The team member had not completed any formal training and they were not enrolled on a training course relevant to the activities they were undertaking. These activities included speaking to people about their medicines, dispensing and preparing prescriptions and putting away deliveries of stock on shelves and into the robot.

Pharmacy team members completed ongoing training ad hoc by reading various materials and by completing training modules provided by the NHS e-learning for healthcare platform when available. They had recently completed modules about sepsis and antimicrobial stewardship. The pharmacy did not have an appraisal process for pharmacy team members.

Pharmacy team members felt comfortable sharing ideas to improve the pharmacy's services. One example was their recent identification of their lack of knowledge about sepsis. In response, the team had completed training about sepsis and had discussed red-flag symptoms to be aware of. Pharmacy team members explained they would raise professional concerns with the SI or the locum pharmacist, who worked at the pharmacy regularly. They felt comfortable raising concerns. They were confident that concerns would be considered, and changes would be made where they were needed. They explained that if they had a concern they could not raise internally, they would contact the National Pharmacy Association (NPA) or GPhC for advice. The pharmacy did not have a whistleblowing policy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services it offers. The pharmacy has a suitable room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. Team members generally kept these benches tidy and well organised. The pharmacy's floors and passageways were free from clutter and obstruction. It kept equipment and stock on shelves throughout the premises and in the dispensing robot.

The pharmacy had a private consultation room, which was clearly signposted, and pharmacy team members used the room to have private conversations with people. There was a clean, well-maintained sink in the dispensary used for medicines preparation. There was a staff toilet, with a sink with hot and cold running water and other hand washing facilities. The pharmacy kept its heating and lighting to acceptable levels. Its overall appearance was professional and suitable for the services it provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people, including people using a wheelchair. The pharmacy has some effective systems in place to help the team provide its services safely. It sources its medicines appropriately. And it stores and generally manages its medicines adequately. Pharmacy team members provide people with advice and information to help them take their medicines properly, and they deliver medicines to people safely.

Inspector's evidence

The pharmacy had level access from the street. People knocked on the door to attract attention if they needed help. Pharmacy team members could use the prescription medication records (PMR) system to produce large-print labels to help people with visual impairment. They explained how they would use written communication to help people with a hearing impairment.

The pharmacy had a dispensing robot that pharmacy team members used to help select medicines to be dispensed. Prescriptions were downloaded electronically. Pharmacy team members also scanned barcodes on electronic prescription tokens and occasionally entered prescriptions into the system manually. The robot then used this information to select the correct medicines. Pharmacy team members then attached labels to the correct medicines that had been picked. Pharmacy team members explained how they filled the robot with stock, using 2D QR codes or barcodes printed on packs. The codes enabled the robot to identify each medicine and brand to determine where to store the medicine and how to recognise it when required. Pharmacy team members clearly explained how they used the robot. And how it supported them to dispense prescriptions accurately.

The pharmacy used the robot to monitor stock for short-dated and expired medicines. The robot determined the medicines expiry date via the 2D QR code on each pack. If the pack did not have a QR code, or was an incomplete pack, pharmacy team members entered the expiry date into the robot's system manually when they placed the item in the system. Each month, pharmacy team members used the system's data to retrieve any medicines expiring that month for disposal. The pharmacy did not have a process in place to regularly monitor and record short-dated and expired items that were not kept in the robot's cabinet. Team members said the amount of stock that was not kept in the robot was relatively small. And they checked the expiry dates of medicines each time they assembled and dispensed a prescription. But there were no documented procedures available to help them do this effectively and in a consistent way. After a search of the pharmacy's shelves, the inspector did not find any out-of-date medicines.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. A significant proportion of these were outsourced to another local pharmacy to prepare and returned to the pharmacy for delivery or for people to collect. The SI explained the pharmacy had collected written consent from people to have their packs dispensed by another pharmacy and signed consent forms were available to see. Both the pharmacy and the off-site contractor attached labels and backing sheets to the packs that they prepared, so people had written instructions of how to take their medicines. And these included descriptions of what the medicines looked like, so they could be identified in the packs. People were provided with patient information leaflets about their medicines with their packs each month. Pharmacy team members managed any changes made to packs. They

communicated changes to their contractor pharmacy verbally after they had reconciled and obtained the necessary prescriptions to be able to assemble the packs.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. This was to maintain an audit trail of the people involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They also checked if the person was on a pregnancy prevention programme. The pharmacy delivered medicines to people, and it recorded the deliveries it made. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy. The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves and in the robot's cabinet, and it kept all stock in restricted areas of the premises where necessary. The pharmacy had adequate disposal facilities available for unwanted medicines, including CDs. Pharmacy team members monitored the minimum and maximum temperatures in the fridge where medicines were stored each day, and they recorded their findings. The temperature records seen were within acceptable limits.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect the security of people's private information.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well-maintained measures available for medicines preparation. It had secure facilities to collect confidential waste. And it kept its password-protected computer terminals in the secure areas of the pharmacy, away from public view.

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.