General Pharmaceutical Council

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: 28/02/2024

Pharmacy context

This is a community pharmacy adjacent to a medical centre in the village of Herrington. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It delivers medicines for some people to their homes and supplies some people with their medicines in multi-compartment compliance packs to help them with taking their medicines. The pharmacy team advises on minor ailments and provides the Pharmacy First service.

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	The pharmacy doesn't adequately manage risks with all of its services. The pharmacy's written procedures do not cover all aspects of its service provision.
		1.2	Standard not met	Pharmacy team members do not follow the pharmacy's procedures for managing mistakes made when dispensing. They do not record the mistakes they make and there is no evidence of learning from them.
2. Staff	Standards not all 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 not all met**

Summary findings

The pharmacy doesn't adequately identify and manage all the risks associated with its services. The pharmacy does not have written procedures for several key parts of its services. And team members have not read all the current standard operating procedures. Team members discuss some of the errors they make in the dispensing process, but do not record or fully analyse their mistakes. So, they may miss opportunities to learn and make services safer. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's confidential information.

Inspector's evidence

The pharmacy did not have comprehensive documented standard operating procedures (SOPs) in place to help pharmacy team members manage risks for all pharmacy services. This included mandatory SOPs such as for responsible pharmacist (RP) regulations. But team members explained what tasks they could and could not do in the absence of a responsible pharmacist, and there was a checklist displayed on the wall in the dispensing area. The superintendent pharmacist (SI) explained they had reviewed and updated some SOPs following the pharmacy's last inspection, but they had not managed to complete this for all SOPs. The pharmacy did not have a documented procedure to guide pharmacy team members about what to do if they had a safeguarding concern about a vulnerable person. And it did not have a procedure for assembly of multi-compartment compliance packs in the pharmacy, accuracy checking of prescriptions or for the transfer of prescriptions to people. There was a written procedure about how pharmacy team members should respond to or document mistakes that happened during the dispensing process. But this had not been read by team members and was not followed. Some team members had signed a record of competence to show they understood the SOPs on the day of the inspection. And those that had not signed the record of competence confirmed that they had read the SOPs within the last six months. There was no SOP detailing roles and responsibilities for the team. But team members were observed working within the scope of their roles.

Pharmacy team members did not record details of dispensing mistakes that were identified in the pharmacy, known as near misses. They explained errors were highlighted to them by the pharmacist and they would discuss why the error may have happened. This allowed them to reflect on the mistake. And they explained the automated dispensing machine had reduced the number of selection errors made during the dispensing process. Team members could not give any examples of changes they had made in response to their mistakes to make services safer. The SI recorded details of any errors which were identified after the person had received their medicines, known as dispensing incidents. Recently there had been an error recorded involving the incorrect strength of ramipril being dispensed. But this record did not include why the mistake had happened or what the pharmacy had changed to make their services safer and prevent a recurrence. The pharmacy had a complaints policy. The team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the SI. The pharmacy team reviewed online reviews about the pharmacy and implemented some changes following feedback from people. For example, the pharmacy introduced an electronic payment system to allow people to access pharmacy medicines and products more easily. This was positively received.

The pharmacy had current indemnity insurance. The RP notice displayed contained the correct details of the RP on duty, and it could be seen clearly from the retail area. The RP record was compliant. The

pharmacy had a paper-based controlled drug (CD) register and the entries checked were in order. Team members checked the physical stock levels of CDs against the balances recorded in the CD register on each dispensing and on receipt of the medicine. And they completed regular additional audits of CDs less commonly dispensed. The pharmacy held certificates of conformity for unlicensed medicines and full details of the supplies were included to provide an audit trail. Accurate records of private prescriptions were maintained.

Team members were aware of the need to keep people's confidential information safe. They were observed separating confidential waste into dedicated containers for destruction. The pharmacy stored confidential information in staff only areas of the pharmacy and in secure locked cupboards within the consultation room. Pharmacy team members had completed some learning associated with their role in protecting vulnerable people. They understood their obligations to manage safeguarding concerns. They knew to discuss any concerns with the pharmacist and had access to contact details for relevant local agencies.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy has suitably skilled and qualified team members to manage its workload. Team members receive the correct training for their roles and they complete some additional regular training to maintain their knowledge and skills. They receive informal feedback about how they are performing.

Inspector's evidence

The pharmacy employed a full-time pharmacist who was the SI and owner. Other team members included two part-time pharmacy technicians, a part-time dispenser and two trainee dispensers. And the pharmacy had regular support from a second locum pharmacist. Team members had all completed accredited training or were enrolled on an accredited qualification training course for their role. All team members enrolled on an accredited training course received regular protected learning time during quiet periods. And all team members had access to additional learning materials relevant to their roles which was provided by the SI. Recently the team had completed some reading on the new Pharmacy First service. And they had completed learning on an online platform relating to breast cancer and infection control. The team were observed working well together and managing the workload. Planned leave requests were managed so that only one team member was absent at a time. And the pharmacist advised that where possible they would manage workload in advance of the planned absence. Part-time staff members were used to help cover absences.

The team received regular informal feedback as they worked from the SI and regular locum pharmacist. They also felt comfortable to raise any concerns with their SI. The team had regular informal meetings to discuss workload plans and updates from the SI.

Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist when necessary. They explained how they would identify repeated requests from people for medicines subject to misuse, for example, codeine-containing medicines. And that they would refer them to the pharmacist. There were no targets set for pharmacy services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. It has private consultation facilities where people can have confidential conversations with a pharmacy team member if needed. The pharmacy is secure when closed.

Inspector's evidence

The premises were secure and provided a professional image. The average-sized premises incorporated a retail area, dispensary, and a separate area to the rear of the pharmacy including storage space and staff facilities. The pharmacy workspaces were well organised with designated areas for completion of pharmacy tasks and suitable storage for prescriptions. The RP used a separate bench to complete their final checks of prescriptions. This bench overlooked the medicines counter which enabled the pharmacist to intervene in a sale where necessary. The dispensary was generally tidy but there was some clutter on the floor. It kept equipment and stock on shelves throughout the premises, and in the dispensing robot. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people.

The dispensary had a sink which provided hot and cold water for professional use and for hand washing. And the toilet facilities were clean and hygienic and had facilities for hand washing. Temperature and lighting were kept to an appropriate level throughout the premises.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a range of services to support people's health needs. It manages its services and makes them easily accessible to people. The pharmacy receives its medicines from reputable sources and stores them appropriately. The team carries out checks to help ensure the medicines are kept in good condition.

Inspector's evidence

The pharmacy had a level entrance and a manual door to the main retail store. And there was a connecting door between the pharmacy and the GP surgery. The pharmacy displayed its opening hours and some pharmacy services in the window. The team also kept a range of healthcare information posters for people to read, these included information on heart health and cervical cancer. And they kept pharmacy information leaflets.

The dispensary had separate areas for labelling, dispensing, and checking of prescriptions. Team members used baskets to store medicines and prescriptions during the dispensing process to prevent them becoming mixed-up. Team members signed dispensing labels to maintain an audit trail of who had dispensed and checked the medicines. The team provided owing's slips to people when it could not supply the full quantity prescribed. And they contacted the prescriber when a manufacturer was unable to supply a medicine. The pharmacy offered a delivery service and kept a paper record of completed deliveries so the team could answer queries from people expecting deliveries.

Team members demonstrated an awareness of the Pregnancy Prevention Programme (PPP) for people who were prescribed valproate, and of the associated risks. And they knew of the additional information to be supplied to help them take their medicines safely. The team were aware of the most recent patient safety alert relating to valproate. The pharmacist had recently completed an audit, identifying people prescribed valproate. They had spoken to the person and made a record on the patient medication record (PMR). Team members attached various alert stickers to prescriptions. They used these as a prompt before they handed out medicines to people who may require further intervention from the pharmacist.

The pharmacy had an automated dispensing machine that team members used to help select medicines to be dispensed. Prescriptions were downloaded electronically where possible, labelled on the PMR and then transferred to the dispensing machine. The team used 2D barcodes to manage stock in the automated dispensing machine. The barcode enabled the machine to identify the medicine, brand, batch number and expiry date. This allowed the machine to identify the storage location and how to recognise it when required. The SI and pharmacy team members clearly explained how they used the automated dispensing machine. And how it supported them to dispense prescriptions accurately. The dispensing machine had an emergency operation function to allow team members to dispense manually as a continency in case of any system failure. This had not been used by the pharmacy.

A proportion of the pharmacy's workload involved supplying people's medicines in multi-compartment compliance packs. This helped people better manage their medicines. Team members used repeat slips that contained each person's medication. They ordered people's repeat prescriptions and matched these against the repeat slips. A significant proportion of the multi-compartment compliance packs

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 they kept a record of these. Pharmacy team members and the off-site pharmacy attached backing sheets to the packs that they prepared, so people had written instructions of how to take their medicines. And the packs were annotated with detailed descriptions of medicines in the pack, which allowed people to identify their medicines. People were provided with patient information leaflets about their medicines with their packs each month, so people had up-to-date information about their medicines.

The pharmacy had recently started offering the Pharmacy First Service. This involved supplying medicines for common clinical conditions such as urinary tract infections and shingles under clinical pathways. The SI had printed copies of the clinical pathways and could access these electronically. They had provided the GP surgery with copies of the conditions they were able to treat, and exclusion criteria, to enable appropriate referral of people to the pharmacy.

Pharmacy-only (P) medicines were stored behind the pharmacy counter and a Perspex screen to prevent unauthorised access. The pharmacy obtained medicines from licensed wholesalers and stored these tidily on shelves and within the automated dispensing machine. And it used a medical grade fridge to keep medicines at the manufacturers' recommended temperature. Team members monitored and recorded the temperature every day. This provided assurance that the fridge was operating within the required range of between two and eight degrees Celsius. Team members checked the expiry dates of medicines monthly. And had an audit trail to demonstrate completion. The pharmacy also used the automated dispensing machine to monitor for short-dated and expired medicines. The machine determined the medicines expiry date via the 2D barcode on each pack. If the pack did not have a barcode, the expiry date was entered into the machine’s system manually when they placed the medicine in the system. Each month, pharmacy team members used the system’s data to retrieve any medicines expiring that month for disposal. A random selection of medicines were checked and all were found to be within their expiry date. The pharmacy received notifications of drug alerts and recalls via email. Team members carried out checks and knew to remove and quarantine affected stock. They returned items received damaged or faulty to manufacturers as soon as possible. The pharmacy had medical waste bins for pharmaceutical waste.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to support the safe delivery of its services. It maintains its equipment to ensure it remains fit for purpose and safe to use. And its team members use the equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including the British National Formulary (BNF) and the BNF for children. And there was access to internet services. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use. And it had a set of clean, well-maintained tablet counters. The automated dispensing machine had planned regular servicing by the external provider. And engineer support was available via telephone. The pharmacy stored dispensed medicines awaiting collection, in a way that prevented members of the public seeing people's confidential information.

The dispensary was screened, and computer screens were positioned to ensure people couldn't see any confidential information. The computers were password protected to prevent unauthorised access. The pharmacy had cordless telephones so team members could move to a quiet area to have private conversations with people.

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.