

Registered pharmacy inspection report

Pharmacy Name: J.M. & W. Darling Ltd., 88 Dean Road, SOUTH SHIELDS, Tyne and Wear, NE33 4AR

Pharmacy reference: 1037640

Type of pharmacy: Community

Date of inspection: 31/01/2024

Pharmacy context

This is a community pharmacy in South Shields. It dispenses both NHS prescriptions and private prescriptions and pharmacy team members advise on minor ailments and medicines use. The pharmacy also supplies prescription only medicines via patient group directions (PGDs).

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 team members work to professional standards to keep services safe and effective. They discuss mistakes that happen when dispensing and they keep records to identify patterns in the mistakes. And then take the opportunity to improve and reduce the risk of further errors. The pharmacy keeps the records it needs to by law, and it protects confidential information to keep it safe and secure. Team members understand their roles in protecting vulnerable people. And they complete regular training to ensure they are up to date with safeguarding requirements.

Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy's working practices and they were available for team members to read online. The superintendent pharmacist (SI) reviewed the SOPs on a regular basis, and they were valid until 23 November 2024. They also developed new SOPs when necessary. For example, to support the safe and effective delivery of a new NHS Pharmacy First service. The SI monitored the introduction of new SOPs and kept an audit trail to show they had been read and understood. Team members signed medicine labels to show who was responsible for dispensing. This meant the pharmacist was able to identify and help team members learn from their dispensing mistakes. The pharmacist documented errors identified at the final accuracy check and conducted an analysis at the end of the month to identify patterns and trends. They discussed their findings with the pharmacy team and agreed on improvements to keep services safe and effective. For example, they encouraged dispensers to take regular pauses and to avoid rushing. They also authorised team members to increase the waiting time for prescriptions when it was busy. The pharmacy team separated some medicines that look-alike or sound-alike, such as amitriptyline or amlodipine. And two team members checked the dispensing of controlled drugs (CDs) before the pharmacist conducted final checks before they made supplies. Team members knew how to manage complaints and discussed them in private in the consultation room. They knew how to manage dispensing mistakes that people reported after they left the pharmacy. And they completed an incident report which the responsible pharmacist (RP) reviewed and approved before sending to the SI. The SI was familiar with the pharmacy operations due to working there when needed to provide cover.

Team members maintained the records they needed to by law. And the pharmacy had current professional indemnity insurances in place. The pharmacist displayed a responsible pharmacist notice which was visible from the waiting area. The RP record was mostly up to date, but there were a few missing entries and the time the RP finished for the day was not always recorded. Team members maintained CD registers and kept them up to date. They checked and verified the balances on a weekly basis so they could identify and investigate any discrepancies in a timely manner. Team members filed prescriptions so they could easily retrieve them if needed. They kept records of supplies of unlicensed medicines and private prescriptions that were up to date. Team members knew to protect people's privacy and they used a shredder to dispose of confidential waste. Team members discussed safeguarding concerns with the pharmacist, so they protected vulnerable people. They provided several examples of when they had raised concerns with people's GP practice. For example, when people did not collect their medication on time. They had a list of relevant contact information for ease of access.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy reviews its staffing levels to ensure it has the right number of suitably skilled pharmacy team members working when it needs them. Team members have the right qualifications and skills for their roles and the services they provide. And the pharmacy provides some support to help team members learn and develop.

Inspector's evidence

The pharmacy's prescription workload had fallen slightly over the past year. The pharmacy had moved the dispensing of some prescriptions to another pharmacy within the company nearby to reduce workplace pressure. The pharmacy team had recently changed with two new team members taking up posts to replace people that had left. The regular pharmacist had worked at the pharmacy for around a year and the SI sometimes worked there to provide cover when needed. The following team members worked at the pharmacy. One pharmacist, one full-time trainee pharmacy technician, one full-time dispenser, two part-time dispensers and one part-time medicines counter assistant. The pharmacy kept copies of team members qualification certificates in a folder to provide evidence of accreditation. Minimum staffing levels provided service continuity with only one team member permitted to take leave at the one time. Team members sometimes worked overtime to provide cover and another pharmacy within the company provided cover when necessary.

Team members supported new colleagues with induction activities. This included the reading of company SOPs, and how to comply with UK GDPR requirements. The pharmacist supported team members with qualification training which included protected learning time during working hours. The pharmacist supported team members to keep up to date in their roles. This included recent discussions about the introduction of a new Application for people to order their prescriptions. The pharmacy supported team members to attend off-site training, for example, one of the dispensers had attended training for the introduction of the NHS Pharmacy First service. The pharmacist had read and understood the patient group directions (PGD) for the new service, and they had completed training, so they had the necessary skills to deliver it.

Team members understood their obligations to raise whistleblowing concerns, and they knew when to refer concerns to the pharmacist. The SI encouraged the pharmacy team to suggest improvements to the pharmacy's working arrangements. And they had been involved in discussions about the proposed new arrangements following the pharmacy's refurbishment which was due in the next few weeks. Team members had highlighted the need for extra computers to increase access to the pharmacy's operating system. They had also requested an extra fridge to increase the pharmacy's storage capacity. Team members used an instant messaging Application to communicate with their colleagues across the company's other pharmacies to keep up to date.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are secure, clean, and hygienic. The pharmacy has adequate facilities for people to have private conversations with pharmacy team members.

Inspector's evidence

The premises were secure and provided a professional image. The pharmacy team managed the available workspace well to ensure dispensing procedures were conducted safely and effectively. They had designated workstations and were in the process of discussing new arrangements due to a refurbishment in the next few weeks. The pharmacist had visibility of the medicines counter and they could intervene when necessary.

The pharmacy had a separate dedicated consultation room with hot and cold running water. This provided an environment for people to speak freely with the pharmacist and other team members during private consultations. There was a clean, well-maintained sink in the dispensary which was used for medicines preparation. And team members cleaned and sanitised all areas of the pharmacy on a regular basis. This ensured the pharmacy remained hygienic for its services. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment to store medicines and to provide services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible. And it provides its services in accordance with safe working practices. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team conducts checks to make sure medicines are in good condition and suitable to supply. And they identify and remove medicines that are no longer fit for purpose.

Inspector's evidence

People accessed the pharmacy via a step-free entrance which helped people with mobility difficulties. The pharmacy opened on weekdays and did not open at weekends due to a nearby pharmacy providing Saturday cover. It purchased medicines and medical devices from recognised suppliers. And team members conducted monitoring activities to confirm that medicines were fit for purpose. They regularly checked expiry dates and kept records, so they knew when the next check was due. Sampling showed that items were in date. The pharmacy used two fridges to keep medicines at the manufacturers' recommended temperature. Team members read the temperature every day, and they kept records to show that fridges remained within the accepted range of between two and eight degrees Celsius. The fridges were organised with items safely segregated. This helped team members manage the risk of selection errors. Team members used a secure cabinet for some of its items. Medicines were well-organised and items awaiting destruction were kept segregated from other stock. The pharmacy had medical waste bins and denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy kept an audit trail of drug alerts and recall notifications. Team members checked the notifications and acted when necessary and they could show they acted on a recent notification for pantoprazole in January 2024. Team members knew about the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew about the warning labels on the valproate packs, and they knew to apply dispensing labels so people were able to read the relevant information. They also knew about legislative changes which required them to provide supplies in the original manufacturer's pack. The pharmacy used containers to keep individual prescriptions and medicines together during the dispensing process. This helped team members to manage the risk of items becoming mixed-up. The containers were colour coded and this helped them with dispensing tasks, for example prioritising prescriptions according to when they were needed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it uses its facilities to suitably protect people's private information.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used separate measures for substance misuse medicines. They had highlighted the measures, so they were used exclusively for this purpose. The pharmacy stored prescriptions for collection out of view of the public waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. Team members could conduct conversations in private if needed, using portable telephone handsets.

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.