

# Registered pharmacy inspection report

**Pharmacy Name:** Hylton Castle Pharmacy, 22-23 Chiswick Square,  
Hylton Castle Estate, SUNDERLAND, Tyne and Wear, SR5 3PZ

**Pharmacy reference:** 1037668

**Type of pharmacy:** Community

**Date of inspection:** 21/01/2020

## Pharmacy context

The pharmacy is situated in a parade of shops in a suburb of Sunderland. It dispenses NHS and private prescriptions. And offers advice on the management of minor illnesses and long-term conditions. It offers a range of services including supervised methadone consumption and flu vaccinations. And it supplies medicines in multi-compartment compliance packs to a large number of people. These help people remember to take 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
<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 has processes and written procedures that the team members follow. The pharmacy team members have a clear understanding of their roles and tasks. The pharmacy keeps all the records as required by law, in compliance with standards and procedures. And it provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people. They record, report and learn from errors and mistakes made during the dispensing process. But on occasions the information they record lacks detail. So, the pharmacy team members may be missing opportunities to improve.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as dispensing prescription items and controlled drugs (CD) management. The SOPs had signature sheets and the team had read and signed the sections relevant to their role. The company had prepared and reviewed the majority about two years ago. And were due a review in February 2020. The pharmacist advised these were being done by the company just now. The team advised of their roles and what tasks they could do. The pharmacy received weekly bulletins from the head office which advised them of any information or actions required. The pharmacy had daily, weekly and monthly task guides which they used to ensure they completed tasks as required.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate room for compliance pack preparation. The main dispensary had an island in the middle which the team worked at. The dispensary team members had labelled part of the benches for specific tasks such as checking of compliance packs, and general checking. The ACT checked most of the compliance packs in the room for this purpose. And the pharmacist checked some in the main dispensary. The dispensers had defined dispensing areas and used certain areas for dispensing larger or smaller prescriptions. The pharmacy had increased the number of compliance packs it dispensed over the last year. It had taken some of the compliance packs from its other pharmacies in the area. And referred to this as the hub. The pharmacy had contacted people and asked if they were happy for the service to come from this branch. The pharmacy had obtained consent for this. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets with red for people waiting in the pharmacy, blue for delivery, pink for the compliance packs and a mixture of colours for the electronic. This distinguished people's prescriptions by degree of urgency, and this helped plan workload.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The pharmacy team members recorded these on a specific template in the first instance. Then they placed them on to the computer system, Pharmapod. Examples included wrong form with tablets instead of capsules but the drug not specified and wrong directions but no specific detail. The pharmacist advised that the pharmacy undertook a review monthly and the team discussed areas for learning. The reviews were on the computer system with limited information. The pharmacist had recorded learning about quantities with a reminder to the team to check split boxes. And to ensure they removed the contents to check that the box did not contain any loose tablets. Or that any tablets were stuck in the patient

information leaflets (PILs). The team members had discussed some learning and the use of tall letters in words for example AmLODipine and amiTRIptyline to highlight part of the word as an extra check.

The pharmacy displayed a complaints procedure notice. And it had a practice leaflet which included questions, comments, suggestions and complaints. The pharmacy also gathered feedback through the annual patient satisfaction survey. The results were good overall. The team explained how they would handle a complaint. And the pharmacy had a SOP for dealing with patient safety incidents. The team members advised they discussed any complaints at the monthly meeting and discussed learning and areas for improvement. The pharmacy had current indemnity insurance in place.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records on the computer as required. A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy team usually checked CD stock against the balance in the register at each time of dispensing. This helped to spot errors such as missed entries. The register indicated weekly stock audits were undertaken. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy kept special records for unlicensed products with the certificates of conformity completed. And it had a book for private prescriptions. The pharmacy team recorded prescriptions into the book and kept the required prescriptions. It received a few veterinary prescriptions with the cascade included.

The pharmacy displayed a privacy notice with information on how it kept confidential data and how it complied with legislation. The team had undertaken some training on read General Data Protection Regulation (GDPR) information. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. And kept patient sensitive information securely. The pharmacy team stored confidential waste in separate containers for shredding. The pharmacy had a safeguarding vulnerable adults and children SOP. And it kept a file with contact numbers for local safeguarding agencies for the team. The pharmacist and technicians had undertaken level 2 CPPE training. The team members advised they would discuss any concerns with the pharmacist for any further action.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. The pharmacy team members are competent and have the skills and qualifications they need for their role. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy records this which helps identify any gaps in knowledge. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have.

### Inspector's evidence

There was one pharmacist, one accuracy checking technician (ACT), two technicians, five dispensers and two medicines counter assistants (MCAs) who worked in the pharmacy. The pharmacy received a second pharmacist once or twice a week as additional cover. The pharmacist manager was a cluster manager and had one day a week when she went to other branches in her cluster. The pharmacy had a pre-registration graduate who was not present at the time of the inspection. Two of the dispensers were relief dispensers for the company, with this pharmacy as their base branch. They helped in the main dispensary and in the compliance pack hub. The majority of the pharmacy team worked 40 hours a week, with others who worked between 15 and 32 hours a week.

Certificates and qualifications were available for the team. And displayed in the consultation room. One of the dispensers was undergoing the technicians' course. And one of the technicians was undertaking the ACT course. They received time in the pharmacy for their courses and related work. The pharmacy company had recently introduced a new training programme, Avicenna Academy. This had been set up a few months ago. Each pharmacy team member had login details and a training record which they kept on the computer. The pharmacy manager had a tracker which monitored the process of the team. The team members accessed training modules when sent out and got some time in the pharmacy to undertake these. Recent training had included the common cold and sore throats. The team members were up-to-date with required training.

The team received yearly performance reviews which gave the chance to receive feedback and discuss development needs. This included going on for further training such as technicians and ACT courses. Several of the team had years of experience and worked closely together. And the team members carried out tasks and managed their workload in a competent manner discussing any issues which arose. The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist or regional manager. In addition, there was a formal whistleblowing policy and telephone numbers were available so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy team had targets for services such as MURs. These were achievable and done when they met the patient's needs.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are of a suitable size for the services it provides. And people can have private conversations with the team in a consultation room.

### Inspector's evidence

The pharmacy had a main dispensary and the room for the preparation of the compliance packs. It was clean, tidy and hygienic. There was suitable space for dispensing, storing stock and medicines and devices waiting for collection. The company had fitted out the room for compliance packs to a good standard. And designed it with additional space for the service to grow. The sinks for preparation of medicines were clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean. The pharmacy team maintained a cleaning rota to ensure this was undertaken. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature in the working areas was comfortable, and the pharmacy was well lit.

The pharmacy had a suitable sized, signposted, sound proofed consultation room which the team used. There was a notice on the consultation room door about the chaperone policy. This asked people if they would like a family member or chaperone present. The consultation room had a door into the dispensary. And the team kept this locked. But people could access the room from the pharmacy through a door which had no lock. The team kept the equipment for the flu vaccinations in the consultation room and a sharps bin. The pharmacist removed these during the inspection.

The pharmacy had a large section of shelving which was in glass locked cabinets. The pharmacy team members kept a range of medicines in it including pharmacy medicines. They assisted people if they required any products from the cabinet. The pharmacy usually had a member of the team at the counter, so they were aware of people in the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people. And it displays some information about health-related topics. The pharmacy provides its services using a range of safe working practices. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice. The pharmacy team members dispense medicines into multi-compartment compliance packs for a large number of people. These help people to manage their medicines and take them correctly.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all. There was a small step at the entrance. The team advised that the pharmacy was looking at a ramp to assist people accessing the pharmacy. They advised they assisted anyone requiring help. The pharmacy generally had a MCA working at the counter. And when the MCA was not present the dispensers covered the counter. And attended to people. But a bell on the door would act as an alert to the team of people entering the premises. The pharmacy displayed the services in a ladder in the window. And the hours of opening were on the door. There were some leaflets and informing of a variety of health-related matters. The team advised they previously had a rack which they had taken down during the refurbishment. And this had not been replaced. They had some leaflets on the medicines counter. And a display with some useful telephone numbers such as the local hospital, Crisis team, Samaritans and Child Line. There was some customer seating.

The pharmacy undertook Medicine Use Reviews (MUR) and the New Medicines service (NMS). It provided flu vaccinations with most people generally walking in for the service with no appointments. It provided a supervised consumption service. The pharmacist made the supplies up a week in advance ready for collection. And had a robust process to ensure all entries were appropriately made. One of the technicians was undertaking the refresher course for smoking cessation. And the pharmacy had a few people using the service. The pharmacy provided Emergency Hormonal Contraception (EHC) but not through the Patient Group Direction (PGD). The team referred people to other pharmacies if they wanted the service free of charge. But most people were happy to buy.

The pharmacy provided the Community Pharmacy Consultation Service (CPCS). People accessed the CPCS service through NHS 111 referrals. The CPCS linked people to a community pharmacy as their first port of call. This could be for either the urgent provision of medicines or the treatment or advice for a minor illness. The pharmacy had provided ibuprofen to someone with a bad shoulder. And referred a child which the mother was concerned about to the surgery. The pharmacy was able to get an appointment for the child.

The pharmacy supplied medicines to around 430 people in multi-compartment compliance packs to help them take their medicines. The ACT and technician worked in the hub preparing the compliance packs from the hub. And one of the dispensers worked three days a week in the hub. As the pharmacy prepared a lot of compliance packs they asked for help and received this when required. They sometimes received an additional ACT or pharmacist if there were several packs requiring checking. The pharmacy generally referred people to their doctor for an assessment if they wanted to have their medicines in a compliance pack.

The team had profile sheets for all people and kept these up-to-date with any changes. They replaced sheets after changes to keep them clear. And kept the previous sheets as records, in addition to the patient medication records (PMR). The team members included descriptions of medication on all packs. And supplied patient information leaflets (PILs) with week four of each cycle. They kept suitable audit trails of who had been involved in the dispensing process. The pharmacist marked the profile sheets with the clinical check. The ACT checked the majority of the packs with exceptions such as CDs and apixaban. The team highlighted all prescriptions which contained CDs. This ensured they added the items. And checked that they had received suitable prescriptions for items such as gabapentin and pregabalin. The pharmacy obtained these prescriptions weekly. The team also kept a near miss log in the dispensary to record any near miss errors during the dispensing process. Most people received packs weekly.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process. The team used a stamp on the prescription to show that the pharmacist had completed a clinical check. This allowed the accuracy checking technician to do their accuracy check. The team members used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so they could check the contents again, at the point of hand-out.

There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These ensured patients received additional counselling. The team members used CD and fridge stickers on bags and prescriptions. This prompted the person handing the medication over that they needed to add some medication required to complete the supply. The team members highlighted all CD prescriptions. This reminded them to check for the last date for supply, to make sure the supply was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid.

When the pharmacy could not provide the product or quantity prescribed in full, patients received an owing slip. And the pharmacy kept a copy with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable to ask for an alternative. The pharmacy team members had undertaken an audit for the valproate Pregnancy Prevention Programme. They explained the information they provided to the 'patients in the at-risk' group. They had one person who this in their compliance pack. They put a sticker on to week one of each cycle as an extra reminder. The pharmacy had taken appropriate action and provided advice. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The driver signed a book in the pharmacy if he was taking any CDs for delivery. And the pharmacist countersigned the book as a record.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily. They checked these to ensure the refrigerator remained within the required temperature range. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked short-dated items and they took these off the shelf prior to the expiry date. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use.

The pharmacy obtained medicines from reputable sources. The pharmacy had the equipment in place for the requirements of the Falsified Medicines Directive (FMD). The team advised that the company was trialling this at two of its other branches before rolling out to others. The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed



of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. It received alert from Medicines and Healthcare products Regulatory Agency (MHRA) and the company sent information about any recalls. The team actioned these and kept records of the action taken. The team discussed these to ensure everyone was aware.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

### Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. And kept a counting triangle for methotrexate separately in a basket with the stock. The team members had access to disposable gloves and alcohol hand washing gel. The smoking cessation team checked the carbon monoxide monitor as required.

The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The computer screens in the dispensary were out of view of the public. The team used the NHS smart card system to access to people's records. The team used cordless phones for private conversations.

### 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.