

Registered pharmacy inspection report

Pharmacy Name: Million Pharmacy, Mill Street, Medical Centre,
SUNDERLAND, Tyne and Wear, SR4 7BG

Pharmacy reference: 1037681

Type of pharmacy: Community

Date of inspection: 15/11/2023

Pharmacy context

This is a community pharmacy located beside a health centre in Sunderland. Its main activity is dispensing NHS prescriptions. The pharmacy offers a medicines delivery service and dispenses private prescriptions. It supplies a range of over-the-counter medicines and the pharmacy team advises on minor ailments and medicines' use.

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

Pharmacy team members follow safe working practices. And they manage dispensing risks to keep services safe. Team members know what to do to help protect vulnerable people. They suitably protect people's private information and keep the records they need to by law. Team members make records of mistakes and review the pharmacy's processes to help prevent future mistakes.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs), and it showed that team members had read and agreed to follow them. The SOPs covered tasks such as dispensing of prescriptions and selling medicines. The pharmacy had been recently acquired by a new owner and there were plans to implement updated SOPs. The pharmacy manager had planned time to allow team members to read the updated SOPs. Team members described their roles within the pharmacy and the processes they were involved in and accurately explained which activities could not be undertaken in the absence of the responsible pharmacist (RP). The pharmacy had a business continuity plan to address disruption to services or unexpected closure. Team members described the process for branch closure when there was no responsible pharmacist available.

Team members kept records about dispensing mistakes that were identified in the pharmacy, known as 'near misses.' And they recorded errors that had been identified after people received their medicines. They reviewed near misses and errors regularly and introduced strategies to minimise the chances of the same error happening again. This included separating medicines with similar names or packaging. The pharmacy trained its team members to manage complaints. And they knew to provide the contact details for the SI's office if people wished to complain.

The pharmacy had current indemnity insurance. It displayed the correct responsible pharmacist notice and had an accurate RP record. From the records seen, it had accurate private prescription records including records about emergency supplies and for veterinary prescriptions. It kept complete records for unlicensed medicines. The pharmacy kept controlled drug (CD) records with running balances. A random balance check of three controlled drugs matched the balance recorded in the register. Stock balances were observed to be checked on a weekly basis. The pharmacy had a CD destruction register to record CDs that people had returned to the pharmacy. The pharmacy backed up electronic patient medication records (PMR) each night to avoid data being lost.

Pharmacy team members were aware of the need to protect people's private information. They separated confidential waste for shredding. No person-identifiable information was visible to the public. The pharmacy had a documented procedure to help its team members raise any concerns they may have about the safeguarding of vulnerable adults and children. A team member explained the process they would follow if they had concerns and would raise concerns to the RP. They knew how to raise a concern locally and had access to contact details and processes.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the necessary qualifications and skills to safely provide the pharmacy's services. They manage their workload well and support each other as they work. And the pharmacy has adequate procedures to help its team manage the workload in the event of unplanned staff absence.

Inspector's evidence

The pharmacy employed one full-time pharmacist manager, two part-time healthcare assistants and one full time trainee healthcare assistant. It also employed a part-time delivery driver who worked in other pharmacies within the same group. The pharmacy displayed team members certificates of qualification. Team members were seen to be managing the workload. They explained that prescriptions for multi-compartment compliance packs which they previously dispensed were now assembled at another pharmacy within the same company. This had significantly reduced workload pressure. Team members spoken to during the inspection were experienced in their roles and they demonstrated a good rapport with many people who visited the pharmacy. The pharmacy had reviewed staffing levels recently when the new owner took over. There was scope for team members working in other pharmacies in the group to provide contingency for absence when required.

The pharmacy planned weekly learning time during the working day for all team members to undertake regular training and development. Team members who had completed accredited courses were provided with online healthcare related modules of training specific to their role. And these were accompanied with short quizzes designed to test team members understanding of the subject. A trainee dispenser was observed being supervised in their role and described the training plan they were working through. The RP had recently attended refresher training on providing a vaccination service and basic life support. Team members had annual appraisals with the pharmacy manager to identify their learning needs. They asked appropriate questions when supplying over-the-counter medicines and referred to the pharmacist when required. They demonstrated an awareness of repeat requests for medicines intended for short term use. And they dealt appropriately with such requests. Pharmacy team members understood the importance of reporting mistakes and were comfortable openly discussing their own mistakes with the rest of the team to improve learning. They felt able to make suggestions and raise concerns to the manager or the pharmacy owner.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services it provides. They are clean, secure, and well maintained. And the pharmacy has a suitable, sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

These were average-sized premises incorporating a retail area, dispensary and back shop area including storage space and staff facilities. The premises were clean, hygienic and well maintained. There were sinks in the dispensary, staff room and toilet. These had hot and cold running water, soap, and clean hand towels. The pharmacy's overall appearance was professional. It had clearly defined areas for dispensing and the RP used a separate bench to complete their final checks of prescriptions.

People were not able to see activities being undertaken in the dispensary. The pharmacy had a consultation room with a desk, chairs, sink and computer. It was clean and tidy, and the door closed which provided privacy. It provided a clinical environment for the administration of vaccinations and other services. The door was kept locked to prevent unauthorised access. Temperature and lighting were comfortable throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible for people. And it manages its services well to help people look after their health. The pharmacy correctly sources its medicines, and it completes regular checks of them to make sure they are in date and suitable to supply. And the pharmacy team provides appropriate advice to people about their medicines.

Inspector's evidence

The pharmacy had good physical access by means of a level entrance and a power-assisted door. And the central pharmacy counters were low in height for those using wheelchairs. The pharmacy advertised some of its services and its opening hours in the main window. It provided a delivery service and people signed to acknowledge receipt of their medicines. A team member prepared a list of the day's deliveries and kept this in the dispensary. This ensured that team members were aware of the day's scheduled deliveries. This helped resolve queries if people called the pharmacy asking about their expected delivery.

Pharmacy team members followed a logical and methodical workflow for dispensing. They used coloured baskets to differentiate between different prescription types and to separate people's medicines and prescriptions. And they attached coloured labels to bags containing people's dispensed medicines to act as an alert before they handed out medicines to people. For example, to highlight the presence of a fridge line or a CD that needed handing out at the same time. Team members initialled dispensing labels to provide an audit trail of who had dispensed and checked all medicines.

A pharmacist undertook clinical checks and provided appropriate advice and counselling to people receiving higher-risk medicines including methotrexate, lithium, and warfarin. They had completed a recent audit of people taking anticoagulant medication. People were supplied with written information and record books if required. Team members had knowledge of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to apply dispensing labels to valproate packs in a way that prevented any written warnings or the attached patient card being covered up.

The pharmacy team members were trained to deliver the Minor Ailment service within their competence and under the pharmacist's supervision. They referred to the pharmacist as required. The pharmacy had current patient group directions (PGDs) for the treatment of urinary tract infections (UTIs) and emergency hormonal contraception (EHC). The pharmacy had recently started providing a seasonal 'flu vaccination service. Team members ensured they reminded people who were eligible for a 'flu vaccination the importance of being vaccinated.

The pharmacy obtained medicines from recognised suppliers. It stored medicines in an organised manner in their original packaging. And team members used space well to segregate stock, dispensed items, and obsolete items. The pharmacy protected pharmacy (P) medicines from self-selection to ensure sales were supervised. And team members followed the sale of medicines protocol when selling these. But two packs of the P-med Earcalm spray were found stored in in the retail area. These were removed as soon as they were brought to the attention of the team. And team members completed a further check of all medicines stored in the retail area following the inspection. The pharmacy stored items requiring cold storage in a fridge and team members monitored and recorded minimum and

maximum temperatures daily. They took appropriate action if these went above or below accepted limits. Team members regularly checked expiry dates of medicines and kept records of this. A random selection of twenty medicines inspected were found to be in date. Team members highlighted expiring medicines using alert stickers on the packaging. The pharmacy had disposal bins for expired and patient-returned stock. The pharmacy actioned Medicines and Healthcare products Regulatory Agency (MHRA) recalls and safety alerts on receipt and kept records about what it had done.

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 resources available including current editions of the British National Formulary (BNF) and BNF for Children. It had internet access allowing access to a range of further support tools. This meant the pharmacy team could refer to the most recent guidance and information on medicines.

The pharmacy kept equipment required to deliver pharmacy services in the consultation room where it was used with people accessing its services. This included a blood pressure meter which was replaced as per the manufacturer's guidance. There were suitable adrenaline pens, sharps bins, plasters, and swabs to support the team in delivering 'flu vaccinations. The room also contained a computer for access to people's records during consultations. Team members kept clean crown-stamped measures by the sink in the dispensary. And they kept clean tablet and capsule counters in the dispensary.

The pharmacy stored paper records in the dispensary inaccessible to the public. It stored prescription medication waiting to be collected in a way that prevented patient information being seen by people in the retail area. Team members used passwords to access computers and did not leave them unattended unless they were locked.

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.