

Registered pharmacy inspection report

Pharmacy Name: G.W. Herdman (Chemists) Ltd., 29 Ryhope Street South, Ryhope, SUNDERLAND, Tyne and Wear, SR2 0RP

Pharmacy reference: 1037699

Type of pharmacy: Community

Date of inspection: 09/09/2019

Pharmacy context

The pharmacy is on a main road and is near to a health centre in which there is another pharmacy owned by the same company. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. The pharmacy delivers medicines to people's homes. And it supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. It provides a smoking cessation service.

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 has written procedures that the team generally follows. The team members understand their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The pharmacy keeps all the records as required, by law in compliance with standards and procedures. 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. The team members discuss mistakes they make during the dispensing process and make improvements when required. But they do not keep records of these. So, they may be missing out on some learning opportunities to identify trends and prevent similar mistakes from occurring.

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 the dispensing prescriptions and controlled drugs (CD) management. These were subject to regular review and the team had yearly sign off sheets to say they had read the SOPs again. And refreshed their knowledge and understanding of the SOPs. The team could advise of their roles and what tasks they could do. The pharmacy had two computer terminals in the dispensary. The benches were well organised and provided a good workflow. The team used one side on the dispensary for preparation of the compliance packs which was a large part of the business. There was a large island in the middle of the dispensary which provided plenty of space for the team to put items for checking. And the pharmacist checked at the island. There was a side area which the team used for the electronic prescriptions. All the team members were able to perform all roles, with the trainee who had just started being supervised while she was learning. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They processed any prescriptions for people who were waiting and placed these at the end of the island. And highlighted to the pharmacist for checking.

The pharmacy had a book for recording near misses, but they had not been using this and there were few entries since 2016. The team members discussed any near misses as they occurred, and they gave examples of actions taken and learning. The trainee member of the team had a notebook and she had recorded various things she had learnt. And she referred to her book as a guide. The pharmacist discussed general points with the team and they could all discuss issues they had with certain products. They had reminders at workstations of items they were confused with, to remind them. And advised this was useful as a check. The pharmacy had no formal records of discussions. An action they had taken was to add bulky, larger tablets, last to the compliance pack compartments, which aided in seeing what they had put in the compartment.

The pharmacy had a practice leaflet and a notice displayed in the pharmacy which explained the complaints process. The team members knew how to log any incidents and completed the company form. The forms showed that the team discussed any incidents. And noted points for learning. An example recorded was risedronate given instead of risperidone. Once the pharmacy was aware, they rectified the compliance pack. And supplied the correct medication to the patient. They contacted his doctor to alert him to the error, in case he wished to see the patient and provide any further action. The pharmacy informed the superintendent pharmacist as required in their process. The pharmacy had

current indemnity insurance with an expiry date of 30 November 2019.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. The pharmacy kept CD registers as required. The pharmacist completed headings, maintained running balances and undertook regular audits of these. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy usually recorded CDs which people had returned for disposal at the time but on occasions this was not done on the day. The pharmacist advised he would remind the team of the requirement which provided an audit trail. The pharmacy team destroyed these regularly. And did not allow a build-up in the CD cabinet. The pharmacy received very few private prescriptions, with about one a month. The team recorded these as required. The pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The pharmacy displayed information on the confidential data kept and how it complied with legislation. It had leaflets, that people could take away on, 'How we look after and safeguard information about you'. The pharmacy had a folder with information on General Data Protection Regulation (GDPR). The team members had signed a declaration regarding confidentiality and data protection, but the team had not signed this annually as indicated in the in the folder. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The team segregated confidential waste and disposed of it securely. The pharmacy had a policy document with guidance for the protection of vulnerable adults and children. It included contact numbers for local safeguarding were available for the team. The pharmacist had undertaken level 2 CPPE training. They advised they would report any concerns and discuss with the pharmacist in the first instance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members are suitably trained or working under supervision. And the pharmacy ensures it has enough staff with the right skills to provide its services. The team members understand their roles and responsibilities in providing services. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have. The pharmacy provides some training. And the pharmacy team members learn from the pharmacist and each other to keep their knowledge and skills up to date. But they do not always record this.

Inspector's evidence

The pharmacy team consisted of; one pharmacist, four dispensers, one medicines counter assistant (MCA) and a trainee dispenser. The pharmacist worked four days a week and some Saturday mornings. A regular locum covered the pharmacist's day off. The superintendent (SI) also worked at the pharmacy to cover Fridays and Saturdays. One dispenser had left last year. Initially the pharmacy worked with the remaining staff levels which they had felt suitable. But after a while they felt the pharmacy required additional support, especially for holiday time. And the pharmacy had recently employed a trainee dispenser. The pharmacy had received additional help if required from the other pharmacy nearby. The trainee dispenser had just started and was about to be enrolled on a recognised training course. She was be shown how to use the computer and dispense by the other members of the team. The dispensers and trainee worked between 40 hours and 22.5 hours weekly. And the MCA worked 30 hours. Other team members covered the counter when she was not present. The dispenser who worked full time was the dispensary manager.

The pharmacy kept some basic staff training records which included copies of certificates for formal qualifications and courses. The records included an induction training programme which the pharmacist gave. The team had undertaken training on Information Governance and some had completed courses for services such as smoking cessation. The team described how they read through magazines and leaflets from suppliers and other third parties, but this was not recorded. They advised that the pharmacist discussed any issues with them and kept them up to date with changes in legislation such as the rescheduling for gabapentin and pregabalin.

The team did not have formal performance reviews but felt that they could discuss any needs with the dispensary manager, the pharmacist and the SI. The team coped with their workload during the visit and worked closely together. They discussed the general running of the pharmacy and how they had put some notes up at various work stations to remind them of certain tasks to. And specific requirements for certain people. The MCA followed the sales of medicines protocol when making over-the-counter (OTC) recommendations and referring to the pharmacist when necessary.

There was a whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. They advised they could easily speak and discuss concerns with the SI or dispensary manager. The pharmacy team did not have any targets for services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for the pharmacy services it provides. People can have private conversations with a pharmacist or team member in the consultation room.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard with suitable space for carrying out all dispensing tasks, storing stock and medicines and devices waiting collection. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and the team kept a cleaning rota to ensure they maintained this. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit. The pharmacy had two good sized, signposted, sound proofed consultation rooms. One was generally used as an office. And the other for services such as smoking cessation. The team could use both for private conversations. And the team promoted these for use. The team asked if people wanted a chaperone. The pharmacy team kept the consultation room doors closed. The team kept no patient identifiable information available in the consultation rooms. And due to the layout people could not access these without the team being aware. The dispensary was separated from the rest of the shop and was not easily accessible by members of the public. Dispensed medicines were out of reach and sight of the public. The pharmacy had a bell on the door, so the team were aware of people coming into the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people. It displays information about health-related topics. And it provides its services using a range of safe working practices. The pharmacy team takes steps to identify people taking high-risk medicines. And they provide people with extra advice. They dispense medicines into multi-compartmental compliance packs to help people remember to take them correctly. And it delivers medicines to peoples' homes. The pharmacy stores, sources and manages its medicines safely. It takes the right action if it receives any alerts that a medicine is no longer safe to use.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was an internal ramp within pharmacy which provided good access for wheelchairs and prams. There was some customer seating available located in the health area. So, people had access to materials when they were waiting. The area had posters and leaflets of a variety of health-related items. This included information on the recent changes to 'Urgent Care' and how the pharmacy looks after information. The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. The pharmacy opened on Saturday morning as their other pharmacy in the local health centre was not, so they provide a service for the local community. People liked this as they could collect their medicines on a Saturday, particularly if they were working during the week.

The pharmacy had a defined professional area at the front of the pharmacy. And items for sale were mostly healthcare related and toiletries. People could not reach the pharmacy only medicines and the team assisted people when requiring these items. The team signposted to other healthcare services. And had a book which the team used for reference which listed various providers for services. They referred people to the surgery for emergency hormonal contraception (EHC) as this was not available through a patient Group directive (PGD) although people could purchase this if they wanted.

The pharmacy very occasionally undertook Medicine Use Reviews (MUR). The pharmacist had looked at doing some in the community as many people received compliance packs through delivery, but this had not never started. The pharmacist telephoned people receiving deliveries if there was any specific information that they required to know. He also passed messages through the drivers, with notes written when required. He invited people to come to the pharmacy for a MUR if needed. The pharmacist sometimes undertook the New Medicines service (NMS). He often did this when the doctor contacted him to specially provide support to a patient using this service. He advised generally people were not keen to have a review. The pharmacy provides a smoking cessation service which a dispenser does. Several people use the service and the pharmacy had had several successes with people stopping smoking. On occasions people return for a further attempt and the pharmacy encouraged them to do so. The Minor ailments service and the (EHC) service are not commissioned services at the pharmacy.

The pharmacy supplied medicines to around 300 people in multi-compartmental compliance packs to help them take their medicines. If people requested to have a compliance pack, the pharmacy team referred them to their surgery. On most occasion the surgery accessed the patient and they confirmed their suitability for them to receive their medicines in a compliance pack. On occasions some people came off packs and returned to original packs as they had not coped with the compliance pack. The

pharmacy delivered about 90 percent of the compliance packs to people.

All the team members, except the trainee, undertook the dispensing of the compliance packs. They made four weeks up at a time and generally worked about two weeks ahead. They had a system in place to ensure they had the prescriptions in time, ready preparation and supply. Most people received one week at a time and on occasions people received more. And the pharmacy checked to ensure this was suitable. The pharmacy used trackers and had sheets prepared for each day's delivery for people receiving packs. They marked the sheets once the packs were ready. They placed packs in the appropriate delivery box for the week. And the checking sheet for each day looked at by the driver to ensure everyone's were in.

All patients had a profile sheet which the team kept on the shelf beside the packs. The team annotated the sheets with any special requirements. And kept a record of any changes made and who had authorised the request and when. The team kept a checklist at a workstation, for items they needed to add weekly, due to their instability, such as Sondate XL and Epilim. The pharmacy team had reviewed the process for prescriptions for pregabalin and gabapentin. They received monthly prescriptions and annotated on each week as they supplied the items. And put them in the packs. The pharmacist used tweezers when checking the compliance packs, to undercover any smaller tablets to enable a suitable check of the quantity and contents of each compartment. He checked the identification mark on tablets and added this to the descriptions on the backing sheet. The team attached the end of the original box used to fill the pack, to the master record, as a record of the brand supplied. The team updated the master records each month reflecting this. The team provided people with patient information leaflets (PILs) with each monthly cycle.

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 pharmacy team used some alerts stickers to apply to prescriptions to raise awareness at the point of supply. And the pharmacist used 'Post It' notes if he wanted information to be passed to people or if he wanted to ensure the counselling was carried out by a pharmacist. The team members used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. The pharmacist regularly checked the CD cabinet to ensure that items were still within the 28-day legal limit for supply. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And had the information pack with the guides and warnings cards accessible at the computer terminal as a reminder. And they supplied people with the information as required. They had undertaken an audit, with two people in the at-risk group. They had placed labels on the pack with the two at-risk people with the dates that they had supplied, and they had counselled these people.

When the pharmacy could not provide the product or quantity prescribed, full patients received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative. They also noted if they were having difficulty obtained items and had a note on one prescription that the person was collecting the prescription and taking elsewhere. The pharmacy provided a repeat prescription collection service. And they ordered prescriptions for the compliance pack patients. They kept a track of items orders to identify any missing items. The pharmacy also supplied patients on the repeat dispensing service. The people on the repeat dispensing phoned the pharmacy when they required their next supply. And the team prepared this, ready for collection. 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 used a separate delivery sheet for controlled drugs.

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 and 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 used recognised wholesalers such as Norchem, Alliance, AAH, Phoenix, and DE. The pharmacy team were aware of the requirements for the Falsified Medicines Directive (FMD). They had scanners in place and the company had prepared standard operating procedures (SOPs) earlier in the year. The SOPs were in readiness for the process, but the team had not read them as the pharmacy had not yet commenced with the process. The pharmacist advised the company would revise the SOPs again, at point of implementation, as it would review the process and refine it, with changes likely as FMD developed in practice. The pharmacy team were not sure when the pharmacy would commence with FMD.

The pharmacy used recognised wholesalers such as Norchem, Alliance, AAH, Phoenix, and DE. The pharmacy team were aware of the requirements for the Falsified Medicines Directive (FMD). They had scanners in place and standard operating procedures (SOPs) had been prepared earlier in the year. The SOPs were in readiness for the process, but the team had not read them as the process had not yet been activated. The pharmacist advised the SOPs will be reviewed again once at point of implantation, as the process will be refined, and changes are likely to be made. The pharmacy team were not sure when FMD would be implemented.

The team used appropriate medicinal waste bins for patient returned medication. A licensed waste contractor collected these regularly for safe disposal. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken.

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. They printed off patient information leaflets (PILs) if required from the Patient Medication Records (PMR) from the computer system. The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It also had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use. The team members had access to disposable gloves, tweezers and alcohol hand washing gel. The team ensured that they made arrangements to check equipment such as the carbon monoxide monitor.

The pharmacy stored medication waiting collection on shelves in the dispensary. People could not see any confidential information from the public area. The team kept the prescriptions attached to the bags. And they wrote the surname on the bottom of the bags in big letter which assisted in locating items when people came to collect. The computer screens were out of view of the public. The team used the NHS smart card system to access to people's records. The availability of cordless phones meant the team members could move to quiet areas of the dispensary to make telephone calls.

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.