

# Registered pharmacy inspection report

**Pharmacy Name:** Medichem Ltd., 50 Suffolk Street, SUNDERLAND,  
Tyne and Wear, SR2 8AB

**Pharmacy reference:** 1037706

**Type of pharmacy:** Community

**Date of inspection:** 03/01/2020

## Pharmacy context

The pharmacy is on the outskirts of the town, adjacent to a medical centre. 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. It delivers medicines to people's homes. And supplies medicines in multi-compartment compliance packs. 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 written procedures that the team members follow. They have a clear understanding of their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The team members responsibly discuss mistakes they make during dispensing. But the detail they record is sometimes limited. So, they may be missing out on some learning opportunities to prevent similar mistakes from occurring. 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.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) which the superintendent had just revised with a date of 1 January 2020. The pharmacist had flagged the ones for the team members to read and sign first. And the team advised they would then continue to complete the rest. The team had signed previous versions as read. The pharmacist had a note on the notice board to remind the team to read these. The SOPs provided the team with information to perform tasks supporting delivery of services. They covered areas such as dispensing of prescriptions and controlled drugs (CD) management. The team could advise of their roles and what tasks they could do. The pharmacy had two computer terminals and the workflow provided different sections for dispensing activities with dedicated benches for assembly and checking. The team undertook compliance pack preparation at one bench. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets, with green for people who had walked in with a prescription, white for collection, red for delivery and dark blue for the repeat dispensing prescriptions. This distinguished people's prescriptions by degree of urgency and helped plan workload.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these on a specific template. Examples included Vesomni with the wrong form, and Carmize and Etodoac, with the wrong drugs but the correct drugs not recorded. The learning points and actions for most entries stated 'double check' or they were blank. The team members advised they discussed the near misses but there was no written review. They showed examples of where they had placed shelf alerts following near misses and advised they had all read an article about the Look-Alike Sound-Alike (LASA) drugs. The pharmacist had placed a reminder notice about the LASA drugs. And the team members were highlighting these drugs on prescriptions and taking additional care when selecting these items.

The pharmacy had a practice leaflet and a notice displayed in the pharmacy which explained the complaints process. The pharmacy gathered feedback through the annual patient satisfaction survey. The pharmacy had a SOP for dispensing error reporting and recording. The team advised if there were any complaints the pharmacist manager investigated these. The team then discussed ways to prevent any similar reoccurrences. The pharmacy had current indemnity insurance with an expiry date of 31 August 2020.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed

the responsible pharmacist records in a book. A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy usually checked CD stock against the balance in the register. This helped to spot errors such as missed entries. The register entries had headings completed as required. The pharmacist undertook a complete stock audit of all the CD around every three months. This was documented in a log. 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 the team recorded private prescriptions in a register, with about one entry each month.

The pharmacy displayed information on the confidential data kept and how it complied with legislation. And this information was also included in the pharmacy's practice leaflet. And in a privacy notice displayed in the pharmacy. The team had undertaken Data Protection Act training in 2018. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team members stored completed prescriptions safely. They shredded confidential waste. The pharmacist had a reminder notice displayed for the team to dispose of confidential waste appropriately and 'think privacy'.

The team had a SOP for the safeguarding of vulnerable adults and children. They undertook training yearly on this. The pharmacist had undertaken level 2 Centre for Pharmacy Postgraduate Education (CPPE) training. Safeguarding information including contact numbers for local safeguarding were available for the team.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a small team. The pharmacy team members are competent and have the skills and qualifications they need for their role. They support each other in their day-to-day work to provide safe and effective services. And they feel comfortable raising any concerns they have. Pharmacy team members complete ongoing training on an ad-hoc basis. And time is given to undertake training. But the pharmacy does not record all training undertaken. So, team members may miss opportunities to complete learning relevant to their role.

### Inspector's evidence

There was one pharmacist and two dispensers working in the pharmacy. Both dispensers worked 40 hours a week. In addition, there was a technician who worked 36 hours a week. The manager worked full time and regular locums covered days off and holidays. The locum advised that the pharmacist manager left any information on topics with a note for the locum to read. A current note advised the locum to undertake the CPPE module on public health.

The pharmacy displayed the certificates of qualifications of team members in the pharmacy. And each team members had records with their qualifications recorded. Each team member's record showed some ongoing training which had been undertaken. The record listed the dates when each member had completed formal courses such as the Medicines Counter Assistant (MCA) course and the dispensing course. In addition, the record noted training undertaken such as Data Protection Act and Safeguarding. The team members also had some information sent from the head office on topics such as the Look-Alike Sound-Alike (LASA) drugs, Fire training, Children's Oral Health and Sepsis. And the pharmacist recorded these on their sheets. They described how they read through magazines and leaflets from suppliers and other third parties, but this was not recorded. The team advised that they sometimes watched videos for training, with a recent one being for sepsis. The pharmacy gave them some time for training to be undertaken.

The team had informal chats but no formal performance reviews. They explained that they discussed development needs. And they all had their own roles, with one of the dispensers being the health champion. The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries.

The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist or the superintendent (SI). The SI contacted the pharmacy regularly. And the team members advised they could speak to him easily and confidentially if they had any concerns. 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.

## 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. The section where items were waiting for people to collect was full and some items were being stored on the floor or in boxes in the centre of the dispensary. The team advised that this was an area they required to review. They advised that they had discussed having an island in the centre of the dispensary to provide more storage space. This would provide more permanent storage and items would not be on the floor.

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 one member of the team liked to clean so generally undertook most of the cleaning. The room temperature was comfortable, and the pharmacy was well lit. The pharmacy had a good sized, signposted, sound proofed consultation room which the team used. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The pharmacy team kept the consultation room locked when not in use.

The pharmacy had a buzzer on the door. This alerted the team to people entering the pharmacy. The team attended to people as they came in. There was a hatch from the dispensary so the team could see people in the public area.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible to people. The pharmacy provides its services using a range of safe working practices. The pharmacy team takes some steps to identify people taking some high-risk medicines. And they provide people with additional advice. They dispense medicines into compliance packs to help people remember to take them correctly. The pharmacy gets its medicines from reputable suppliers. It adheres to storage requirements during the dispensing process. It takes the right action if it receives any alerts that a medicine is no longer safe to use. And takes the correct action to return it to the supplier.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was an automatic door at the entrance for easy access. There was some customer seating. The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. The pharmacy had a practice leaflet. The hours of opening had changed as a trial last year, with the pharmacy now open over the lunchtime. The old hours were on the leaflet. One of the team advised that she scored the information out on the leaflets if people wanted one to take away. The pharmacy served a local population, so most people were aware of the extended opening hours. The leaflet also referred to the Minor ailments scheme which was no longer a service in this area. The pharmacy had not changed this on the leaflet.

The pharmacy had a defined professional area. And items for sale were mostly healthcare related. The pharmacy kept pharmacy medicines behind the medicines counter and the team assisted people wishing to purchase these items. The pharmacy had areas with healthcare information which included information for people on how they could return unwanted medicines, cervical screening and urgent care. It also had a range of leaflets or topics such as coughs and colds and minor aches and pains.

The pharmacy undertook Medicine Use Reviews (MUR) and the New Medicines service (NMS). Two of the team members had recently completed training for the smoking cessation and the pharmacy was going to be offering this service shortly. But waiting for the Disclosure and Barring Service (DBS) checks to be completed on the team members. The pharmacy had obtained the stock ready for any supplies. The pharmacist provided Emergency Hormonal Contraception (EHC) but not through a Patient Group Directive (PGD) as this was out of date. The team referred people to other pharmacies if they wished the service through the PGD. It also referred people to other pharmacies for the substance misuse service and needle exchange. The Minor Ailments service was no longer a commissioned service in the area.

The pharmacy supplied medicines to around 100 people in multi-compartment compliance packs to help them take their medicines. If people asked about having their medicines in compliance packs the pharmacy team advised them to go to their doctor. The doctors then provided the pharmacy with the prescriptions weekly if they felt a compliance pack was suitable for the person. Most of the compliance packs were prepared by one of the dispensers but others helped. The pharmacy had trackers to monitor the progress for the packs. And each person had a profile record sheet. The team recorded any changes and kept the prescriptions in the files for dispensing. The packs were prepared four-weeks at a time. And most people received weekly packs. And their packs were delivered. The team kept boxes

with the packs until the pharmacist had checked the packs. The pharmacy supplied people with patient information leaflets (PILs) with each four-week cycle. The pharmacy had developed a process to ensure that they had valid prescriptions in place for the supply of CDs such as gabapentin.

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. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. The team advised the pharmacist made a note on bags if she wished to provide additional counselling. If the person was waiting, she went out and provided the advice. The team members used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that some medication required to be added to complete the supply. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And had recently undertaken an audit. The pharmacy had alert stickers on the relevant shelves. And the team members explained the information they provided to the 'patients in the at-risk' group. They were aware of the newer boxes with the warning cards attached.

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 provided a repeat dispensing service. They kept a track of when people collected their items and when they were next due. The pharmacy prepared the next supplies about a week in advance ready for people to collect. 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 pharmacy marked the sheets to indicate if a CD or fridge line was in the bag for delivery. The pharmacy kept a record of people's medicines out for delivery so they could advise if any person phoned up regarding their medication.

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. This was being done during the inspection, with cleaning of the shelves. The team members marked short-dated items with stickers stating 'short-dated' and they took these items 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 DE, AAH and Alliance. The pharmacy had a SOP for the Falsified Medicines Directive (FMD). The team members were scanning stock and decommissioning packs when they could. They advised it was working reasonably well but it was not fully implemented. 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. The pharmacist printed these off, actioned and kept records of the action taken. The pharmacist dated and signed these once complete.



## 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 the team used for measuring any CD liquids. 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 and alcohol hand washing gel.

The pharmacy generally stored medication waiting collection on shelves. The team attached the prescriptions to the bags. These were in the dispensary. This kept details private. The computer in the consultation room was screen locked when not in use. 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.