

Registered pharmacy inspection report

Pharmacy Name: Fairman Chemists Ltd, 7 Front Street, Monkseaton,
WHITLEY BAY, Tyne and Wear, NE25 8AN

Pharmacy reference: 1037734

Type of pharmacy: Community

Date of inspection: 10/05/2019

Pharmacy context

This is a community pharmacy situated in a parade of shops. Most of the people using the pharmacy are generally elderly. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicine Service (NMS) and it delivers to people's homes. It supplies medicines in multi-compartment compliance aids to help people 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
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 procedures to identify and manage risks. It keeps them up to date. The pharmacy has systems in place to manage any complaints it receives from people using its services. And it maintains the pharmacy records it must by law. Pharmacy team members read and follow the procedures. They keep people's information secure. And know how to protect the welfare of children and vulnerable adults. The team members record and discuss mistakes that happen. They use this information to learn and make changes to help prevent similar mistakes happening again. But they don't always record enough detail of the mistake. So, they may miss opportunities to improve.

Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) which the pharmacy team members have read and signed. These provided the team with information to perform tasks supporting delivery of service. They covered areas such as the dispensing prescriptions and controlled drugs (CD) management. These were last reviewed in April 2017. The pharmacy had a sheet which documented the changes in the SOPs since the previous versions. Sections of the SOPs which had changed included the hand out process and dealing with near misses. The team could advise of their roles and what tasks they could do.

The pharmacy workflow provided different sections for dispensing activities with one main dispensing bench. The team members generally prepared the multi-compartmental compliance packs on a table. The team members then took the completed packs upstairs to store. The team utilised the limited space well. One pharmacy team member labelled the prescriptions, one selected the stock and the pharmacist checked.

The team used baskets throughout the process to keep prescriptions and medicines together. These used different colours of baskets for waiting, call back, electronic and delivery to distinguish patients' prescriptions by degree of urgency and this helped plan workload. The team members had placed a few baskets on the floor, waiting checking, to keep the bench clear for dispensing. They advised that they required to review the layout and try to accommodate some more shelving and bench space to prevent this occurring.

The pharmacy recorded near misses found and corrected during the dispensing process. The pharmacy recorded these on a specific template. Examples included amitriptyline 10mg, instead of 25mg and a comment to take care as the boxes were similar and proctosedyl ointment with the wrong drug selected but not specified and there were some quantity errors, but the amounts not stated.

The team reviewed these to understand why things had gone wrong and what steps they needed to take to prevent similar mistakes happening in the future. The pharmacy team members noted key learning points, with the team members discussing all the inhalers stocked and what they were generically. The pharmacy team members highlighted shelves with selection alerts following near misses or incidents such as similar names, risperidone and ropinirole. The team members had noted to be more vigilant when labelling to ensure they picked up on any dose changes. The team members noted any of the Look Alike Sound Alike drugs to raise awareness to reduce picking errors.

The pharmacy had a practice leaflet displayed in the pharmacy which explained the complaints process. The pharmacy gathered feedback through the annual patient satisfaction survey. There was information available to people on how to provide comments and about the complaints process. The team had logged a recent complaint at the time and followed the company process. They had discussed how the error had occurred and ways to prevent any repetition. They had placed a shelf alert at the stock and ensured the location was kept tidy.

The pharmacy had current indemnity insurance with an expiry date of 5 August 2019. The pharmacy had the correct Responsible pharmacist (RP) notice displayed and the pharmacists completed the Responsible pharmacist records as required.

The pharmacy maintained the CD registers electronically. A sample of the CD registers looked at were complete. They had headings completed and the pharmacy kept running balances maintained. The pharmacy carried out regular stock audits. Physical stock of an item selected at random agreed with the recorded balance.

The pharmacy kept an electronic register for CDs which people had returned, and the team ensured that they destroyed these promptly. The technicians had a code which they used for authorisation was a witness for destruction. The pharmacy kept suitable records for private prescriptions. 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. The team had read General Data Protection Regulation (GDPR) information. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team members stored completed prescriptions away safely. The pharmacy team members used NHS Smart card system to access to people's records. The team members put confidential waste in a separate container and they then shredded this.

The pharmacy had safeguarding information in its governance folder, including contact numbers for local safeguarding agencies. The pharmacists and technicians had undertaken level 2 CPPE training. And the team completed Dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has systems in place to make sure it has enough staff with the right skills to provide its services. The pharmacy team members understand their roles and responsibilities in providing services. And they complete regular training to help keep their knowledge up-to-date. They support each other in their day-to-day work. The pharmacy team members discuss their ideas to improve ways of working. And they feel comfortable raising any concerns they have.

Inspector's evidence

There was one pharmacist who worked three days a week and alternate Saturdays. There was a regular locum for the other Saturdays. And another pharmacist worked the other two days. The dispenser had recently completed the technicians' course and had submitted her papers to the General Pharmaceutical Council (GPhC). She was waiting to receive her registration number from the GPhC. The two other staff members were technicians. Certificates and qualifications were available for the team.

Since January 2019, the pharmacy team members had been keeping more detailed training records. Examples of items recorded included children's oral health, stop smoking, schedule 2, 3 and 4 controlled drugs and a Pharmaceutical Services Negotiating Committee (PSNC) briefing. The team members undertook training online using the Centre for Pharmacy Postgraduate Education (CPPE) packs and took the tests at the end of the training. The team members did some training in the pharmacy when there was time but generally did most of their training at home.

The team members described how they read through magazines such as Training Matters with topics colds and flu and helping with joint pains read. They had also undertaken training on blood pressure screening and monitoring. They provided this service with people making appointments to have their blood pressure checked.

The team received performance reviews which gave the chance to receive feedback and discuss development needs. The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist or the superintendent (SI). The dispensary team worked closely together, and they said they were able to provide feedback about the pharmacy or make suggestions for improvement.

The pharmacy had telephone numbers 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. The pharmacy driver passed messages to people to invite them in for a review and some people came in for a review.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and suitably maintained. It provides a suitable space for the services provided, particularly the public area of the premises, including the consultation room. People can have private conversations with the team in the consultation room.

Inspector's evidence

The pharmacy was clean. And the public area fitted out to a good standard, with plenty space available for people using the pharmacy. The pharmacy had fitted out the consultation room to a good standard. But the dispensary fixtures and fittings were older.

The dispensary was small with limited work space. The pharmacy used floor spaces for storing stock and completed prescriptions. People could not observe confidential details from the public area of the pharmacy. Some parts of the dispensary were a little cluttered and the team advised they required to tidy the dispensary to improve the use of space.

The pharmacy had a defined professional area. And items for sale were mostly healthcare related. People could not reach the Pharmacy only medicines and the pharmacy team assisted with these purchases. The pharmacy had several areas with displays on health-related matters.

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 a cleaning rota was available to ensure the team maintained this. The room temperature was comfortable and well lit.

The pharmacy team kept the cupboards in the consultation room locked it was not in use. And the computer went to a locked screen, so no one could assess this. The team used cordless phones for private conversations.

Members of the public could not access the dispensary. The counter was clearly observed from the dispensary and the staff were aware of customers in the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices, including the use of baskets to keep items together. It supplies medicines in multi-compartmental compliance packs to assist people to take their medicines at the right time. The pharmacy obtains its medicines from reputable suppliers. And it mostly stores its medicines appropriately. It has the equipment to dispose of medicines as required. 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 a dedicated ramp within the pharmacy to the main public area which allowed people easy access. There was some customers seating.

The pharmacy displayed its services in the window, with a ladder of services and within the pharmacy at various locations. The hours of opening were on the door. The pharmacy team members had made an information point within the pharmacy. This was clearly identifiable and had a heading 'Please take a look and if you have questions ask a member of staff.' The team members had included a range of leaflets for health and wellbeing, including being active. The team members displayed local information on running experiences and dates available for local events, with details and times. They had an interesting display table for the oral health campaign, with supporting leaflets for people to take away.

The team signposted to other healthcare services when required. The pharmacy undertook Medicine Use Reviews (MUR) and the NHS New Medicines service (NMS). The pharmacist had provided flu vaccinations in the season. The pharmacist used the Patient Group Directive (PDG) for smoking cessation for Champix, with about two to three people a month. The dispenser and technicians monitored the people and the pharmacist wrote the prescriptions for the Champix. The team members advised that people liked Champix as there was a limited choice of patches available on the service.

The pharmacy provided a blood pressure checking service and the Minor Ailments service. The Minor Ailments service had limited uptake with Peptic provided, and antihistamines and paracetamol for children, being most used.

The pharmacy supplied multi-compartmental compliance packs to help people take their medicines. One of the technicians managed the service, with others helping in the dispensing process. The pharmacy used trackers to monitor the progress of the service. And kept details of any changes requested. The team members had a record of who had requested the changes and when they had actioned these. The pharmacy provided people with Patient information leaflets (PILs) each month.

The pharmacy provided a substance misuse service. There was a mixture of weekly and daily collections with most people supervised on the day of collection.

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 members used a diary for any notes which required attention.

The team used appropriate containers to supply medicines. And they used some alerts stickers which they applied to prescriptions to raise awareness at the point of supply. This ensured patients received additional counselling. The team used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. When the pharmacy could not provide the product or quantity prescribed in full patients received an owing slip. 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.

The pharmacy team members were aware of the Valproate Pregnancy Prevention Plan The team members had the leaflets and could explain the information for the “at-risk” group. They had carried out an audit and had one patient in the at-risk group who the pharmacist had counselled.

The pharmacy provided a repeat prescription collection service. Most people ordered their own repeat items. 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 team members marked the sheet if the bags contained any controlled drugs.

The pharmacy generally stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. Some of the shelves were a little untidy and the team members advised they would review the layout.

The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range.

The computer screens were out of view of the public. The pharmacy generally stored medication waiting collection on shelves. But some were on the floor. The pharmacy attached prescriptions to the bags. And people could not observe any confidential details.

The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team marked any short-dated items they took these off the shelf prior to the expiry date. They marked bottles of liquid medication with the date of opening.

The pharmacy team members were aware of the Falsified Medicines Directive (FMD) and the system had been accredited by SecurMed. The pharmacy did not have any equipment in place yet.

The pharmacy received medicines from reputable suppliers.

The team used appropriate medicinal waste bins for patient returned medication. A contractor uplifted these regularly. The pharmacy had appropriate denaturing kits for the destruction of CDs.

The pharmacy had a process to receive drug safety alerts and recalls. They actioned and kept records of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment for the services it provides. And it manages and uses its equipment and facilities to keep people's private information safe.

Inspector's evidence

The pharmacy 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. They cleaned triangles after use. The team had access to disposable gloves and alcohol hand washing gel.

The smoking cessation contractor checked the carbon monoxide monitor. And the team checked the blood pressure machine as required.

The computer in the consultation room was screen locked when not in use.

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.