

Registered pharmacy inspection report

Pharmacy Name: Fairman Chemists Ltd., 295 Whitley Road, WHITLEY BAY, Tyne and Wear, NE26 2SN

Pharmacy reference: 1037744

Type of pharmacy: Community

Date of inspection: 27/04/2022

Pharmacy context

This is a community pharmacy in Whitley Bay, Tyne and Wear. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. And it delivers medicines for some people to their homes. The pharmacy dispenses medicines to some people in multi-compartment compliance packs. The inspection was completed during the Covid-19 pandemic.

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 mostly identifies and manages risks with its services. And it effectively manages the risks with infection control during the pandemic to help keep members of the public and team members safe. It maintains most of the records it needs to by law and correctly secures people's private information. But sometimes mistakes made while dispensing are not always recorded. So, they may miss the chance to learn from them and help to prevent similar mistakes from happening again.

Inspector's evidence

The inspection took place during the COVID-19 pandemic. The pharmacy had procedures in place to help manage the risks of the services it offered to people and help prevent the spread of coronavirus. These included markings on the floor which helped people socially distance and keep to a one-way flow from their entrance to exit. Posters on display reminding people visiting the pharmacy to wear a face covering. The pharmacy had a large Perspex screen at the pharmacy counter which acted as a protective barrier between team members and members of the public.

The pharmacy had a set of electronic standard operating procedures (SOPs). These provided information to help team members carry out various tasks, including dispensing and the Responsible Pharmacist (RP) duties. The superintendent pharmacist (SI) had reviewed the SOPs in November 2019. The RP advised that the head office team were in the process of reviewing them. So, they may not reflect the pharmacy's current ways of working. Team members had read these and were seen to be dispensing in accordance with the SOPs. For example, a team member demonstrated that near misses could be recorded on the Pharmsmart system at the time they happened by scanning the QR code on the wall and entering the details.

The responsible pharmacist (RP) picked up near miss errors made by team members during the dispensing process. They informed the dispenser of the error and asked them to rectify the mistake. The RP then recorded the error electronically, sometimes using a mobile phone if computer terminals were in use. The records demonstrated that four or five near miss errors had been recorded each month except for March when the team members hadn't recorded any near misses. The RP advised that in March some team members were absent due to sickness or holidays so near misses had not been recorded. So, this meant that opportunities to learn from mistakes had been missed. The computer generated a range of useful graphs from the errors recorded. For example, details of the top five errors and which drugs were involved. The RP showed the inspector some of the changes the team had made following an error. Such as putting shelf warnings near to eye drops that had been confused due to the similarity of their name. The RP used the same electronic system to record dispensing errors that had been supplied. And kept a paper record in the diary. Team members discussed incidents and how they could learn from them. The pharmacy had a procedure for people to give feedback on their experience of using the pharmacy. And the team displayed this in the retail area. There had been several complaints about stock availability particularly HRT products. The team explained that some products were out of stock with the manufacturer and unavailable from all suppliers.

The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy displayed the correct responsible pharmacist's name and registration number. So, people could easily know the

responsible pharmacist (RA) on duty. Entries in the responsible pharmacist electronic record complied with legal requirements. The SI had signed in that morning as RP. The pharmacy kept records of private prescriptions and emergency supplies. The pharmacy used electronic CD registers and checked the balance weekly. A random balance check of two CDs in the CD cabinet matched the running balance in the register. The pharmacy kept records of CDs returned by people to the pharmacy. And held certificates of conformity for unlicensed medicines and they were complete and in line with the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA).

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team segregated confidential waste to avoid a mix up with general waste. The waste was periodically destroyed in the pharmacy. Team members understood the importance of securing people's private information and had completed information governance training on E-Learning data security. The RP had completed level 2 training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. Other team members were aware of their responsibilities and when they should escalate any concerns. The team displayed the numbers for local safeguarding teams on the consultation room wall. And the pharmacist provided two examples when they had taken action to protect vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the necessary qualifications and skills to provide the pharmacy's services. They manage the workload well and support each other as they work. They feel comfortable raising concerns and suggesting improvements to provide a more effective service.

Inspector's evidence

The pharmacy team consisted of one full-time pharmacist (the RP), two dispensing assistants, one trainee dispensing assistant, a trained Saturday girl and a full-time driver. Members of the pharmacy team worked well together. So people were served promptly at the counter. The RP supervised and oversaw the supply of medicines and advice given by team members. The RP advised that recruitment had been difficult, one person had started and left the following day. The team were flexible and worked extra when they could. And staff from nearby branches helped if necessary. Team members had their last documented annual appraisals in November 2021. The manager used a template and discussed things that had gone well, areas for improvement and training needs. Team members interacted with the inspector offering pieces of evidence during the inspection. Team members found the RP approachable and felt able to make suggestions for improvements.

Two team members had completed online training to provide smoking cessation services. The RP had completed recent training remotely to provide EHC. The team kept up-to-date by reading pharmacy literature and new product information. The pharmacy handbook outlined what to do if they had a concern. And they knew who they should raise a concern with if they had one. The RP advised that the pharmacy didn't have set targets. The RP felt able to make professional decisions to ensure people were kept safe.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean, secure, and well maintained. It has a suitable room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was small with a central bench where the team prepared multi-compartment compliance packs and dispensed prescriptions. The pharmacy had a large retail area and there had been plans to extend the dispensary to provide more room for dispensing. But these had been put on hold. It had separate sinks available for hand washing and for the preparation of medicines. Throughout the inspection, the team kept the dispensary tidy and well organised. Floor spaces were kept clear to prevent the risk of a trip or a fall. The pharmacy had a sound-proofed consultation room. The room contained two seats and was large enough for two people to socially distance from each other when in use. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to people. And manages its services well to help people look after their health. The pharmacy generally correctly sources and manages its medicines. It completes regular checks of its medicines to make sure they are in date.

Inspector's evidence

People had level access into the pharmacy. The pharmacy advertised its services and opening hours in the main window. There were seats available in the retail area for people to use while they waited for their prescriptions to be dispensed.

Team members annotated bags containing people's dispensed medicines and used various stickers as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up with other people's medicines. Team members gave owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. They gave one slip to the person and kept one with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. Due to the pandemic, the delivery driver only asked people to sign for receipt of their CDs. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They team had a file with leaflets and cards to accompany the prescription. The RP confirmed that they didn't have any eligible people receiving sodium valproate. When dispensing high risk drugs to patients for example warfarin, the RP rang the person to check when they last had their INR checked. And noted this on the intervention page on the electronic record.

The pharmacy supplied medicines in multi-compartment compliance packs to around 120 people. The pharmacy prepared packs in batches of four weeks. Team members used sheets which contained a list of the person's current medication and dose times. Team members discussed any queries with the relevant prescriber. They recorded details of any changes such as dosage increases or decreases. The pharmacy supplied the packs with patient information leaflets monthly and descriptions of the medicines to help people identify them.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter so people were not able to self-select them. The pharmacy had a process to check the expiry dates of its medicines. Team members were to check one defined area weekly and note short-dated stock in the diary a month before the expiry date. A team member was then to remove the stock for destruction at the end of each month so that it could not be inadvertently supplied. The team kept accurate records of when the process had been completed. The last recorded check took place in March. No out-of-date medicines were found after a check of around 15 randomly selected medicines in different areas of the pharmacy. They recorded the date of opening on liquid medicines that had a short shelf life. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical

waste. When it was last inspected, the pharmacy used domestic grade fridges to store some medicines. Since the last inspection, the pharmacy had installed a Lab cold, medical fridge. And planned to purchase a smaller fridge for completed prescriptions. The team maintained daily electronic records of the fridge's minimum and maximum temperature ranges. During the inspection, the inspector checked the fridge temperature, and it was within the correct range. The pharmacy received regular alerts about medicines and medical devices through NHS mail and marked the record as completed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services. And it uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. Team members had access to personal protective equipment including face masks and gloves.

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.