

Registered pharmacy inspection report

Pharmacy Name: Sedgefield Pharmacy, 11 Front Street, Sedgefield, STOCKTON-ON-TEES, Cleveland, TS21 3AT

Pharmacy reference: 1087480

Type of pharmacy: Community

Date of inspection: 19/07/2019

Pharmacy context

This is a community pharmacy situated in a parade of shops in the centre of the village. It sells over-the-counter medicines and it dispenses NHS and private prescriptions. The pharmacy also offers advice about the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartmental compliance packs, designed to help people remember to take their medicines. And it delivers medicines to people's homes.

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 follows. The team members 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 pharmacy generally 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 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.

Inspector's evidence

The pharmacy had 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. The SOPs had not been updated since March 2017, but the superintendent was in the process of reviewing these. The pharmacy expected to receive reviewed copies, by email soon. And the team members would read and sign once completed. The team had read and signed the previous procedures. The team could advise of their roles and what tasks they could do.

The pharmacy workflow provided different areas for dispensing activities with dedicated benches for assembly and checking, with a separate room for compliance pack preparation. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets for waiting and collections to distinguish people's prescriptions by degree of urgency and this helped plan workload. They marked the prescriptions due for delivery.

The pharmacy recorded near misses found and corrected during the dispensing process. The team recorded these on a specific template. Examples included wrong strengths, but the strength required was not recorded. And the wrong drug, with methotrexate supplied but not what was on the prescription. The team discussed any near misses as they occurred, but no formal reviews were undertaken. They separated drugs with similar names. And had a few shelf alerts in place to highlight to the team to take care when selecting the drugs.

The pharmacy had a practice leaflet but had run out and had none available for people to take. The team members were going to print off some more. They had a box on the counter and were gathering forms for the annual patient satisfaction survey. A previous survey had positive comments about the good service by the team. There was a procedure to record and report dispensing errors and the pharmacy kept a file for complaints. The team advised they would always involve the pharmacist and superintendent. The pharmacy had current indemnity insurance with an expiry date of 30 September 2019, from the National Pharmaceutical Association (NPA).

The pharmacy displayed the correct Responsible pharmacist (RP) notice. And the pharmacist completed the Responsible pharmacist records as required. A sample of the CD registers looked at were completed as required. The pharmacist undertook regular CD balance checks. The registers had headings completed and running balances maintained. 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 records for private prescriptions in a book, but this was not compliant with legal requirements as it was not a bound book. It was a spiral bound book. The pharmacy kept an electronic version of the private register, but the pharmacist required to check to ensure all the required fields were completed to ensure compliance with legal requirements. The pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The pharmacy displayed a notice on how it looked after information. And had a privacy notice displayed. 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 stored completed prescriptions safely. Patient sensitive information was kept securely. Confidential waste was shredded in the pharmacy.

The team had a SOP for the protection of vulnerable adults and children. The SOP included contact numbers for local safeguarding organisation. The pharmacy was surrounded by several Clinical Commissioning Groups and had all the different contact details available for the team. The pharmacist had undertaken level 2 CPPE training. And the team completed Dementia friends training. The details had been updated in July 2018.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. The pharmacy team members are competent and have the skills and qualifications they need for their role. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. But they do not always record this. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have.

Inspector's evidence

There was one pharmacist, five dispensers and one trainee medicines counter assistant (MCA) who worked in the pharmacy. The dispensers all worked part-time and worked between 20 and 24 hours weekly. The trainee MCA worked 24 hours a week and was undertaking the MCA course. Once she had completed this course she would start the dispensing course. The pharmacy was currently advertising for another person as MCA for 16 hours a week to cover a recent change in staff. There were two regular locums who covered the pharmacist's days off and Saturdays. The pharmacy team members undertook extra hours to cover for absences and holidays when they could.

Certificates and qualifications were available for the team. The team members had training records but the filling in of these had lapsed, with the last entries in August 2018. Topics undertaken included head lice, travel sickness and sunburn. The team used the magazine, Training matters as a resource. The team updated each other and discussed issues. And the pharmacist kept a file with articles which was accessible. He discussed and updated them of information they required to know.

The pharmacy did not have a structured performance review in place. But the pharmacist advised it was something that he was aware of and moving forward this was something which the pharmacy would implement. The team could discuss any issues with the pharmacist. The MCA followed the sales of medicines protocol when making over the counter (OTC) recommendations and referring to the pharmacist when necessary. The team carried out task and assisted each other with 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. There was a whistleblowing policy and telephone numbers for head office 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's premises are of a suitable size for the services it provides. And people can have private conversations with the team in a consultation room.

Inspector's evidence

The pharmacy had suitable space for dispensing, storing stock and medicines and devices waiting collection. It was of an acceptable standard. But the front windows paintwork was flaking. And the windows required a clean. 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. The team all shared housekeeping tasks and took turns between them to keep the pharmacy clean and tidy. The room temperature was comfortable, and the pharmacy was well lit. The pharmacy closed at lunch time and one of the dispensers worked and put away orders then and filled up shelves. This kept the floor spaces clear to reduce the risk of trip hazards.

The pharmacy had an adequately sized, signposted, sound proofed consultation room which the team used for people when required. The room was dated in appearance and slightly cluttered with papers and files. The pharmacy team kept the consultation room locked when not in use. Members of the public could not access the dispensary as there was a counter in front of the entrance. And a staff member was generally at the counter. The team 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. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice. The pharmacy team members dispense medicines into devices to help people remember to take them correctly.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There were two entrances to the pharmacy. The front entrance had some steps, but the rear entrance came directly from the surgery and pharmacy car park, with no steps. Most people tended to come in by the back entrance. 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 but had none on display. And required to print some more. There was a range of leaflets and posters with health-related information for people to see and take away. This included information for carers and a guide to a healthy mouth in children. Most items were healthcare related. The pharmacy kept the pharmacy only medicines behind the counter. So, people could not access them without their knowledge and advice.

The team signposted to other healthcare services for services such as Emergency Hormonal Contraception (EHC), if people wanted this free of charge. The pharmacy could only offer the service at a charge, as the pharmacist had not been able to complete the training for the Patient Group Directive (PGD) to allow this with no charge. The pharmacist had tried to get on a course to complete the face to face refresher training, but the course provider kept cancelling courses. The pharmacist undertook a few Medicine Use Reviews (MURs) for people as required. The pharmacy provided blood pressure checks and referred people to the doctor if required. The pharmacy provided a smoking cessation service using the voucher scheme. And a Minor Ailments service which was popular for items for children.

The pharmacy supplied medicines to around 54 people in multi-compartmental compliance packs to help them take their medicines. One dispenser mainly completed the packs, with other members of the team helping when required. The dispenser made up two weeks supply at a time as several people had changes. And all people had a record sheet with details of their medicines. The dispenser updated any changes and kept notes in individuals' files. The pharmacy kept all records in a filing cabinet. The dispenser used a white board for messages as a reminder for any required tasks. The pharmacy supplied Patient information leaflets (PILs) once during each four-week cycle. The pharmacy delivered more than half of the packs to patients.

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 CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items.

They put notes on if they required to counsel any patient. When the pharmacy could not provide the product or quantity prescribed in full patients received an owing slip. 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 Programme. And had undertaken an audit, with no people in the at-risk group. The pharmacist kept a box at the checking bench with various information which they used for counselling. The pack for valproate was in the box with the leaflets. The pharmacy provided patients with the leaflets and guides as required. The team members could explain the information required for people in the 'at-risk' group.

The pharmacy provided a repeat prescription collection service. People ordered their own. And some people were on the monthly repeat dispensing service. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to people. This included a signature of receipt of the delivery. The pharmacy marked the sheet if the medication included a CD.

The pharmacy stored medicines in an organised way, generally within the original manufacturers packaging and at an appropriate temperature. Except there was a tub which contained several strips of paracetamol from various manufacturers. The pharmacy had some dedicated shelves where the team kept specific medicine brands for people. 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 used recognised wholesalers such as Ethigen and AAH. It had a file for the Falsified Medicines Directive (FMD) and the team members had an awareness of the requirements. They were waiting for further guidance from the owner regarding the implementation of FMD. 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. And they marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use.

The team used appropriate medicinal waste bins for patient returned medication. These were uplifted regularly. The pharmacy had appropriate denaturing kits for the destruction of CDs. But the team sometimes placed medication in the kits but did not always add the water at the time. 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 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). They kept some additional PILs for items such as Macrobid and nitrofurantoin in wallets beside the products, so they could supply these to people as required.

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. They had access to disposable gloves and alcohol hand washing gel.

The pharmacy stored medication waiting collection on shelves in boxes, alphabetically. The team attached prescriptions to the bags. And people could not see any details. The computer screens were out of view of the public.

The team used the NHS smart card system to access to people's records. And 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.