

Registered pharmacy inspection report

Pharmacy Name: J & LC Clark Chemists, 297 Yarm Road,
DARLINGTON, County Durham, DL1 1BA

Pharmacy reference: 1092739

Type of pharmacy: Community

Date of inspection: 15/01/2020

Pharmacy context

The pharmacy is on a main road on the outskirts of the town centre. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy delivers medicines to people's homes. It supplies some medicines in multi-compartment compliance packs. These help people remember to take their medicines. It offers a range of services including supervised methadone consumption and flu vaccinations.

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 team members responsibly discuss mistakes they make during dispensing. 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 standard operating procedures (SOPs). The responsible pharmacist and the owner had undertaken a review. And had revised the majority of these in December 2019. The pharmacy owner had given each member of the team a file with a copy of the SOPs customised to match their respective responsibilities. Team members advised they had read and signed their own copy but had not signed the master copy in the pharmacy as read. Their file also included their contract of employment and staff handbook. The staff handbook covered a range of topics including safeguarding, whistleblowing, confidentiality, information governance and health and safety. The SOPs were also available online. The owner was currently reviewing the SOPs in relation to controlled drugs (CD) management. And these were only available online. The pharmacist owner advised only the pharmacists and the accuracy checking technician (ACT) dealt with CDs. So, others would not receive a copy. But they could read them for awareness.

The pharmacy had a robot unit which it used for all dispensing, except medicines in glass bottles, fridge and CD lines. It was not used for the multi-compartmental compliance pack process. And this was undertaken in a separate room upstairs. The robot had been in place since August 2019. The robot had an input hopper which scanned packs. It read many of the barcodes and recorded the actual expiry date. But if this was not done automatically it assumed an expiry date of one year. Only certain team members, super users, filled the robot unit manually with items. These included items which were not recognised. The super users made additional checks to ensure correct entry. The robot unit had been set with an expiry date of six months for items entered manually. The pharmacy super users also entered split packs back into the system. The robot generated a barcoded label for the split pack, at the time of dispensing, which showed for example 15/28. The checkers checked the amount and initialled this during the dispensing process. And they placed these into a basket for the super user to enter into the robot. The super users opened the box and checked the amount prior to placing back into the robot. The main dispensing bench had three computer terminals. Two of the computer terminals linked to the robot for dispensing. And the team used the other for labelling and preparing repeats. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used green baskets for people waiting, blue for call backs and collections and red for deliveries. This helped plan workload.

The pharmacy recorded near miss errors directly on to the computer. The pharmacist advised that since the installation of the robot there had been few errors. There had been an input error by one of the pharmacists who had put capsules instead of tablets when entering a product which the scanner had not recognised. A checker had picked this up in the dispensing process and investigated which had

shown the input error. The team discussed any near misses. The team kept a near miss log for the multi-compartmental compliance packs. The team discussed and reviewed.

The pharmacy had a practice leaflet and a notice displayed in the pharmacy which explained the comments, suggestions and complaints process. The practice leaflet included information and advice for people including the Patient Advice and Liaison Service (PALs). The pharmacy had a SOP for complaints and the team advised they would refer to one of the pharmacists if there was any complaint. There was a procedure to record and report dispensing errors and evidence seen that the pharmacy followed this procedure. The pharmacy had current indemnity insurance with an expiry date of 31 May 2020.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist entry in a book. The CD registers for CDs were electronic except for methadone. The pharmacy checked CD stock against the balance in the register at each time of dispensing. This helped to spot errors such as missed entries. The pharmacist undertook stock audit of all CDs one a week. He printed off a summary with the stock amounts and checked and recorded the quantities with the actual stock. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept an electronic record of CDs which people had returned for disposal and it had a process in place to ensure that a pharmacist destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacist recorded the private prescriptions in a book, with few entries. 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 stored completed prescriptions and patient sensitive information safely. The pharmacy team shredded confidential waste.

The pharmacy had a safeguarding policy for the protection of vulnerable adults and children. The pharmacists and ACT had undertaken level 2 CPPE training. And most of the team had completed Dementia friends training. The pharmacist advised he used Google to obtain contact details. The team advised they would raise any concerns with the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has some systems in place to make sure it has enough staff with the right skills to provide its services. The team members understand their roles and responsibilities in providing services. They support each other in their day-to-day work. And they feel comfortable raising any concerns they have. The pharmacy's team members are supervised in their training or work under supervision during training. They complete ongoing training on an ad-hoc basis. But the team do not record any training undertaken. So, team members may miss opportunities to complete learning relevant to their role.

Inspector's evidence

There were two pharmacists, one accuracy checking technician (ACT), one technician, nine dispensers and one medicines counter assistant (MCA) who worked in the pharmacy. The majority of the team worked full time. There were two pharmacists present every day except Mondays. And on occasions there were three pharmacists present. On Saturdays and Sundays, there was a regular relief pharmacist. And the owner pharmacist also worked most weekends. One of the dispensers had recently completed the technicians' course and was in the process of registering with the GPhC.

There had been a few staff changes in the last year. Three members of the team had started as dispensers and were being supervised by the pharmacists and ACT. One had started in the last two months and the other two had been working for about five months. The pharmacy owner had not enrolled them on to a formal course. The MCA who had come from a medical setting had started last year. She had received some training internally. She was being enrolled on a recognised training programme for counter assistants. The pharmacist apologised for the delay and advised it was an oversight. And he had not realised the time since people had started. The team members were all aware of the training to be undertaken and happy to undertake training. The pharmacist owner sent confirmation after the inspection that the relevant members of the team were now enrolled on courses. The owner was reminded of the GPhC's minimum training requirements and time frames. A secretary was employed. She worked in the office and filtered all telephone calls which minimised distractions for the team.

The responsible pharmacist was undertaking the Centre for Pharmacy Postgraduate Education (CPPE) Clinical Diploma. The team members had completed some training on topics such as children's oral health and dementia friends. They described how they read through magazines such as Training Matters and leaflets from suppliers for information. But they did not record any articles read. They said they took some time in the pharmacy when it was quiet to read but did not receive protected training time.

The newer team members received performance reviews which gave the chance to receive feedback and discuss development needs. Other members had informal chats with the owner. The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacists or the ACT. The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. There was a formal 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'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 was reasonably clean and tidy. And fitted out to an acceptable standard. It had suitable space for dispensing and storing stock. The pharmacy had installed the robot in the summer, and this had changed the layout of the dispensary. The flooring was bare in parts where the dispensary benches had been. And the floor tiles had not been replaced. The shelving in one of the rear rooms had changed. And the wall behind required some plastering and repair. The ACT advised that the room which housed the hopper was being refurbished. She advised this would include more shelves and bench space. This would assist in sorting and storing stock for the team to place in the robot.

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 this was maintained. 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 a good sized, signposted, sound proofed consultation room. There was a notice on the door, about the chaperone policy asking patients if they would like a family member or chaperone present. The room had a key pad lock. And 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 retractable barrier. The pharmacy kept the pharmacy medicines behind the counter. And team members assisted people who wanted to purchase these items.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people. And it displays some information about health-related topics. It gets its medicines from reputable suppliers. If the pharmacy receives an alert that a medicine is no longer safe to use, the team take the correct action to return it to the supplier. The pharmacy generally stores medicines well. And supports people by supplying medicines in multi-compartment compliance packs. This helps people to take their medicines on time. But the pharmacy team doesn't regularly supply patient information leaflets with these packs. So, people may not have all the information they need to take their medicines safely.

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. There was a range of health-care leaflets at the counter. This included some local information on health care. The pharmacy had a defined professional area. And items for sale were mostly healthcare related.

The pharmacy provided flu vaccinations Two of the pharmacists undertook these. Some team members provided blood pressure checks if required. The pharmacy provided medicines through the minor ailments. And sold Emergency Hormonal Contraception (EHC) with a charge. The team members signposted to other pharmacies if they wanted the free service through the Patient Group Direction (PGD). They advised there was little demand. The pharmacy provided the Community Pharmacist Consultation Service (CPCS). The CPCS connected patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy as their first port of call. The referrals came from NHS 111. The pharmacy had undertaken a few with consultations resulting in advice or the purchase of an item. And also referred a few people back for further advice. They had phoned for an ambulance on one occasion due to a person having serious breathing difficulties.

The pharmacy supplied medicines to people in multi-compartment compliance packs to help them take their medicines. The team members dispensed these in a separate room. They advised that if a person wished their medicines in a compliance pack then the pharmacist referred them their GP for assessment. The team had separate stock for dispensing the compliance packs. And did not use the robot. But the ACT advised that the pharmacy had plans to use the robot for the stock in the future. The team members used profile sheets and recorded any requested changes. And used trackers to monitor the progress of the packs. They prepared four weeks at a time and most people received a pack each week. The pharmacists clinically checked the prescriptions for the packs. And the ACT or pharmacist undertook the accuracy check. The ACT did not check packs which had changes or certain categories as agreed. The team members advised that they gave people patient information leaflets (PILs) with each new item and when they first commenced on a pack. But they did not routinely provided people with a full set of the PILs.

The pharmacy offered a substance misuse service for methadone and buprenorphine. It provided this service to several people. Some attended daily and some took away supplies, one or more days a week. The pharmacist supervised people's supplies on the day of collection. The pharmacist made up the

supplies the day before ready for the next day. The team had a good system in place for ensuring supplies were undertaken in order with other people waiting for prescriptions.

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 used appropriate containers to supply medicines. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included 'pharmacist consultation' which ensured patients received additional counselling. 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 team placed coloured dots on CD prescriptions to raised awareness. This ensured the team undertook a check to make sure the supply was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. Prescriptions remained attached to the bags until hand out.

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 and one in the owings book. The team referred to these when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable to ask for an alternative. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. They had one patient in the at-risk group who had received appropriate counselling. The computer came up with a warning to alert the team members to make the relevant checks. They explained the information they provided to the 'patients in the at-risk' group. And showed the booklets which they gave in addition to the warning cards.

The pharmacy generally stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. But there were two stock bottles for methadone, one for ordinary methadone and one for sugar free. One was the original manufactures bottle and fully labelled but the other was inadequately labelled. It did not display suitable details such as batch number and expiry date for the stock in the bottle. The pharmacy had three refrigerators. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily on the computer and they checked these to ensure the refrigerator remained within the required temperature range. The pharmacy team checked expiry dates for CDs, fridge lines and liquids which they did not put in to the CD cabinet. They checked the dates on products kept in the compliance pack room. 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 Lexon, Phoenix, AAH and Alliance. The pharmacy had scanners and had trialled with some packs. But had not implemented the process for the Falsified Medicines Directive (FMD). It had no implementation date. The team used bar codes from the robot process and scanned bags out at the point of 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 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 had registered with the Medicines and Healthcare products Regulatory Agency(MHRA) and received all alerts. 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. The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had pumps for measuring methadone. These were kept attached to the stock bottles for the methadone, with one for sugar free and one for ordinary. The pharmacist advised he cleaned the pumps but no longer kept record for calibration. These fitted into the CD cabinet with the pumps attached.

The pharmacy had a range of equipment for counting loose tablets and capsules. The equipment for the flu vaccinations was in a basket and kept in the consultation room. The team members had access to disposable gloves and alcohol hand washing gel. The pharmacy stored medication waiting collection on shelves in the dispensary. The team members used a raffle ticket system with a corresponding list which they updated daily. This list included additional information such as if they required to add a fridge line or if an item was large and stored in a separate location. The team advised this was efficient for retrieving and locating items when people came in. The team scanned all prescription bags out, with the label the robot generated, and checked on the system to see how many bags a person had. And the number of items.

The computer in the consultation room was screen locked when not in use. The team used cordless phones for private conversations. The computer screens in the dispensary were out of view of the public.

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.