

Registered pharmacy inspection report

Pharmacy Name: Victoria Chemist, 118A Victoria Road,
MIDDLESBROUGH, Cleveland, TS1 3HY

Pharmacy reference: 1093203

Type of pharmacy: Community

Date of inspection: 26/05/2021

Pharmacy context

The pharmacy is situated in the heart of the community with other shops in the vicinity. The main shopping centre and university are close by. The pharmacy dispenses NHS prescriptions and offers a range of over the counter medicines. The pharmacy provides a delivery service to people. The inspection took place during the pandemic. Conditions are in place on this pharmacy premises that prevent it providing some services. These conditions were imposed after failings were identified on a previous inspection and they remain in force.

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 suitably manages the risks associated with the services it provides to people. It acts to help keep members of the public and team members safe during the Covid-19 pandemic. It maintains the records it needs to by law and keeps people's private information secure. Its team members record some details of mistakes they make while dispensing so they can learn from each other and prevent similar mistakes from happening again.

Inspector's evidence

Members of the pharmacy team knew how they would report any work-related infections to the responsible pharmacist or superintendent. Most wore face masks to help reduce the risks associated with the virus. Except for two members of the team who were exempt. And they washed their hands or used hand sanitisers regularly. The front counter was cordoned off so that people waited at a small counter at the front. Prominent signs reminded people that only two people could access the shop at any one time.

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided. And a record was kept for each team member to show they had read and understood the SOPs and would follow them. The superintendent advised that he had reviewed these in November 2020. And the records demonstrated that some had been modified since the last review. They covered tasks such as dispensing, OTC sales and controlled drug (CD) management.

The pharmacist picked up near miss errors at the checking stage of the dispensing process, then informed the dispenser of the error and asked them to record and rectify the mistake. The team members kept records of the near miss errors and discussed them when they happened, so they could all learn from each other. The near miss sheet left no space to record how the error happened and any contributory factors. The SI explained that they usually discussed errors as they occurred and made changes accordingly to prevent similar errors occurring. The team provided examples of changes made following dispensing incidents and had placed selection warning stickers on medicines with similar names that could confuse team members and on medicines that had similar packaging. A recent error occurred when the pharmacy had supplied the wrong strength of gabapentin. The team had completed the incident report form and had identified the similarity of the packing for the different strengths as a contributory factor. So, these had been separated on the shelf to help prevent a similar error occurring.

The pharmacy had a complaints procedure in place. Any complaints or concerns were usually raised verbally with a team member and then referred to the superintendent if the matter could not be resolved. The SI advised that they received very few complaints and most people made positive comments. He referred the inspector to the feedback online.

The pharmacy had up-to-date professional indemnity insurance. The pharmacy displayed the correct responsible pharmacist name and registration number. So, people could easily know who the responsible pharmacist (RP) on duty was. Entries in the responsible pharmacist record complied with legal requirements. The RP had signed in that morning. The pharmacy kept up-to-date paper records of private prescriptions and emergency supplies. It kept CD registers and records of CDs returned by people to the pharmacy. The CD registers were audited against physical stock monthly. Any

discrepancies were usually due to missed or incorrect entries and were quickly resolved. The SI knew that any unresolved CD issues needed to be reported to the accountable officer. The pharmacy kept special records for unlicensed medicines with the certificate of conformity. The records were kept in chronological order in a clearly marked file.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste segregated into a marked box to avoid a mix up with general waste and shredded off site. Members understood the importance of keeping people's private information secure. Dispensers and pharmacists had their own smart cards. Team members had completed internal training and were aware of their responsibilities.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to deliver safe and effective care. Members of the pharmacy team do the right training for their roles. They work well together and use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services.

Inspector's evidence

The pharmacy team on the day consisted of two dispensing assistants, two trainee dispensing assistant, a regular pharmacist, and the superintendent. Members of the pharmacy team worked well together. Staff covered for each other's time off and sometimes staff from other local branches helped if necessary. People were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. SI advised that team members had regular appraisals and three-monthly catch ups. The superintendent kept copies of these. The team responded positively when asked questions and interacted with the inspector offering pieces of evidence during the inspection.

The SI had registered four members of the team onto the combined counter and dispensing training course last year. And he explained that trainees usually completed their units in their own time. But had full support from the pharmacists and other team members. The company didn't offer a formal training program as such. Team members kept their knowledge up-to-date by reading product information, journals, and Alliance training information packs. The team discussed issues as they occurred and referred to each other when trying to sort out queries. The team felt able to speak to the SI if they had any concerns or ideas to improve the way they work.

The pharmacy did not have set targets. The RP felt able to make professional decisions to ensure people were kept safe. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable and secure environment for people to receive healthcare. And its premises are clean and tidy. The pharmacy has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy had a small retail area, a consultation room with sink, pull down desk and chairs. The pharmacy was compact with a centre island and work benches surrounding. The team had separate areas for dispensing and checking prescriptions. Some work areas were a little cluttered but generally the team made best use of the space available. The pharmacy had a stock room to the rear for storing overflow stock. The room housed the fridges and the team members had a small kitchenette area. The pharmacy had a sink. And it had a supply of hot and cold water. Members of the pharmacy team were responsible for keeping the pharmacy's premises clean and tidy. They cleaned the pharmacy on most days at quieter times. And they regularly wiped and disinfected the surfaces they and other people touched.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services easily accessible to people and it manages them appropriately. It sources and stores its medicines properly and completes regular checks to make sure they are in date.

Inspector's evidence

People had direct access from the street into the pharmacy on the same level. The pharmacy advertised its services and displayed information and advice about Covid 19 precautions in the window. The SI advised that some of the services had been suspended during the pandemic. The pharmacy had two computer terminals, and people usually used their own smart cards to access these. Team members had access to the internet which they used to signpost people. There were signs on display which had information on coronavirus guidance. Team members used various stickers within the dispensing process as an alert before they handed out medicines to people. For example, they used fridge stickers to highlight that a fridge line needed added to the prescription before handing out. 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 keep medicines together, this reduced the risk of them being mixed up. The team used owing slips when the pharmacy could not supply the full quantity prescribed. And kept a record of the delivery of medicines to people. The pharmacy had offered a free delivery service to people who were shielding or who could not come into the pharmacy themselves to collect. The RP explained that as a precaution, during the pandemic, the driver signed the delivery sheet on the patient's behalf when he had delivered their medicines.

Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group prescribed valproate needed to be counselled on its contraindications. The computer automatically displayed warnings and a reminder to review the patient. The SI showed the inspector the cards and leaflets that they handed out to patients when valproate was dispensed to them. The team had positioned these on the shelf next to the medicine as a reminder to add these to people bags when dispensing.

The team supplied medicines to substance misuse clients. The team prepared these in advance so that people did not have to wait when collecting. The team used a large CD cabinet to store methadone for each patient in individually marked baskets. The contents of the cabinet were kept neat and tidy.

The pharmacy team placed Pharmacy (P) medicines on shelving behind the counter so people could not self-select such medicines. The team cordoned off the area so that people maintained their distance when standing in the retail area. The pharmacy had a process to check the expiry dates of its medicines. A team member explained that one section was date checked each week when the pharmacy was quieter. This meant that the whole pharmacy was date checked every three months. The team maintained an updated record sheet for this. The inspector found no out-of-date medicines after a selected medicines in two different areas in the pharmacy. The team used stickers to highlight short dated items so that they could be used first. And the team checked the stickered items at the point of dispensing to ensure that people did not receive out of date items. Liquid medicines had the date of opening marked on the label so checks could be made to make sure the medicine was safe to supply. The inspector noted this on opened bottles on the shelves.

The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The team received drug alerts via email and actioned them. A record of the action taken was not always retained in the pharmacy. But the SI advised that he had an audit trail on his mobile phone if he needed to refer to it later. The team members checked, and recorded fridge temperature ranges daily. And kept the monthly record sheet in a plastic folder attached to the fridge. The record for the month had been completed daily and was seen to be consistently within the correct ranges of between two and eight degrees Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

Team members had access to up-to-date reference sources. The team stored medicines waiting to be collected in a way that prevented people's confidential information being seen by members of the public. Equipment was clean and regularly monitored to ensure it was safe to use. The pharmacy used a range of CE quality marked measuring cylinders. The pharmacy team stored these near to the sink for easy access. Members of the pharmacy team made sure they cleaned the equipment they used to measure, or count, medicines before they used it. The pharmacy had two glass fronted medical grade refrigerators to store pharmaceutical stock requiring refrigeration. The smaller one was used to store bagged medication ready for collection. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. The phone was positioned at the rear of the pharmacy. So, its team could have confidential conversations with people when necessary. Most of the team members responsible for the dispensing process had their own NHS smartcard. And they each made sure their card was stored securely when they weren't working.

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.