

Registered pharmacy inspection report

Pharmacy Name: David Stearne Pharmacy, Unit 7 Jensen Court,
Astmoor Industrial Estate, RUNCORN, Cheshire, WA7 1SQ

Pharmacy reference: 1093621

Type of pharmacy: Closed

Date of inspection: 13/08/2020

Pharmacy context

This is a distance-selling pharmacy operating from a business unit mainly serving the local population. It mainly prepares NHS prescription medicines and it orders people's repeat prescriptions on their behalf. A large number of people also receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely and there is a home delivery service. The pharmacy supplies medicines to people in care homes. The inspection was undertaken 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 generally manages the risks associated with its services. It provides the pharmacy team with written instructions to help make sure it provides safe services. The team takes appropriate actions when it makes mistakes. Pharmacy team members understand their role in securing people's confidential information, and they know how to protect and support vulnerable people.

Inspector's evidence

The pharmacy had written procedures that covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CDs), which the staff had read. Several of these randomly selected procedures were issued in April 2018, so they were overdue their review scheduled for April 2020, which was delayed due to the COVID-19 pandemic.

The RP said that each team member had received a health risk assessment to help reduce the chances of them having to self-isolate. Staff regularly used hand sanitiser during the working day and they had face masks. However, they did not always wear them when they were in the dispensary. The RP was signposted to Public Health England's guidance on personal protective equipment for healthcare teams and managing staff during the pandemic, and the PSNC's briefing note on the NHS test and trace system.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they had supplied and assisted with investigating and managing mistakes. The pharmacy team recorded and discussed mistakes it identified when dispensing medicines and it addressed each of these mistakes separately. Since the start of the pandemic affecting the UK, the team had not always reviewed these records each month to identify any patterns or trends. So, it might miss additional opportunities to learn and mitigate risks in the dispensing process.

The RP said that the team had received positive feedback in its last patient feedback survey. The team had read the pharmacy's complaint procedures, so it could effectively respond to them.

The pharmacy had professional indemnity insurance for the services it provided. The RP, who was the resident pharmacist, displayed their RP notice. The pharmacy maintained the records required by law for the RP log. Several randomly selected registers indicated that that pharmacy kept appropriate records for CD transactions and patient-returned CDs that were awaiting destruction. There were some historic entries for date-expired CDs in the patient-returned register. The RP said that NHS England and the police service had recently removed all of these, and they would amend these entries to confirm this.

Records indicated that all the staff members had read the written procedure for reporting CD concerns. It stated that the team must make a record of the concern, follow guidance from NHS Improvement, and seek advice from the superintendent and controlled drugs accountable officer (CDAO) if needed.

In December 2018, the superintendent had issued a written procedure for CD stock checks and records indicated that all the staff members had read it. It stated that expired, patient-returned and dispensed CDs must be marked, and they should be clearly segregated to avoid any confusion when completing a stock check. The team had segregated and appropriately marked patient-returned CDs, and the RP said

that they did the same with expired CDs. The procedure stated each running balance should include any expired CDs, but it was unclear if they should be identified as expired in the balance. The RP said that they would identify and record any expired CDs in the balance in future, to help make sure active and obsolete stock were clearly segregated. The appendix to the procedure required the team to record how often it would check each running balance. However, this had not been completed, so team members might not know how frequently these checks should be completed. The procedure also stated that the team should investigate any balance discrepancies, and it must report any concerns to the superintendent and/or the CDAO. And the RP confirmed that they would do this.

The pharmacy had written policies and procedures for protecting people's personal information. The trainee dispenser, who started their employment around March 2020, had read these policies and procedures.

The pharmacy had a written procedure for safeguarding vulnerable adults and children. The RP had level two safeguarding accreditation. They consulted patients to identify anyone who was vulnerable or shielding, and if they had any specific delivery requirements.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's staff profile and skill mix help it to provide safe and effective services. Team members work well together and qualified staff have the skills necessary for their roles. New staff receive appropriate training within the correct timescale.

Inspector's evidence

The staff present included the resident pharmacist for the last eighteen months, who was a locum, and a trainee dispenser, whose training was progressing well. The other staff members who were not present included an experienced dispenser and two delivery drivers. The pharmacy's head office and superintendent pharmacist managed the team.

The pharmacy usually had enough staff to comfortably manage its services. Despite periods of increased workload caused by COVID-19, the service demand remained manageable most of time. The team had repeat prescription medicines, including those dispensed in compliance packs, ready in good time for when people needed them. The pharmacy received most of its prescriptions via the electronic prescription and prescription ordering services, which aided service efficiency. People did not visit the premises, so the team rarely experienced any sudden, large or sustained surges in service demand. The team worked in partnership with the local medical centres when arranging patient's urgent requests for their prescription and supplying their medication before they ran out of them.

Staff members well both independently and collectively. They used their initiative to get on with their assigned roles and did not need constant management or supervision. The trainee dispenser had a sound knowledge of how the pharmacy provided its compliance pack service.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's service, and it provides a professional environment for healthcare services.

Inspector's evidence

The pharmacy was situated in a large business unit. Its dispensary fittings were suitably maintained and professional in appearance. The open plan dispensary provided enough space for the volume and nature of the pharmacy's services, which meant these areas were organised and staff could dispense medicines safely. Staff could secure the premises to prevent unauthorised access. The public did not visit the premises, so a consultation room was not necessary.

The large, open space and a maximum of four pharmacy staff members present at any time meant they could usually keep a safe distance from each other and wholesale supplier staff. Each team member had their own workstation to carry out the different stages of the dispensing process in separate areas. The team disinfected the work surfaces, IT equipment, telephones, door handles and light switches daily.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices make sure people receive safe services. It has systematic dispensing processes, which help the team to demonstrate that it is working effectively. The pharmacy gets its medicines from licensed suppliers and the team makes some checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy operated Monday to Friday 9am to 6pm. The public did not visit the premises, and all medicines were delivered.

The pharmacy had written procedures for dispensing higher-risk medicines that covered anticoagulants, lithium, but it did not have one for valproate. The RP had checked for anyone taking valproate, which confirmed it did not have anyone in the at-risk group. The RP said that the pharmacy had the MHRA approved valproate advice booklets and cards to give people.

The team used colour-coded baskets during the dispensing process to separate people's medicines and organise its workload. It scheduled when to order prescriptions for people who used compliance packs, which helped to supply their medication in good time. The team kept a record of people's current compliance pack medication that also stated the time of day they were to take them, which helped it effectively query differences between the record and prescriptions with the GP surgery, and reduced the risk of it overlooking medication changes. The pharmacy also kept detailed communications about medication queries or changes for people using compliance packs. So, it had a record that helped make sure these people received the correct medicines. The team usually did not label each compliance pack to identify each medication they contained, which could make it more difficult for people to identify them.

The pharmacy obtained its medicines from a range of licensed pharmaceutical wholesalers and stored them in an organised manner. But the team only left a protruding flap on part-used medication stock cartons, which could lead to quantity errors. Staff members had received some information from head office on the Falsified Medicines Directive (FMD). However, the pharmacy did not yet have a system for complying with the FMD, and the team had not been told when this might happen. The team monitored the medication refrigerator storage temperatures for one of the two fridges, but not for the other. Its thermometer indicated that it was operating within a safe medicine storage temperature range. And the team agreed to ensure it was monitored daily in future.

The staff were unable to locate any expiry date check records, which they said the senior dispenser may keep. The trainee said that the dispenser regularly asked her to check sections of stock, and they confirmed to them when they had completed it. They suggested that they completed a full expiry date check of all the stock at least every three months. Several randomly selected stock medicines each had a reasonably long shelf life at minimum, except for an injection that expired at the end of August 2020 and an inhaler that expired at the end of February 2020. These were immediately removed for disposal. The dispenser later said that they had records that showed the team had regularly checked stock expiry dates over the long-term.

Medications scheduled for delivery were stored in an organised manner. The delivery driver wore a

mask and used hand sanitiser when delivering medicines. They placed people's medicines at their front door, observed them being collected at a safe distance and they recorded each confirmed supply. There had been no concerns raised about the service. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and recorded the action that it had taken. And it disposed of obsolete medicines in waste bins kept away from medicines stock. So, the pharmacy reduced the risk of supplying any medicines that might be unsuitable.

The pharmacy suitably secured its CDs and it did not have any date-expired CDs. The written procedure for destroying CD stock was missing from the procedures file. The RP said that they would obtain a copy from the pharmacy's head office and they contacted them regarding any date-expired CDs, who arranged for these to be destroyed.

The team had properly marked and segregated its patient-returned CDs, and it had the kits to denature them. The written procedure for CD stock checks stated that a separate record should be kept for any patient-returned CDs. Records indicated that all the staff members had read the written procedure for disposing of patient-returned CDs. It stated to store them in the CD cabinet and to record the details of their disposal in the CD patient-returned destruction register. The RP usually entered patient-returned CDs in the CD destruction register one or two days after they received them. They had made several recent entries in the register, which suggested they knew the correct place to record them.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively, which it properly maintains. And it has the facilities to secure people's information.

Inspector's evidence

The team kept the dispensary sink clean, it had access to hot and cold running water and an antibacterial hand sanitiser. The team had a range of clean measures, so it had the facilities to make sure it did not contaminate the medicines it handled, and it could accurately measure and give people their prescribed volume of medicine. The RP had access to the latest version of the BNF and a recent cBNF, which meant they could refer to pharmaceutical reference information if needed.

The team disinfected the work surfaces regularly throughout the working day. It cleaned the floor and IT equipment once daily; telephones and light switches twice daily, and door handles each time they were touched. They had access to personal protective equipment (PPE) including face masks.

The team had facilities that protected peoples' confidentiality. The public did not visit the premises, so electronic information on screens was not visible to them. The pharmacy regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and it could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions away from public view.

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. |