

Registered pharmacy inspection report

Pharmacy Name: Riverview Health Centre Pharmacy, Borough Road, Hendon, SUNDERLAND, Tyne and Wear, SR1 2HJ

Pharmacy reference: 1093981

Type of pharmacy: Community

Date of inspection: 06/08/2019

Pharmacy context

The pharmacy is within a health centre in the town of Sunderland. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides NHS services such as 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	2.5	Good practice	There is active engagement with the team members to share ideas to improve the running of the pharmacy and the services provided for people.
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 identifies and manages the risks associated with its services. And it keeps the records it needs to by law. The pharmacy has written procedures that the team follows. It has appropriate arrangements to protect people's private information. People using the pharmacy can raise concerns and provide feedback. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people. The pharmacy team members respond appropriately when mistakes happen. They discuss what happened. And they share learning to reduce the risks of error in the future. 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 up to date standard operating procedures (SOPs) which the superintendent pharmacist had just reviewed, with a review date of 1 August 2019. The pharmacy team members were in the process of reading these. They were reading two at a time to ensure they read them carefully. The SOPs had signature sheets and the team signed the sections read once done. The team could advise of their roles and what tasks they could do. The pharmacy had new owners and they had reviewed the working areas within the pharmacy. There was a main dispensing bench with two terminals where the team members labelled and dispensed items. The pharmacists used the rear dispensing bench for checking. There was a separate room used 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 with red for waiting and blue for electronic and delivery to distinguish people's prescriptions by degree of urgency and this helped plan workload. The team highlighted delivery prescriptions on the bag label.

The pharmacy recorded near misses found and corrected during the dispensing process. The pharmacist discussed the near miss at the time or discussed with the individual as soon as possible. And the team recorded these in a book for that purpose. Examples included naproxen 250mg with the normal version provided instead of the gastro-resistant and clobazam 10mg instead of clonazepam. Learning points recorded by the team generally stated, 'double check' and the actions taken were not always completed. The team discussed these to understand why things had gone wrong but there were no written reviews. They gave examples and had a few shelf alerts in place to highlight medicines with similar names. The pharmacy had a practice leaflet explained the complaints process and offered people the opportunity to make any comments or suggestions. There was also a clear notice on the counter asking for comments, suggestions or complaints. There was a procedure to record and report dispensing errors and the team understood how to report any controlled drug CD issues. The pharmacy had current indemnity insurance with a recognised provider with an expiry date of 15 November 2019.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records, with occasional signings out missing. A sample of the CD registers looked at were completed as required. The pharmacy kept running balances of stock and the register indicated monthly stock checks had been undertaken. 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 recorded private prescriptions in a book recorded as

required. 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, in the practice leaflet. And in an NHS leaflet available for people to take, 'Your data Matters to the NHS'. The pharmacy had a notice which had been taken down during the painting of walls. It was going to replace this once the work had been completed. The team had read General Data Protection Regulation (GDPR) information and undertaken training through the National Pharmaceutical Association. The training had some multiple-choice questions which the team had to complete. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy team stored confidential waste in separate containers and this was disposed of by a recognised company.

Safeguarding information including contact numbers for local safeguarding were available for the team. The pharmacists had undertaken level 2 CPPE training. The team had a SOP for the protection of vulnerable adults and children which was in the folder for the team to read. The pharmacy displayed some leaflets for people to take which provided information if they were 'concerned about a child or adult'.

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 in a variety of ways. The pharmacy team members support each other in their day-to-day work. They feel involved in the running of the pharmacy. And feel comfortable raising any concerns they have.

Inspector's evidence

There was one pharmacist, one pre-registration graduate, three dispensers and one trainee medicines counter assistants (MCA) working in the pharmacy. The dispensers worked 40, 32 and 16 hours weekly and the trainee MCA worked 37.5 hours. The pharmacist job shared with another pharmacist and the pre-registration graduate worked full time. The trainee MCA had previously been a driver for the pharmacy and was undergoing her training, with plans to go on to compete the dispensing course. There was also a driver for deliveries of prescriptions to people's homes. The team members helped cover extra hours when required. There were plans to employ a second pharmacist on some days, considering the additional service the pharmacy was intending to do. Two of the pharmacists were planning for training for a travel vaccination service, and the pre-registration graduate was possibly going to do the training when possible. The pharmacist had completed training to enable the pharmacy to offer a flu vaccination service.

Certificates and qualifications were available for the team. And the certificates were usually displayed but the pharmacist had taken these down to do some painting. The pharmacy would display the certificates once work was completed. The pre-registration graduate attended training days locally. He also provided presentations to the pharmacy team on topics to develop his skills. And to provide the team with information and training. Topics undertaken recently included hay fever and skin conditions. The team members had training records which they kept in folders. The pharmacy had recently started keeping records of training since the change of ownership. The team members wrote down any training they had undertaken.

The team received performance reviews which gave the chance to receive feedback and discuss development needs. One of the dispensers was planning to do the technicians course, with a view to continue to undertake the accuracy checking technician (ACT) course. The trainee MCA followed the sales of medicines protocol when making over-the-counter (OTC) recommendations and referring to the pharmacist when necessary. The dispensers also helped with any queries.

The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist or the superintendent (SI) who worked in the pharmacy some days each week. The dispensary team worked closely together, and the dispenser said they were encouraged to provide feedback about the pharmacy or make suggestions for improvement. The team members felt actively involved in the pharmacy with the new owners. They had all been able to suggest changes to the layout, workflow and general ways of working in the pharmacy. The pharmacy was replacing the small consultation room with two rooms for future services. And the team made suggestions regarding these. After a challenging time, they felt that they had inputted and seen the benefits of changes. Such as changes in the way which the pharmacy managed the compliance packs. The team had developed a

sticker system which tracked and monitored the packs more easily. They had coloured stickers for each day the packs were starting. And they had a section where they put packs if they became aware that a person was in hospital. After a hospital stay they checked all the medicines and then reassigned the day for the person which coincided with when they needed to start their pack again. This had helped the team and meant the person received a complete pack to commence with their medicines.

There was a whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The information used was from the Pharmaceutical Services Negotiating Committee (PSNC) website. The pharmacist advised he was considering having someone not connected to the business as an additional contact for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. And it has adequate arrangements for people to have private conversations with the team.

Inspector's evidence

People could access the pharmacy through the health centre. And through an independent entrance at the front of the health centre. The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting collection. The room temperature was comfortable and the pharmacy well lit. There were plans in place for a wall to be built to provide another storage area. And two consultation rooms. The builder arrived during the inspection to start work imminently. 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 the pharmacy maintained a cleaning rota. The team generally undertook cleaning routinely and completed all required tasks to keep the pharmacy clean. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards.

The pharmacy had a small signposted consultation room which the team used. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The pharmacy team kept the consultation room locked when not in use. The pharmacist had sectioned off the areas for the new consultation rooms, waiting for the building work to start. The plans were for one of the consultation rooms to have a sink for services. Members of the public could not access the dispensary, with a chain across the end of the counter. The counter was clearly observed from the dispensary and the staff 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 packs 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 was an automatic door in to the health centre and the internal entrance between the pharmacy and health centre. The pharmacy kept the entrance open when the pharmacy was open. The separate entrance directly from outside and the team assisted anyone when required. There was some customer seating. The pharmacy had a practice leaflet which advised of their services. This included information on the complaints process and having a private conversation. And the pharmacy displayed some information on health-related topics. The new owners had reviewed the items sold within the pharmacy and were in the process of no longer selling greetings cards which had taken up a large amount of space. The pharmacy kept the pharmacy only medicines behind the counter. And assisted people when they required these items.

The pharmacy provided Medicine Use Reviews (MUR) and the New Medicines service (NMS) with people liking the services and generally benefits, reinforcing how to take the medicines correctly. The pharmacist was undertaking flu vaccinations for the first time this year after completing training. The pharmacy planned to provide this service for walk-ins. They also planned to work with the surgery to promote the service to benefit people who could not go to the surgery. The pharmacists were undertaking prescribing course to enable people to receive travel vaccinations. The pharmacy had plans to provide a substance misuse service and needle exchange service in the future. And currently the team signposted to other healthcare providers for these services. The pharmacy was waiting until the work on the consultation rooms was completed to commence this service.

The pharmacy supplied medicines to around 140 people in multi-compartmental compliance packs to help them take their medicines. The pharmacy provided Patient information leaflets (PILs) with each cycle of packs. The team had reviewed the process and system the pharmacy used for the packs. The system had changed, and it had made improvements and continuing to improve. The team completed the backing sheets with information of medicines and appropriate warnings. And the team were starting to include descriptions to help people identify their medicines. All people now had a box with their details clearly on the front and a sticker which indicated the start day for the pack. The team kept boxes used for filling the packs with the boxes for checking and referral. The team used a tracker chart to plan work which ensured the pharmacy ordered prescriptions in time for packs. And they allowed plenty time to prepare the packs for supply. The team members made up packs four weeks at a time. They had reviewed the process for gabapentin and pregabalin following the changes in prescription requirements. They still made up the four weeks together as they felt this was the best way. But they attached a purple coloured laminated card to each weekly pack. The card stated, 'controlled drug in tray prescription needed'. The also attached part of the original box with the name of the drug to the

laminated card. This served as a clear reminder that the pack required a prescription before supply.

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. Some of the team used numbers as their identification. The team used appropriate containers to supply medicines. And used clear bags for fridge lines so the contents could be checked again, at the point of hand-out. The pharmacy used 'speak to pharmacist' stickers used to apply to prescriptions to raise awareness at the point of supply. This ensured patients received additional counselling. The team members used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. In addition, the team highlight all CD prescriptions when they had printed them off. This prevented supplies when the prescription was no longer valid.

When the pharmacy could not provide the product or quantity prescribed, full patients received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative. The pharmacy telephoned people if the item was not available for delivery. And rearranged delivery or advised if they required an alternative. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. He ticked the sheet once delivered but people did not sign to say they had received. The pharmacy was looking at reviewing this process, to have a more robust process in place as an audit.

The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. The pharmacy had undertaken an audit and the team had advised people of the risks. And the pharmacist checked that they understood. The team members kept the folder with the card and information that they could give to people on the shelf beside the stock. This served as a reminder for the team to add and check the person was aware and reminded of the risks.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. 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 team checked expiry dates on products and marked the expiry date on short-dated items to highlight these to the team at the point of picking. They had a rota in place to ensure all sections were regularly checked. 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 AAH, Alliance, DE, Norchem and Ethigen.

The pharmacy was aware of the Falsified Medicines Directive (FMD). There were receiving the service through one of their wholesalers. And had some standard operating procedures (SOPs). The pharmacy was waiting for new scanners as there had been some issues. And the pharmacy would then start to scan. It hoped it would be in the next few months.

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. 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 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 such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use. The team members had access to disposable gloves and alcohol hand washing gel.

The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team filed these in boxes in a retrieval system out of view, keeping details private. The team used the NHS smart card system to access to people's records. And the computer screens in the dispensary were out of view of the public. The team 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.