

Registered pharmacy inspection report

Pharmacy Name: Crook Pharmacy, 50 Hope Street, CROOK, County Durham, DL15 9HU

Pharmacy reference: 1111112

Type of pharmacy: Community

Date of inspection: 19/09/2019

Pharmacy context

This pharmacy is situated on the edge of the town centre. It is open 100 hours a week. And it is open seven days a week. The pharmacy dispenses NHS and private prescriptions. And offers advice on the management of minor illnesses and long-term conditions. It offers a range of services including flu vaccinations and supervised methadone consumption. And supplies medicines in multi-compartmental compliance packs to help people take their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 understand their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. 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. The team members responsibly discuss mistakes they make during dispensing. But the detail they record, and the frequency of reviews is 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 had read or were in the process of reading. These were last reviewed in April 2018. 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 signature sheets and most of the team had signed the sections relevant to their role but there were some omissions. The dispenser advised he had read them but omitted signing all the sections. And the pre-registration graduate was working his way through reading and signing them.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate area for the homes and compliance pack preparation. The team utilised the limited space well although it was untidy in parts, due to the largest home being prepared. And the limited space. The pharmacist advised that they were looking at ways to improve the layout and maximise the space. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used large baskets for the compliance packs and homes. And different colours of baskets for waiting, call back, electronic and delivery to distinguish people's prescriptions by degree of urgency and this helped plan workload.

The pharmacy recorded near misses found and corrected during the dispensing process. The team recorded these on a specific template. They recorded their own. And the team discussed these at the time. Examples included codeine 30mg instead of 15mg, risperidone instead of ropinirole and the wrong labelling for a patient name. The detail for some entries was limited. They had marked the shelf edges for the fast-moving lines and had clearly indicated the strengths. They also had these with some separation on the shelf to aid the team when selecting. This kept the shelves tidy and assisted in putting away stock and picking. They had a notice in the dispensary with the Look-Alike Sound-Alike drugs to alert the team to take care with these. But had limited shelf alerts at drugs which they had near-miss errors and discussed that this could be beneficial especially due to the shift patterns of the team. This would remind the team to take extra care. Reviews were undertaken each quarter by the pharmacist, but the pharmacist could not locate most recent ones but sent these later. The pharmacist advised he had completed the yearly review for the Quality payment. This had included actions taken and a reflection of the types of near-miss errors. The benefits of more frequent and written reviews would ensure the team could read these and they would not miss opportunities for learning.

The pharmacy had a practice leaflet available if anyone required a copy which advised of the complaints

process. The pharmacy gathered feedback through the annual patient satisfaction survey, with mostly positive comments. Some people had commented that the pharmacy could offer more information on healthy living. The pharmacy had a few posters and some leaflets in the consultation room. But there were no leaflets available for self-selection in the pharmacy. The inspection was in combination with dealing with a concern raised to the General Pharmaceutical Council (GPhC). The pharmacist was aware of the concern which had been a dispensing error made by another pharmacist. The concern had been logged at the time the pharmacy became aware. And the pharmacists had discussed ways to minimise any repetition. They had shared this learning with the team. This had included placing shelf alerts for the drugs involved to remind the team. The pharmacy had current indemnity insurance in place.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records. The pharmacist advised that there were no absences, but the template did not appear to have any facility to record this. The pharmacist advised he would check. The pharmacy maintained the CD registers appropriately and completed running balances. It undertook weekly stock audits. Physical stock of an item selected at random agreed with the recorded balance. There was some out of date stock going back as far as last August which required appropriate disposal. The pharmacy kept a record of CD medicines which people had returned for disposal. And these were disposed of in a timely manner. The pharmacy kept records for private prescriptions in a book with about ten entries a month. The pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The pharmacy displayed information on the confidential data kept, with a privacy notice displayed. Most of the team had read General Data Protection Regulation (GDPR) information. And the pharmacy had an Information Governance policy which included consent, data transfer and use of smart cards. The pre-registration graduate was waiting for his own smart card. And was still to read and sign the IG information. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions and other patient sensitive information safely. The pharmacy team stored confidential waste in separate containers for offsite shredding. The pharmacy had a child protection and vulnerable adult protection policy. Most of the team had signed as read. The pharmacy had contact numbers for local safeguarding available for the team. The pharmacists had undertaken level 2 CPPE training. No examples of safeguarding were given.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team with the appropriate skills to provide its services and manage its workload. Its team members are suitably trained or working under supervision during training. The pharmacy 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, one dispenser and a pre-registration graduate working in the pharmacy. In addition, there were three other dispensers who worked at the pharmacy. The pharmacist worked 40 hours a week. And two other pharmacists generally covered the rest of the time, with regular locums generally covering the weekend. Two of the dispensers worked 40 hours and the others worked 24.5 and 15 hours a week. There had been recent changes in the staffing and the dispensers helped when required. The pre-registration graduate worked 40 hours. He attended study days and had one hour a day for self-study. He advised that he had work by the university to complete. He used the British National Formulary (BNF) and looked up products which he was not familiar with. He noted strengths available and any relevant information to pass on to the people taking these medicines.

Certificates and qualifications were available for the team. Team members described how they read through magazines such as Counter Intelligence and materials from suppliers. The pharmacy had previously recorded some on-going training undertaken but this process had lapsed. The pharmacy had undertaken a mock inspection using materials from the National Pharmaceutical Association (NPA) to review their processes and standards. The pharmacy was quiet at times and the team members said that they could take the training time then. The team received performance reviews yearly which gave the chance to receive feedback and discuss development needs. The pre-registration graduate received reviews and support.

The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone 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 came to the pharmacy on occasions. There was a whistleblowing policy and the team had telephone numbers to raise any concerns outside the pharmacy if needed. The pharmacy team did not have set targets for services such as MURs. They did these when suitable for people's needs and undertook several.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and suitably maintained. It has a sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was generally clean and well maintained. There were two dispensing areas, one for general dispensing and one for the compliance packs and homes. The area where a home medication was being prepared was full of items waiting for the pharmacist to check and racks of medication. There were also several boxes on the floor. The team advised they tried to keep the area tidy. But due to limited space when it was the week for the pharmacy to prepare the largest care home, the area was full and cluttered. Once the pharmacy had sent out the medication for the home, the area was clear again. The team advised that they tidied and cleaned each evening when it was quieter.

There was a clean, well-maintained sink in the dispensary for medicines preparation. Separate hand washing facilities were in place for the team. There was a WC available for staff use. And it was well maintained. The pharmacy had a few items of stock in the WC room. And the pharmacist advised these would be moved to a more suitable location. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had a sound-proofed consultation room which contained adequate seating facilities. The room was smart and professional in appearance. The room had a clear sign on the door. There was a notice in the consultation room 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. Members of the public could not access the dispensary. There was a barrier which the team could put down over the entrance to the dispensary which prevented people entering. The team could clearly see people coming in to the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people and it provides its services safely and effectively. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide people with extra advice. The pharmacy team members dispense medicines into packs to help people remember to take them correctly. And they deliver medicines to peoples' homes. The pharmacy gets its medicines from reputable suppliers. And it mostly stores and manages its medicines appropriately. It takes the right action if it receives any alerts that a medicine is no longer safe to use.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a small step at the entrance. And the team members assisted people if they required help. There was some customer seating. There was a working hearing induction loop in place. The pharmacy hours of opening were on the door. And in a leaflet at the counter. The leaflet provided information for the collection and delivery service and flu vaccinations. There were a few more leaflets in the consultation room on a range of healthcare topics. There was a poster in the window raising awareness of the Stoptober, smoking cessation campaign. The pharmacy had a defined professional area. And items for sale were mostly healthcare related. The team kept the pharmacy medicines behind the counter and assisted people who wished to purchase these items.

The pharmacy provided Medicine Use Reviews (MUR) and the New Medicines service (NMS). The pharmacist had obtained permission to attend one of the care homes to undertake MURs. Benefits had included a patient who was having difficulty chewing Calcichew. She had her medication changed to a liquid formulation. The pharmacy undertook between 30 to 40 NMS. The pharmacist advised he felt these useful as they built up a relationship with people. And people generally liked the service, especially with the pharmacist reinforcing how to use new inhalers.

The pharmacy had undertaken about 20 flu vaccinations this season, mostly NHS. It dispensed the vouchers for the smoking cessation service. And referred people to the surgery for the service. It provided the minor ailments service with around 100 supplies a month. The service was popular for head lice treatments and threadworm. The pharmacy team members received few requests for Emergency Hormonal Contraception (EHC). They supplied free condoms through the C-card service.

The pharmacy received referrals from NHS 111 through the NHS Urgent Medicines Supply Advanced Service (NUMSAS). The patient had contacted NHS 111 for advice and NHS 111 determined they required urgent access to a medicine or appliance that they had been previously prescribed on an NHS prescription. The pharmacy then processed the request to ensure the suitability and appropriateness for the patient. Most referrals led to the pharmacy making a supply. The pharmacy received around 20 to 35 requests a month in the evenings and at the weekend.

The pharmacy received referrals through the Digital Minor Illness Referral service (DMIRS). The digital minor illness referral service (DMIRS) referred patients from NHS 111 or NHS 111 online, straight to their nearby pharmacist, rather than to services like doctors or hospitals. The pharmacy received about two to three request a week. On most occasions the pharmacy could assist the patient. It booked appointments for people with the doctor if required. And these were generally that day.

The pharmacy supplied medicines to around 45 people in multi-compartmental compliance packs to help them take their medicines. And it supplied to four care homes with a total of 135 beds. The team followed systems for assembling and preparing the homes, with the medication on racks. The left out any items with queries to ensure they dealt with these before the home required the supplies. This took up some bench space, particularly when it was the larger home and the team tried to keep this area organised. Some people in the community received their compliance packs weekly and others monthly, depending on how the pharmacy received the prescriptions . The doctors generally had accessed people as to their suitability for compliance packs. The pharmacy supplied patient information leaflets (PILs) to people in the community once each month and they supplied to the homes with each cycle. The pharmacy offered a substance misuse service with about 12 people using this service. Most of them attended the pharmacy daily, between 7am and 9am in the morning. The pharmacy made up the supplies the night before ready for the next day.

There was an 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. And used clear bags for dispensed CDs and fridge lines so they could check the contents again, at the point of hand-out. The team members used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over that there was an item required they required to add. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply or the team marked on the prescriptions which ensured patients received additional counselling. Or they added a note to the bag.

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. On occasions, the pharmacy contacted one of the other local pharmacies to see if they had the item. The pharmacy also 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. They had undertaken an audit. And they explained the information they provided to people in the at-risk group. They had run out of the patient guide & pack and would order some more. The pharmacy provided a repeat prescription collection service. People, except in vulnerable groups ordered their own medication. 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 pharmacy generally stored medicines in an organised way. But there were some examples of items not within the original manufacturers packaging. These were items which the team members had popped for the compliance packs or homes, in error or they were no longer required. The team members had put them in bottles and labelled them. But the detail they recorded was insufficient with sometimes only the name on the label e.g. sodium bicarbonate and Viazem XL 240mg caps. Also, the pharmacy was storing some bulkier stock such as Laxido on the floor.

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 logged the temperature readings on the computer daily and they checked these to ensure the refrigerator remained within the required temperature range. 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 with the date of expiry on a sticker and they took these off the shelf prior to the expiry date. They marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use.

The pharmacy obtained medicines from reputable sources. The pharmacy had a process to receive drug safety alerts and recalls. They received these directly from the Medicines and Healthcare products Regulatory Agency (MHRA) and through PharmOutcomes. The team actioned these and kept records of the action taken. 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 registered with SecurMed ready for implementation of the Falsified Medicines Directive (FMD). It had scanning devices. And the team had trialled for a short while but had ceased this. They were not sure when they would fully implement the requirements for FMD.

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 separate range of measures for measuring methadone. The team had marked the measures for methadone with stickers. It also had a range of equipment for counting loose tablets and capsules. The team members had access to disposable gloves, tweezers and they had alcohol hand washing gel at various workstations.

The pharmacy stored medication waiting collection on shelves where people waiting in the pharmacy could not see any confidential details. The area for this was well organised but there were a few bulkier items on the floor. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private. The computer in the consultation room was screen locked when not in use. The computer screens in the dispensary were out of view of the public. The team used the NHS smart card system to access to people's records. The team used cordless phones for private conversations. And took these in the consultation room if they felt they required additional privacy.

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.