

Registered pharmacy inspection report

Pharmacy Name: Pharmacy World, 45 Redhill Road, STOCKTON-ON-TEES, Cleveland, TS19 9BX

Pharmacy reference: 1111247

Type of pharmacy: Community

Date of inspection: 30/07/2019

Pharmacy context

The pharmacy is on a row of shops on the outskirts of a town centre. It dispenses NHS and private prescriptions and sells over-the-counter medicines. 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 a substance misuse service and needle exchange.

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. And they have just reviewed procedures to ensure that they are up-to-date and aware of any changes. The team members understand the roles and tasks. And they generally work in a safe way to provide services to people using the pharmacy. The pharmacy keeps the records it needs to by law. It looks after people's private information. And the pharmacy team members know how to protect the safety of vulnerable people. The pharmacy team members respond when mistakes happen. And they discuss what happened and act to prevent future mistakes. But they don't always record all of these and follow the company processes. They have reinstated the process for learning from mistakes. And recording information with enough details. But the reviews are limited so the team does not have all the information to identify patterns and learn from these.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which the pharmacy team members have read. And the pharmacy had just received updated SOPs and the team were in the process of reading these. The team members were working through them with dates recorded from June and July as they read them. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as the dispensing prescriptions, assembly and labelling. The team could advise of their roles and what tasks they could do. The locums required to read and sign the SOPs. The supervisor advised that the previous pharmacist had received the SOPs prior to him leaving but not shared then with the team. She had noticed the dates for review had passed when she was going through them with the apprentice. So, she had obtained the newer versions.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate room for compliance pack preparation and unpacking orders. The pharmacist worked at the main bench at the front of the pharmacy and checked items there. 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, white for general and blue for delivery to distinguish people's prescriptions by degree of urgency and this helped plan workload. The compliance packs used pink trays to keep medicines together.

The pharmacy had just started recording near misses found and corrected during the dispensing process. The team recorded these on a specific template. They had previously recorded, but this had lapsed. There were several recorded in the short time they had reinstated this process. And the team had discussed the value for this for learning for all. Examples included sevredol with 'PRN' on the label instead of the full wording 'when required' and colchicine dispensed instead of cyclizine. The pharmacy had previously undertaken monthly reviews, and this was being done again from this month. The supervisor said it had been a challenge since the previous pharmacist had left but now things were falling in to place and the pharmacy was reviewing processes and learning.

The pharmacy team were aware of their complaints process and had recently reviewed following a complaint. They had discussed and learnt how to improve for the future. The pharmacy did not have any details of how to raise a complaint on view either in a notice or leaflet which could inform people. The pharmacy gathered feedback through the annual patient satisfaction survey. But did not have any results to hand. The pharmacy had current indemnity insurance through a recognised supplier.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. A sample of the CD registers looked at were completed as required. The pharmacy maintained running balances and the register indicated the pharmacy undertook weekly stock audits. 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 received few private prescriptions and kept records of these in a book. There were a few emergency supplies suitably recorded. The pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The pharmacy had a SOP for security management which included General Data Protection Regulation (GDPR) information. The team were aware of GDPR and requirements. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team members stored completed prescriptions safely. And they kept patient sensitive information kept securely. The pharmacy team shredded confidential waste on a regular basis. Safeguarding information including contact numbers for local safeguarding were available for the team. The pharmacist and technician had undertaken level 2 CPPE training. And the dispensers had undertaken a CPPE course, level 1. There was an SOP for child protection but did not appear to be an SOP for adults.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained or training team members to safely provide its services. Team members who are training to gain a qualification have access to training material. And given time to do training. This ensures they have the skills and qualifications they need. The pharmacy has some feedback mechanisms in place for its team members. The team members discuss information and undertake some ongoing training.

Inspector's evidence

There was one pharmacist, one accuracy checking technician (ACT), three dispensers and an apprentice working in the pharmacy. In addition, there was another dispenser and two Medicine Counter Assistants (MCA). The MCAs shared working Monday to Friday. The pharmacy had not had a manager since the beginning of the year and the ACT had been asked to be the supervisor. The supervisor worked four and a half days. She worked on the Sunday shift. The team all worked one in five Saturdays. The pharmacy had several locums but now there was one pharmacist locum, generally covering most days. Although this was possibly only for a short time.

The supervisor advised she was getting used to the role. The team supported the supervisor and one of the other team members looked after certain jobs such as staffing which assisted. And had previous experience in another pharmacy before working at this one. She advised that they were a little short staffed due to the holiday period. Some of the team came in to cover extra hours when they could. One of the MCA was on holiday, so the apprentice was covering the counter. 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 pharmacy displayed some of the certificates for the team. Other certificates and qualifications were available. The apprentice advised she was given time to do her course in the pharmacy. The pharmacy team undertook training directed from the head office on topics such as safeguarding and children's oral health. Team members also read information received in the pharmacy on new products.

The team had received performance reviews in the past, but these were no longer being undertaken due to no permanent manager. But the team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist, supervisor or the superintendent (SI). The owner also visited the pharmacy around once a month and offered some support. There was a whistleblowing policy and telephone numbers were available in the policy, 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 is clean and properly maintained. The pharmacy uses a room where people can speak to pharmacy team members privately. And, it has a dedicated area to help protect the privacy of people using different services.

Inspector's evidence

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 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. The pharmacy team kept the floor spaces kept clear to reduce the risk of trip hazards. The team kept any boxes which they required to unpack in an organised way until they could unpack them. done. The room temperature was comfortable, and the pharmacy was well lit. The pharmacy had air-conditioning for the hot weather and fans for the colder weather. All the team took part in general cleaning.

The pharmacy had a good sized, signposted, sound proofed 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 pharmacy had a discreet counter, screened from the main pharmacy and people used this area for the substance misuse service. People waited there until the team attended to them. Members of the public could not access the dispensary. 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 they deliver medicines to peoples' homes. The pharmacy generally manages its services well and it has processes to help deliver them safely. It supplies medicines in compliance packs when it will help people to take their medicines appropriately. And it makes sure people receive their packs when they need them. The pharmacy obtains its medicines from reputable suppliers. It generally manages its medicines well. But medicines are not always date checked on a regular basis. This could increase the chance that people are supplied medicines which are past their 'use-by' date. It has the equipment to dispose of medicines as required. The pharmacy has some information for people on healthcare topics. But this is not prominently displayed. And the hours of opening displayed have not been updated, so people may not be aware of the changes.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all. The team assisted any person requiring help. There was some customer seating. The pharmacy had reviewed the opening hours and was open all day Saturday. And opened on a Sunday from 5pm to 9pm to provide a service in the area when other pharmacies closed. The pharmacy displayed its services in the window. The hours of opening were on the door but did not reflect the Sunday opening hours. And a leaflet only stated the Monday to Friday opening hours. The pharmacy had a limited range of leaflets for people to take but these were not easily observed in the pharmacy as they were on a high shelf. The pharmacy had a defined professional area. Pharmacy only medicines could not be reached by customers.

The pharmacy provided Medicine Use Reviews (MUR) and the New Medicines service (NMS). They provided blood pressure checks when requested. Two dispensers had undertaken training to provide the smoking cessation service, but they could not provide this, at the moment, in the absence of a regular pharmacist. The team signposted people elsewhere. The pharmacy provided medicines through the Minor ailments service and it provided Emergency Hormonal Contraception (EHC) through a Patient Group directive (PGD).

The pharmacy supplied medicines to around 215 people in multi-compartmental compliance packs to help them take their medicines, with one home with 64 beds but it was not full. Around 190 people received their compliance packs monthly and about 25 weeklies. One dispenser did the home, and another did the remainder of the packs. The accuracy checking technician (ACT) checked most of the packs, unless there were changes. All people had profiles sheets, and some had a few crossings out and tippex. They kept records of changes received with discharge notes kept in the person's file. The team advised new sheets were done when there was any risk of them becoming unclear. They used trackers to monitor the progress for the packs to ensure they had ordered the prescriptions, received these obtained the stock and then the packs made up, ready for people. The pharmacy put patient information leaflets (PILs) with each cycle. They also included descriptions of medicines on the packs.

The pharmacy offered a substance misuse service and supplied a needle exchange service. The pharmacy had a cut off time for people requesting the needle exchange service, to allow them to manage this suitably. They had several requests daily. The pharmacy made up supplies for methadone a few days in advance and put these in baskets in the controlled drug (CD) cabinet. On the day for supply the team member put the labelled methadone bottles for that day out in a basket and left on a bench

throughout the day. The stock bottle of methadone was a five-litre container which was inadequately labelled with limited detail. The team filled the stock bottle from smaller original bottles of methadone but did not record the detail such as the batch numbers for the methadone being put in and the container was sticky and infrequently washed.

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 ACT sometime checked other prescriptions but only when she was asked, and the pharmacist had marked the prescriptions as suitable. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included warfarin, methotrexate and lithium which 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. This prevented supplies when the prescription was no longer valid. The team had placed a notice in the CD cabinet to remind them to check the dates for the supply for any CD. He also highlighted all the electronic CD prescriptions to raise awareness.

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 team advised there were issues with Seebri Breezhalers and they were checking with the wholesalers to ensure they could get them. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. They could explain the information they needed to provide to the 'patients in the at-risk' group. They had the pack with the alert stickers, patient guide & cards.

The pharmacy provided a repeat prescription collection service. They were reviewing the ordering of prescriptions in line with the new Clinical Commissioning Group (CCG) guidelines. From September people had to order their own medicines. The pharmacy had advised the surgery of vulnerable people and was liaising to be able to continue to order for them. The pharmacy was also providing the surgery with a list of patients who could be considered for the repeat dispensing service as they were on monthly medicines and stable. 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, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had a large 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 stock was clearly set out in baskets.

The pharmacy team had a date checking rota in place. But this had fallen behind slightly. The pharmacy team had received a complaint about an out of date inhaler. They had checked the section and no other inhalers were out of date. They were checking the rest of the dispensary as a priority due to this incident. And were being vigilant to the dates. They had discussed and reviewed the importance of the date checking. The inspector checked a few areas which had not been date-checked recently and only found one item, out of date from May month and one other just about to go out-of-date. The team had stickers and highlighted any items with an expiry date of six months or less remaining. 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 DE, AAH, Phoenix and Alliance. The team were aware of the Falsified Medicines Directive (FMD). They had not received scanners and were unclear what the company was intending doing. 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 necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

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 a separate range of measures for measuring methadone. It also 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 wipes, and alcohol hand washing gel. The pharmacy replaced the blood pressure monitor when required.

The pharmacy stored medication waiting collection on shelves, in numbered baskets where no confidential details could be observed by people. The team filed the prescriptions in a retrieval system out of view, keeping details private. The computer in the consultation room was screen locked when not in use. The team used the NHS smart card system to access to people's records. The team used cordless phones for private conversations. The computer screens 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.