

Registered pharmacy inspection report

Pharmacy Name: Farah Chemists Ltd, 189 Delaval Road, NEWCASTLE
UPON TYNE, NE15 6TR

Pharmacy reference: 1112052

Type of pharmacy: Community

Date of inspection: 22/09/2021

Pharmacy context

This is a community pharmacy on a busy corner in Benwell, Newcastle. And near to a surgery. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It delivers medicines for people to their homes and provides some people with their medicines in multi-compartment compliance packs. The pharmacy provides a substance misuse service.

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 mostly manages the risks with its services and it effectively manages the risks with infection control during the pandemic to help keep members of the public and team members safe. It maintains the records it needs to by law and appropriately protects people's private information.

Inspector's evidence

The pharmacy had a range of procedures in place to help manage the risks of the services it offered during the COVID-19 pandemic. These included notices reminding people visiting the pharmacy to wear a face covering. A Perspex screen in front of the pharmacy counter acted as a protective barrier between team members and members of the public. The pharmacy displayed markings on the floor of the retail area to help people socially distance while queuing. Most members of the pharmacy team wore face masks. The inspector reminded the team of Public Health England guidance for people to continue to wear face coverings within a healthcare setting.

The pharmacy had a set standard operating procedures (SOPs). They covered tasks such recording dispensing incidents, responsible pharmacist (RP) requirements and management of controlled drugs (CDs). Some of the SOPs had not been updated for example the RP SOP. Some newer team members had not read and signed the SOPs. The manager advised that they had been very busy during the pandemic and this would be addressed as soon as the opportunity arose.

The pharmacy had a process to record and report near miss errors made by its team members during the dispensing process. The RP normally entered the near misses into the near miss record book. And corrected the error. So, the team may be missing opportunities for individuals to reflect on how the error happened while correcting. The RP recorded around ten near misses each month. Only basic details had been recorded and the learning points and action taken columns had been left blank. So, this made analysing the errors less effective and the team may have missed out on the opportunity to learn from specific errors and make changes to the way they work to prevent a similar error happening again. The manager provided some examples of the way that they prevented errors occurring for example separating medicines that had been selected in error previously for example gabapentin and pregabalin. The pharmacy recorded details of any dispensing errors that had reached people. The records were stored in the dispensary for future reference and copies were sent to the area manager.

The manager advised that they try to resolve any complaints in branch but if the team member could not resolve the matter, they escalated the matter to the area manager. The pharmacy did not have a process for receiving patient feedback. But the team responded to improve services when any issues were raised. For example, the pharmacy contacted the surgery to get an alternative prescription when items were out of stock so that people get the medication they need in a timely manner.

The pharmacy had appropriate indemnity insurance in place and the certificate was displayed in the dispensary. The pharmacy kept an electronic record to show which pharmacist was the RP and when. The pharmacy prominently displayed the correct RP sign so that people could identify the RP on the day. The pharmacy had a controlled drug (CD) register. The pharmacy team checked the register balance on each dispensing and did a full CD balance audit monthly. The pre-reg had identified a need

to check the most commonly used CDs more regularly so intended to check these weekly. A balance check of a randomly picked CD in the cabinet tallied with the CD register. The manager had registered to receive drug alerts from MHRA. But there wasn't an audit trail to provide assurance that all alerts had been received and actioned when appropriate. So, the team may be missing opportunities to prevent harmful medicines being supplied to people. The manager explained that alerts had been received and actioned, but these had not been printed off to provide an audit trail due to prioritising the workload during the pandemic. The pharmacy had a system for the supplies of the unlicensed medicinal products it made which complied with MHRA regulations. The team recorded private prescription transactions electronically. The prescriptions had been filed chronologically but some had no reference numbers on them.

The pharmacy team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was segregated to avoid a mix up with general waste. And shredded off site. The manager had completed CPPE safeguarding training but had not shared the learning with the team. A team member explained that in the past they had reported concerns about people not taking all their medication regularly or who may have been confused. The pharmacy had a list of contact details for local safeguarding services.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough people in its team. Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. They work well together and make decisions about what is right for the people using the pharmacy.

Inspector's evidence

The pharmacy team consisted of the manager (the RP), a pre-reg and two full time dispensing assistants, one part time dispensing assistant, one apprentice and one part time driver. The RP was supported at the time of the inspection by the pre-reg, two dispensing assistants, the apprentice, and the driver.

The team worked at their work benches and interacted with each other to ensure people got what they needed in an efficient way. The team rotated working on the counter so that team members could cover all pharmacy tasks. The pharmacy had a sales of medicine protocol and team members referred to the pharmacist when appropriate. The pharmacist had been alerted when a pregnant patient enquired about an over-the-counter medicine. An appropriate treatment had been purchased. The pre-reg trainee helped with dispensing in the dispensary and answered queries from people on the telephone. The manager supported the pre-reg and they were happy with the training they received. Half a day had been allocated for training each week. The team assisted the inspector during the inspection by providing pieces of evidence and explaining how tasks such as date checking, and how multi-compartment compliance packs were done. The team managed with the current staffing levels. And they sometimes worked overtime when the need arose. The manager advised that they had struggled with staff sickness during the pandemic, but the team coped with the workload. The company does not offer ongoing training, but the team had completed CPPE training on topics such as Sepsis, Safeguarding and look alike sound alike (LASA) drugs. The manager had a file with the team's training certificates. The team hadn't received formal appraisals. Rather the manager discussed issues with team members as they arose and offered on the spot feedback.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable and secure environment for people to receive healthcare. Improvements could be made to clear the clutter and store stock more efficiently. The pharmacy team members take appropriate steps to reduce the risk of Covid 19 infection.

Inspector's evidence

The pharmacy has limited space in the retail area and the dispensary. Working benches had rows of prescriptions waiting to be checked so the team had very little spare space to work. The pharmacy and areas off were untidy and cluttered. Stock items in totes obstructed access to some shelves. And presented a trip hazard. The shelves had no dividers, so stock had fallen into each other and had become mixed. The sink in the dispensary had hot and cold running water but access to it had been blocked because it was being used during dispensing multi-compartment compliance packs. The pharmacy had staff toilets with a sink with hot and cold running water. The pharmacy had a sound-proofed consultation room with desk, computer, and seats where people could sit down with a team member. It was professional in appearance and was signposted by a sign on the door.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy provides its services safely and maintains clear audit trails for its prescribing service. The pharmacy provides medicines to some people in multi-compartment packs to help them take them correctly. But sometimes people may not receive all the information they need to take their medication effectively. It obtains its medicines from reputable sources.

Inspector's evidence

People using the pharmacy had direct access from the street. The pharmacy advertised its services and opening times in the window. And people using the pharmacy had access to some health information leaflets displayed in the pharmacy. The pharmacy provided a supervised medicine consumption service. Services such as smoking cessation had been suspended due to the pandemic.

A check on a selection of bagged medicines indicated that team members signed the dispensing labels when dispensing and checking processes had been completed. And so, they had a robust audit trail in place. The team used baskets to hold prescriptions and medicines. This helped the team members stop people's prescriptions from getting mixed up. 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 remind the team member handing out the medication that a fridge line needed to be added. On the occasions when the pharmacy could not supply the full quantity prescribed the team used owing slips. One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy delivered medicines to people in their homes. People appreciated the service, and the driver did around sixty deliveries each day. Previously people signed the delivery sheet on receipt of their medication. But to reduce the risk of cross infection during the pandemic this requirement had been suspended.

The pharmacy supplied medicines in multi-compartment compliance packs for people living in their own homes. The team prepared around one hundred compliance packs each month on a small bench to the side. Each patient had their own marked polypocket which contained the individual's paperwork. The team supplied the packs with backing sheets with information which would help people visually identify the medicines. People received Patient information leaflets with the first dispensing only. So, this may mean that people may not receive all the information they need to use their medication effectively. One member of the pharmacy team and the pharmacist usually prepared and checked the packs.

The SI demonstrated an understanding of the pregnancy prevention programme (PPP) for people prescribed valproate, and of the risks. The inspector reminded the SI about the updated guidance from MHRA. The pharmacy had no patients of childbearing age receiving sodium valproate. The pharmacy stored pharmacy medicines behind the pharmacy counter to prevent people self-selecting them. The pharmacy did not routinely stock codeine linctus but rather provided alternative treatments. The manager advised that would order codeine linctus if they received a prescription requesting it. The pharmacy team stored medicines for sale over the counter in a tidy manner. But the dispensary shelves

had no dividers and had been over stacked with stock. So, this increased the risk of a picking error. The team checked the expiry dates and kept a record of short-dated items in the diary. The dispensing assistant removed these from the shelf at the end of the month before the expiry date. The pharmacy team marked short-dated items with a highlighter so that team members could be alerted to double check the expiry date. The team recorded the date on liquid medicines when they had been opened. A check of four areas in the pharmacy found no out of date stock. The pharmacy had procedures in place to appropriately store and then destroy medicines that had been returned by people. And the team had access to CD destruction kits. The pharmacy team checked and recorded the fridge temperature ranges daily. The fridge temperature on the day was within the correct maximum and minimum ranges. The team stored the medicines inside the fridge and CD cabinets in an organised tidy manner. The top shelf of the CD cabinet had a large amount of out-of-date stock stored in a marked carrier bag. The manager knew who to contact about getting these destroyed.

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. The pharmacy used a range of CE quality marked measuring cylinders. And cleaned the equipment they used to measure, or count, medicines before they used it. The pharmacy had one refrigerator to store pharmaceutical stock requiring refrigeration. 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 pharmacy had a consultation room so its team could have confidential conversations with people when necessary without being overheard. Some of the team members responsible for the dispensing process had their own NHS smartcard.

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.