

# Registered pharmacy inspection report

**Pharmacy Name:** Medichem Limited, 1 Laburnam Cottage, Robinson Terrace, SUNDERLAND, SR2 8PB

**Pharmacy reference:** 1115961

**Type of pharmacy:** Community

**Date of inspection:** 24/04/2019

## Pharmacy context

This is a community pharmacy located next to a surgery and serves the local population. It dispenses NHS prescriptions and sells a range of over-the-counter medicines. And provides advice to people about how to manage their medicines. It also supplies medicines in multi-compartmental compliance packs to help people take their medicines.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has a set of written procedures, which it reviews. But, since the last review, team members have not signed to say that they have read all the updated procedures. So, the pharmacy is not able to demonstrate that its team members are clear about any revised processes. But the team members have a clear understanding of the roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The pharmacy team members discuss mistakes they make during the dispensing process responsibly. But the detail they record, is sometimes limited. And they do not document reviews and actions taken. So, they may be missing out on some learning opportunities. The pharmacy asks people for their views and deals with complaints and uses feedback to improve the services. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. The pharmacy looks after people's private information and it explains how they will use it. And the pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of service. They covered areas such as the dispensing prescriptions and controlled drugs (CD) management. These were last reviewed 2018. The last set of signed SOPs shown had been dated in 2015. The team members advised the newer versions had been read on the computer since they had been received. But there had been no signatures recorded for these.

The team could advise of their roles and what tasks they could do. The team were observed undertaking process and systems when dispensing. They communicated with the pharmacist if they had any questions or queries during the dispensing process.

The main dispensing bench was used for walk-in prescriptions and another bench for repeats, electronic prescriptions and collections. In addition, there was an island which was used for the preparation of compliance packs on one side and repeat prescriptions at the other. The team used different sized baskets throughout the process to keep prescriptions and medicines together.

The pharmacy recorded near misses found and corrected during the dispensing process. These were recorded on a specific template. Examples included wrong strengths, but the strengths were not always specified or wrong drug but no detail of what should have been supplied. These were discussed at the time or discussed with the individual as soon as possible. The team discussed ways to improve but records of these were not formally kept. The team advised that they had discussed recording their own in the future to improve learning. The pharmacist generally picked out a few from the near miss sheet, highlighting these and the team discussed these but did not record any more information. The pharmacist had completed the yearly review form for the Quality Payment and discussed that this form could be used monthly which would provide a more focused review, going forward. The team had some examples of items, including the Look Alike Sound Alike drugs such as amitriptyline. They had on occasions noted a reason, such as the stock had been brought through from the store room and had been muddled in the store which had led to it being put in the wrong location in the dispensary. This resulted in the stock room being tidied.

The pharmacy team advised they usually had a practice leaflet, but this was being redone. There was a notice displayed in the pharmacy which explained the complaints process. The pharmacy gathered feedback through the annual patient satisfaction survey. The results had been positive with no comments for actioning. There was information available to people on how to provide comments and about the complaints process. Information about how to make a complaint was explained in the practice leaflet and on a notice displayed in the pharmacy.

There was a procedure to record and report dispensing errors and evidence was seen that this procedure was followed. The pharmacy received few formal complaints with most people coming to the pharmacy and discussing any concerns.

The pharmacy had current indemnity insurance (National Pharmaceutical Association) with an expiry date of 31 August 2019.

The pharmacy had the correct Responsible pharmacist (RP) notice. And the Responsible Pharmacist records were completed as required. A sample of the CD registers looked at were complete with headings and running balances maintained and the register indicated regular and recent checks had been undertaken. Physical stock of an item selected at random agreed with the recorded balance. A record was kept of CDs which had been returned by patients. But on occasions the team marked the bag with the date of return and these were not entered in the book until a later date. Records for private prescriptions were kept with about one every second month supplied. Special records for unlicensed products were kept with the certificates of conformity completed.

The pharmacy displayed information on the confidential data kept and how it complied with legislation. The team had read General Data Protection Regulation (GDPR) information. And signed following the reading of this. There was a notice in the pharmacy explaining GDPR and how information was processed, stored what people's rights were and there was a confidentiality notice. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And completed prescriptions were stored away safely. And the team used the NHS Smart card system to access to people's records. Patient sensitive information was kept securely. The team shredded confidential waste straight away, with a shredder at the end of the island.

Safeguarding information including contact numbers for local safeguarding were available for the team. The pharmacist and technician had undertaken level 2 CPPE training. There were SOPs for child protection and vulnerable adults. The team advised they would discuss with the pharmacy if they had any concerns. The driver knew the patients and he would alert the pharmacy if there was anything unusual. Contact details were available for safeguarding.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. They are competent and have the skills they need for their role. They work well together and help each other to perform tasks. The pharmacy team members undertake training but do not always get protected time to complete this. This may mean that opportunities to complete training may be delayed. There is an informal process for team members to reflect on their own performance. The pharmacy has a process for raising concerns. And the pharmacy team members know who to contact to raise concerns.

### Inspector's evidence

There was one pharmacist, one technician and three dispensers who worked at the pharmacy. The pharmacist's day off was covered by a regular locum. Two of the dispensers worked full time and the other 17 and a half hours a week. One of the dispensers had been grand-parented previously in relation to training. But was now completing the formal dispensing course with the two other staff members.

The company had two other premises nearby and the pharmacy could borrow staff from these premises if required. Occasionally the superintendent pharmacist (SI) came in to help if necessary. The team felt that there was enough staff. It was explained that the lunchtime closure allowed tasks to be undertaken and the pharmacist and technician often used this time to deal with any issues and work.

Team members described how the pharmacist read articles and shared these with the team. But this was not recorded. Team members received some training time to undertake their dispensing course during the day. But they generally undertook some of this work at home. The technician explained how she kept her continuing professional development up to date.

No formal performance reviews were in place, but the team advised they could raise any issues at any time. They advised they could speak to the pharmacist or the SI if they had any issues. Through informal discussions with the SI the dispenser had discussed doing the formal dispensing course which had become the company's procedure.

The team were observed carrying out tasks and managing their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. The dispensary team worked closely together, and the dispenser said they were able to provide feedback about the pharmacy or make suggestions for improvement. There was no formal whistleblowing policy. But the team had telephone numbers if they require to confidentially raise any concerns outside the pharmacy if needed.

The pharmacy team did not have set targets for services such as MURs. These done when they met the patient's needs. The team counselled patients as required but these were not necessarily formally done as MURs.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is safe and clean, and suitable for the pharmacy services it provides. It is secure when closed. People can have private conversations with a pharmacist or team member in the consultation room. But the room does not have any signage. So, people may not know of its availability for use.

### Inspector's evidence

The pharmacy was clean, tidy and hygienic. It was fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting collection.

The pharmacy had a defined professional area. And items for sale were mostly healthcare related. Pharmacy only medicines could not be reached by customers. There were a medicines counter and another higher counter which people used for signing their prescriptions.

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 general housekeeping was well maintained. Floor spaces were generally kept clear to reduce the risk of trip hazards. The room temperature was comfortable and well lit.

The pharmacy had a reasonable consultation room. But this was not particularly visible to people. There was a door from the retail area, but this was not signed. It was locked. The team advised that people using the room were taken into it from the side of the medicines counter. The team ensured people were escorted in to the room. No confidential information could be observed.

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 provides a suitable range of services. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices, including the use of baskets to keep items together. And the team members use dispensed by and checked by signatures to provide an audit trail, to ensure they deliver services safely. They take extra care supplying high-risk medicines and help to make sure that people take their medicines safely. The pharmacy gets its medicines from reputable suppliers and generally stores them properly. It takes the right action if any medicines need to be returned to the supplier.

### 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 at the entrance for easy access. The pharmacy could be easily accessed from the car park and the main road. There was plenty of customer seating. This was well used by people waiting. The pharmacy had a display area with posters and a range of leaflets available for people to take away. There were leaflets on window sills accessible to people while waiting. The hours of opening were on the door. There was no practice leaflet available.

The team signposted to other healthcare services when required. They referred people to their other pharmacies locally for services such as emergency hormonal contraception (EHC). Although they provided this service privately with a charge, not through a patient group directive (PGD). They also referred people to the surgery.

The pharmacy undertook medicine use reviews (MURs). They had some beneficial outcomes for patients. They also undertook the new medicine service (NMS) and recently had undertaken reviews on the use of inhalers and spacers as the surgery had increased the use of these. The pharmacist demonstrated the use of these to people to ensure they knew how these should be used.

The pharmacist ensured that patients had enough medicines but that they did not over order. One patient said he had plenty of lansoprazole left as the surgery kept repeating the items. The pharmacist advised the current supply could be cancelled. But she checked with him to ensure he had enough left as he was not intending getting more for two months.

A practice pharmacist had recently started at the surgery and the pharmacy were developing a working relationship, so they could work together. The pharmacy was kept informed of any prescribing changes which meant they could obtain medicines for patients as required. They could also support patients with changes.

The pharmacy took the NHS 111 referrals and said that they received a few, mostly on Monday mornings, as they were not open at the weekend. They advised they referred about one in three to the doctor. And they were able to facilitate an appointment to assist the patients. The pharmacy had provided the Minor Ailments Scheme, but this funding had ceased so the service was no longer provided.

The pharmacy provided multi-compartmental compliance packs to people, to help them take their

medicines. All the team undertook the assembly of packs. The team kept records for all the patients and checked the prescriptions with the records. Changes were noted on the records and extras were provided when required. The team received weekly prescriptions for the medicines. They were currently reviewing the process for gabapentin and pregabalin following changes in legislation. This was to ensure the prescriptions were correctly dated for the supply. Patient information leaflets (PILs) were supplied once each cycle. The team ensured that the backing sheets were fixed to the packs, as a husband and wife had got their packs muddled up when the sheets had become detached from the pack.

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 team used appropriate containers to supply medicines. The team prepared the labels for controlled drugs (CDs) and fridge lines and these were stapled to the bags. These were then made up at the time of collection.

The pharmacist added notes which were applied to prescriptions to raise awareness for additional counselling. Examples included to check if a patient still required amlodipine as they had noticed it had been removed from his next set of repeat dispensing but was still on the final one to be collected. Patients ordered their own medication.

The team had been reviewing the dispensing process for CDs as these prescriptions were now being received electronically. They were also working with the surgery as the prescriptions were not being supplied until the due date which could cause problems in supplies to patients.

When the product or quantity prescribed could not be provided in full patients received an owing slip. And one was kept 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 team were aware of the Pregnancy Prevention Programme for valproate. The team could explain the information they were expected to provide to the “at-risk” group. The pharmacy had carried out an audit, with only one patient who had recently been changed to Brivaracetam. They had highlighted the information to patients receiving this medication to ensure they understood, even though they were not in the at-risk group

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. Any CDs to be provided were highlighted on the sheets.

Medicines were stored in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. Short dated items were marked with red dots and taken off the shelf prior to the expiry date. Liquid medication was generally marked with the date of opening. But if it was not clear if the medication was in date, the item would be discarded.

The team were aware of the Falsified Medicines Directive (FMD). They were registered with SecurMed. And had the appropriate IT (through Pro prescription connect) in place. They were checking daily to see when they would be able to use the system. But currently when they tried they received the error message “no module was in place to scan text”.

The pharmacy used recognised wholesalers such as AAH, DE and OTC direct.

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 actioned 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. There are provisions in place to maintain people's privacy.

### Inspector's evidence

The pharmacy 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 measure for oxynorm and morphine solution as they had several patients getting these.

It also had a range of equipment for counting loose tablets and capsules. They cleaned triangles after use. And they tried to order methotrexate in blister packs. The team had access to disposable gloves and alcohol hand washing gel. Tweezers were available for the packs.

The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range.

The computer screens were out of view of the public. The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team ensured prescriptions were facing away from the public area. Although the distance was far enough that details could not be read. This kept details private.

### 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.