

# Registered pharmacy inspection report

**Pharmacy Name:** Synergise Pharmacy, 56 Yarm Lane, STOCKTON-ON-TEES, Cleveland, TS18 1EP

**Pharmacy reference:** 1116088

**Type of pharmacy:** Community

**Date of inspection:** 14/03/2024

## Pharmacy context

This is a community pharmacy in Stockton-on-Tees, Cleveland. Its main services include selling over-the-counter medicines, dispensing NHS prescriptions, and providing supervised consumption of medicines to a considerable number of people prescribed treatment for substance misuse. It also provides the NHS Pharmacy First and NHS Hypertension Case Finding services. It delivers medicines for some people to their homes and supplies some people with their medicines dispensed in multi-compartment compliance packs.

## 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 provides its team with a set of written procedures to support them to provide pharmacy services safely. The pharmacy keeps people's sensitive information secure, and it is adequately equipped to safeguard vulnerable adults and children. Team members discuss details of mistakes made during the dispensing process and they implement changes to the way they work to help improve patient safety.

### Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). They covered tasks such as dispensing, responsible pharmacist requirements, dispensing of multi-compartment compliance packs and the management of the substance misuse service. The SOPs were prepared in August 2023 and were due to be reviewed by the pharmacy's superintendent pharmacist (SI) in 2025. This was to ensure they accurately reflected the pharmacy's practices. The pharmacy retained records to confirm team members had read and understood the SOPs that were relevant to their role.

The responsible pharmacist (RP) spotted errors made by team members during the dispensing process, known as near misses. They informed the dispenser of the error and asked them to rectify the mistake. The pharmacy had a near miss log for team members to use to record details of each near miss. The log had sections to record details such as the type of near miss and the reason it might have happened. Team members explained they did not always use the log due to time pressures. On several occasions team members did not record the reason a near miss might have happened. So, they may have missed the opportunity to identify any trends or patterns. The pharmacy kept records of any dispensing errors that had reached people. A form was completed which contained details of the error, reasons the error might have happened, and the actions taken to prevent a similar error recurring. The team described a recent error where a person received the incorrect quantity of a medicine. To reduce the risk of a similar mistake happening again, team members asked another team member to double check the quantity of the medicine dispensed if the quantity was different from an original pack size.

The pharmacy had current professional indemnity insurance. It was displaying an RP notice which displayed the correct name and registration number of the RP on duty. The pharmacy kept complete records of private prescriptions. And it kept CD registers which were completed correctly. Team members audited the running balances against physical stock occasionally. Some registers had not been audited for several months and so the team may find it difficult to resolve any discrepancies. The pharmacy kept complete records of CDs that had been returned to the pharmacy for destruction. Confidential waste was placed into a separate bag to avoid being mixed with general waste. The waste was periodically destroyed via a specialist contractor. Team members understood the importance of keeping people's private information secure and they had all completed information governance training as part of their employment induction process. Team members described how they offered people the use of the consultation room if the pharmacy was busy and there was a risk of confidential conversations being overheard.

The RP had completed training on the safeguarding of vulnerable adults and children via the Centre for Pharmacy Postgraduate Education (CPPE). Other team members had not completed formal training but had discussed hypothetical scenarios with the RP. They were able to describe situations where they

would raise a concern with the RP. Team members had access to a written procedure to support them in raising a safeguarding concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members are enrolled on a suitable training course, or suitably qualified, to fulfil their roles and provide pharmacy services effectively. The pharmacy adequately supports team members to update their knowledge and skills. Team members are supported to implement changes to the way the pharmacy operates to help reduce risk and improve efficiency.

### Inspector's evidence

During the inspection, the RP was supported by a full-time qualified pharmacy assistant, a part-time qualified pharmacy assistant, a full-time trainee pharmacy assistant and another team member who had administrative duties. A full-time qualified pharmacy assistant and the pharmacy's delivery driver were not present during the inspection. Regular locum pharmacists worked when the RP was absent. Throughout the inspection, team members were observed working well and dispensing medicines under no significant pressure. They supported each other in completing various tasks and requested the support of the RP when needed for sales of medicines.

The pharmacy provided some training material for team members to use. The material was provided on an ad-hoc basis. Recently, the team had completed training on the NHS Pharmacy First service. Team members explained the RP often asked them questions while they worked to assess their understanding. And they were given protected time to complete training. Team members attended ad-hoc team meetings which were led by the RP. They discussed company-related news, workload, near misses and dispensing incidents, and were able to provide feedback to help improve the pharmacy's services. Recently the team had discussed using a separate bench for the RP to complete final checks of dispensed medicines. This helped keep the dispensary more organised and reduced the risk of mistakes being made. The pharmacy did not set the team any performance related targets to achieve.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are generally well maintained. The pharmacy has suitable facilities to support people to speak to team members confidentially.

### Inspector's evidence

The pharmacy premises was well maintained. The retail area was spacious. However, the floor was not kept clean which did not portray a professional environment. The dispensary was of a sufficient size to manage the pharmacy's dispensing workload. Benches were kept organised throughout the inspection. Floor spaces were kept clear to help avoid the risk of a trip or a fall. The pharmacy had a signposted, soundproofed, private consultation room for people to use to have private consultations with team members. It was spacious and suitable equipped. There was another private area which was accessible by a separate entrance at the side of the premises. Team members used this room to supervise people taking their medicines. There was graffiti on several walls in the room which did not portray a professional image. The room was scheduled to be repainted following the inspection.

The pharmacy had a clean sink in the dispensary that was used for the preparation of medicines. There were sinks in both the toilet and staff area which provided hot and cold water and other handwashing facilities. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers people a range of services which are accessible and managed efficiently. Team members respond appropriately when the pharmacy receives alerts about the safety of medicines. The pharmacy generally manages and stores its medicines correctly.

### Inspector's evidence

The pharmacy had stepped access to its main entrance door. The pharmacy did not have a ramp and so people who used wheelchairs were unable to enter the premises. Team members described how they served people with wheelchairs and prams at the door. Large-print labels were provided on request to help people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer. They used written communication to help people with a hearing impairment. And they were comfortable using language applications to support people who were unable to communicate in English. Team members demonstrated examples of where they had identified people who had raised blood pressure and were eligible for the NHS Hypertension Case Finding service. Team members described how they provided dietary advice or referred them to their GP where appropriate. The pharmacy had recently started providing the NHS Pharmacy First Service. And described how the service had been popular, but they had ensured the provision of other services was not compromised. Team members described the advice they would provide people who were dispensed valproate. This included ensuring the person taking the medicine was aware of the risks of taking the medicine while being pregnant.

The pharmacy provided a substance misuse service to a substantial number of patients in the local community. They used an automatic pump delivery system to dispense liquid medicines in daily instalments. The system was kept locked during the pharmacy's opening hours so that the medication was stored securely. Team members cleaned the pump daily and kept the medication in the CD cabinet when the pharmacy was closed. The local drug misuse team instructed the pharmacy to crush buprenorphine tablets to support people's supervised consumption. However, the pharmacy had not amended their SOP to reflect this process. The pharmacy used a separate patient medication record (PMR) system to manage the service. The team had attached photographs of some people to their PMR records. This helped team members to confirm the identity of people before they were supplied their medicines. Many of the people who used the service were known to the RP, however the RP ensured each person's address and date of birth was confirmed before supply. This reduced the risk of medicines being supplied to the incorrect person.

The pharmacy supplied some people with medicines in multi-compartment compliance packs. The packs were designed to help people take their medicines correctly. The workload was spread over a four-week cycle. This helped keep the workload manageable. Team members kept master sheets which detailed the person's current medicines and administration time. They used these as a reference source to help them dispense the packs accurately. The original packs of medicines were stored with the packs so the RP could check them with prescriptions to ensure the correct medicines had been picked. The packs were supplied with written descriptions of the medicines inside which helped people easily identify them. But they were not supplied with patient information leaflets for each medicine. And so, people were not provided with the full information about their medicines. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was

given to the person, and one was kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people.

Pharmacy (P) medicines were stored behind the pharmacy counter. Prescription only medicines were kept in restricted areas of the premises. However, they were not stored tidily in all areas. For example, some eye and ear drops were stored in baskets on top of each other. They were not stored alphabetically or separated by strength. This introduced the risk of errors being made in the dispensing process. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. Following the closure of a local care home, the pharmacy had received several boxes of medicines from the care home for destruction. During the inspection, the boxes were stored in the pharmacy's consultation room. This created a risk of unauthorised access. The risk was discussed with the team and the boxes were moved into the pharmacy's dispensary following the inspection. The CD cabinet was well organised and out-of-date and patient-returned CDs were appropriately segregated. The pharmacy had a medical grade fridge. It was used to store medicines that required cold storage. The contents of the fridge were well organised, and the team monitored and recorded the minimum and maximum temperature ranges of the fridge each day. The records seen were within acceptable ranges.

The pharmacy had a process to check the expiry dates of its medicines every three months. The team was up to date with the process. Three out-of-date medicines were found after a check of around 20 randomly selected medicines. These medicines had not been highlighted as being short dated. Team members were not observed checking the expiry dates of medicines during the dispensing process. And so, there was a risk that expired medicines could be supplied to people. The date of opening had not been recorded for four medicines that had a short shelf life once they had been opened. And so, the pharmacy could not confirm the suitability of these medicines. The medicines were removed from the dispensary when brought to the attention of the RP. The pharmacy received drug alerts and recalls. The team quarantined any affected stock but did not keep a record of the action taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

### Inspector's evidence

Team members had access to up-to-date reference sources including access to electronic copies of the British National Formulary (BNF) and BNF for children. The pharmacy used a range of suitable measuring cylinders. There was a suitable, electronic blood pressure monitor to support the team in providing the NHS hypertension case-finding service. There was a suitable otoscope, thermometer, and tongue depressors to support the team in delivering the NHS Pharmacy First service. The automated pump delivery system was kept clean and was well maintained. The team calibrated the system at the beginning of each working day.

The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It positioned computer screens to ensure people could not see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in 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.  |