

Registered pharmacy inspection report

Pharmacy Name: Denmark Street Pharmacy, Denmark Street
Surgery, Denmark Street, DARLINGTON, County Durham, DL3 0PD

Pharmacy reference: 1117115

Type of pharmacy: Community

Date of inspection: 26/07/2019

Pharmacy context

This is a community pharmacy situated within a health 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 NHS services such as flu vaccinations and a substance misuse service. The pharmacy is open extended hours from 7am to 10.30pm, Monday to Saturday, and 10am to 5pm on Sunday.

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. The team members have a clear understanding of 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 provide information to tell people how they protect their information. 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 is sometimes limited. So, they may be missing out on some learning opportunities to prevent similar mistakes from occurring.

Inspector's evidence

The pharmacy was a company, Denmark Street Healthcare LLP, which was owned, 50 percent by the surgery and 50 per cent by the company, Day Lewis. The pharmacy was managed by Day Lewis. And it followed their systems and processes. The pharmacy had a wholesaler dealers' licence and undertook some wholesaling to the company's head office. The pharmacy had standard operating procedures (SOPs) which the pharmacy team members have read. The pharmacy had recently received reviewed SOPs. And the superintendent (SI) pharmacist was reading through these first. And making any amendments required for this pharmacy prior to giving the pharmacy team to read. The SI highlighted any changes to alert the team when reading such as the process for marking split boxes. The team could advise of their roles and what tasks they could do. The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate area for compliance pack preparation. The team utilised the limited space well. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used 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 members recorded their own when possible using a specific template. The pharmacist left any he had checked in the evening to show the team member when they were next in if possible. Examples included ferrous sulphate with a labelling error, but the nature of the error not stated and the quantity incorrect but no information on how many required and citalopram 20mg with 10mg provided and amitriptyline with amlodipine dispensed. The pharmacist discussed the near miss at the time or discussed with the individual as soon as possible. And these were then recorded on to PharmOutcomes system and sent to the area manager. The pharmacy had a few shelf alerts to highlight to the team at the picking point. And they also separated some similar items on the shelves to try to minimise errors, such as doxycycline and doxazosin.

The pharmacy had a practice leaflet and a notice displayed in the pharmacy which explained the complaints process.

Information in the leaflet included detail of where to raise any concern or provide any comment. And where to get help to deal with a complaint. There was a procedure to record and report dispensing errors and evidence seen that the team followed this procedure. The team could advise on the process and learning from previous complaints. The pharmacy had current indemnity insurance with an expiry

date of 30 April 2020.

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 complied with regulations. The team completed the headers at the top of each page. And they maintained running balances and carried out weekly stock audits. The pharmacy kept an electronic register for the methadone with the Methasoft system.

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 records for private prescriptions were suitably maintained. The pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The pharmacy displayed information on the confidential data kept and how it complied with legislation. It had leaflets available for people to take away 'How we safeguard your personal information'. The leaflet clearly explained this.

The pharmacy displayed a notice on how it looked after information. The pharmacy displayed a chaperone notice and a privacy notice. The team had read General Data Protection Regulation (GDPR) information. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy team disposed of confidential waste using a shredder. There was a safeguarding policy in place. The pharmacist and technician had undertaken level 2 CPPE training. There was a flow chart and useful contact details displayed for easy access.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has systems in place to make sure it has enough staff with the right skills to provide its services. The team members understand their roles and responsibilities in providing services. And they complete regular training to help keep their knowledge up-to-date. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets, with targets in place to improve the service for people.

Inspector's evidence

There were two pharmacists present. The manager had arranged additional pharmacist cover as he had a meeting with the surgery and expected to be away for an hour or so. The manager was the superintendent (SI) of the company, Denmark Street Healthcare LLP. The regional manager was also present and carried out dispensing until the meeting which he was attending with the manager. The regular pharmacist worked full time and there had been a regular second pharmacist who was leaving. The pharmacy had advertised for a regular second pharmacist to fill this post. There was an accuracy checking technician (ACT) who worked 37.5 hours weekly. And two dispensers who both worked 40 hours weekly. In addition, there were two other dispensers who worked 32 and 24 hours weekly. And there were two medicines counter assistants (MCA) who worked 40 and 23 hours. They were both undertaking the dispensers NVQ2. The ACT spent most of her time dispensing and did not utilise her ACT qualification. But this was being reviewed. The pharmacy managed workload throughout the day, with opportunities to catch up in the evenings and early morning when there were less people coming into the pharmacy.

Certificates and qualifications were available for the team. The company had online training, My Academy, and the team members had their own login details. The team completed certain topics as mandatory. And the team members chose additional topics if they wanted. Recent topics had included safeguarding, stress in the workplace and mental health. All the team members were up-to-date with training. Training was undertaken during quieter periods in the pharmacy. The regional manager monitored the training. And he reminded them if they needed to complete any training. Managers met up around every two to three months and shared learning. The team received performance reviews which gave the chance to receive feedback and discuss development needs.

The team said they could raise concerns about any issues within the pharmacy by speaking to the manager who was the SI or the regional manager who attended regularly. The team discussed issues as they arose during the day with suggestions of how to deal with issues. There was a whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed.

The pharmacy team had targets in place called '5 to Drive'. One of these targets was to obtain telephone numbers for all people for their records. The team advised they were doing this as it was useful for the pharmacy and people to have a contact number. They used it to remind people if they had not collected items. People were happy with the reminder and usually came in promptly for their item. The dispenser advised that the other targets were realistic.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for the pharmacy services it provides. People can have private conversations with a pharmacist or team member in the consultation room.

Inspector's evidence

The pharmacy shared a main entrance with the health centre. The surgery closed prior to the pharmacy. And opened later in the mornings. The surgery entrance locked independently. The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard and the team members managed the space for dispensing, storing stock and medicines waiting collection. They had reviewed the layout and stock levels to assist with this. Members of the public could not access the dispensary as there was a barrier over the counter. The counter was clearly observed from the dispensary and the staff were aware of customers in the pharmacy. 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 the pharmacy maintained a cleaning rota. The pharmacy team kept the floor spaces as clear as possible to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had a reasonable sized, signposted, sound proofed consultation room which the team promoted for use. 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 team unlocked the door which they controlled with a button. The team stored some boxes neatly along one side of the consultation room. The consultation room had a hatch in to the dispensary, protected by a glass screen. The pharmacy provided the supervised methadone through the hatch. The glass screen had a roller blind and the team members pulled this down to provide privacy when required.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy provides services that people can access easily. And provides information for people. The pharmacy supplies people who receive their medication in multi-compartment compliance packs with the information they need to take their medicines safely. It takes the right action in response to safety alerts to ensure that people get medicines and medical devices which are safe to use. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. And it gets its medicines from reputable sources stores them securely and it generally keeps them labelled appropriately.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. The pharmacy had open access from the main entrance to the health centre which provided easy access. There was some customer seating. The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. The pharmacy had an interesting display on Autism with useful points, clearly displayed. And some information on the dispensing and checking process, using packets as examples. This provided people an understanding of the process involved. The pharmacy had a defined professional area. And items for sale were mostly healthcare related. Pharmacy only medicines could not be reached by customers.

The pharmacy undertook Medicine Use Reviews (MUR) and the New Medicines service (NMS) and found people generally liked these. The pharmacist sometimes undertook blood pressure checks during MURs. Although some people did not want to wait for the service. The pharmacist undertook flu vaccinations in the season with people able to attend without appointments. The pharmacist had done training to provide travel vaccinations through Patient Group Directives (PGDs). Other service provided with PGD's included norethisterone for period delay and erectile dysfunction. The pharmacy provided a few medicines to people through the Minor ailments service with most supplies being paracetamol for children. It provided Emergency Hormonal Contraception (EHC) through a PGD. The team signposted to other healthcare services as required such as smoking cessation.

The pharmacy supplied medicines to around 178 people in multi-compartmental compliance packs to help them take their medicines. One dispenser managed the service, with others helping as required. The team followed their process for preparing these. They generally made up four weeks at a time. And supplied Patient information leaflets (PILs) with each cycle and any new items. They used a tracker to monitor the progress of the packs. The team members marked on a sheet when packs people had collected their packs, or the pharmacy had delivered them. All people had profile sheets with any changes documented. The pharmacy offered a substance misuse service and provided several people with methadone and buprenorphine. Most people were daily supervised, with sugar free methadone, including Saturday and Sunday. The Methasoft system used fingerprint recognition. And the pharmacist confirmed the name and quantity expected with each person before providing the supply. The pharmacist offered people water with their supply. One person received ordinary methadone, and the pharmacist kept this separately in the CD cabinet and the Methasoft system was not used for this.

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. And used clear bags for dispensed CDs and fridge lines so the contents could be checked again, at the point of hand-out. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These 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. 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 pharmacy team members were aware of the valproate Pregnancy Prevention Programme. They had highlighted the shelf edges and carried out audits. The pharmacist had counselled people receiving valproate. They could not locate the pack as they had rearranged shelves but advised they would order more.

The pharmacy provided a repeat prescription collection service. The system for people ordering was changing from September with a change in the Clinical Commissioning Group (CCG) policy. And people had to order their own medicines, except vulnerable people. The pharmacy had a meeting with the surgery to manage this situation to ensure all people would be able to get their medicines as required. They had leaflets displayed and were advising people for their next order. 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 drivers signed for CD when they left the pharmacy. The pharmacy generally stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. But the methadone stock bottle which was in the Methasoft unit did not have any labelling on it. The team filled the stock bottle (2.5 litres) from 500mls bottles of methadone. They did not add any details such as batch number and expiry date. This stock bottle was placed in a CD cabinet at the end of the day after cleaning the system.

The pharmacy had two refrigerators from a recognised supplier. One of the refrigerators had been recording high temperatures. So, the team had moved the stock into the other refrigerator. They were continuing to monitor the other one and would return stock if it became stable or call out the engineer. There was enough room for this.

The pharmacy team checked expiry dates on products and had sections they were responsible for to ensure all sections were regularly checked. They kept their sections tidy and ensured that the stock levels were enough as they had previously had too much stock. And they had reviewed this due to the limitations with space. This had created more space and kept the shelves more manageable. The team had reviewed this since the last inspection and this was working well. The team members marked short-dated items and they took these off the shelf prior to the expiry date. 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 AAH, Alliance and Day Lewis. 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 scanners in place ready for implementation of the Falsified Medicines Directive (FMD). The team members advised they had undertaken some checks on products, but they had received no further instruction on when the company would put in place FMD. They were scanning for any products which they wholesaled. 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 equipment it needs to provide safe services and protect people's private information.

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 and the Day Lewis intranet 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. The pharmacy used the Methasoft system for the supplies of methadone. It also had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use. They had access to disposable gloves and alcohol hand washing gel.

The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team filed these in boxes in a retrieval system out of view, keeping details private. The computer screens in the dispensary were out of view of the public. And 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. And used cordless phones for private conversations.

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.