

Registered pharmacy inspection report

Pharmacy Name: Haswell Pharmacy Ltd, 80 Front Street East,
Haswell, DURHAM, DH6 2BL

Pharmacy reference: 1119205

Type of pharmacy: Community

Date of inspection: 24/01/2020

Pharmacy context

The pharmacy is situated on a main street in a village. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. The pharmacy delivers medicines to people's homes. It supplies some medicines in multi-compartment compliance packs. These help people remember to take their medicines. And it offers the NHS minor ailments 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 has procedures to identify and manage risks to its services. And pharmacy team members follow them to complete the required tasks safely and effectively. They look after people's private information. And they know how to protect the safety of vulnerable people. The pharmacy provides people with the opportunity to feedback on its services. The pharmacy's team members record and learn from errors and mistakes during the dispensing procedure. But the reviews lack information. So, they may be missing out on learning opportunities. The pharmacy generally keeps all the records as required by law, in compliance with standards and procedures.

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 services. They covered areas such as the dispensing process, responsible pharmacist and controlled drug (CD) dispensing. The pharmacist had last reviewed these in 2018 and the team members had signed the sections relevant to their role. The pharmacist advised he was in the process of reviewing these and was working on the new set. 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. The team members used one bench for preparation of the compliance packs. There was an island in the middle of the dispensary which was used for unpacking orders then cleared for other tasks. The layout and organisation were suitable for the workload. The team kept the dispensary tidy and well organised. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets with blue for people waiting in the pharmacy, yellow and white for the collections, red for the compliance packs and grey for delivery. This helped to distinguish people's prescriptions by degree of urgency and helped plan workload.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these on a specific template. Examples included clopidogrel with 28 wanted and 30 given, co-codamol 8/500 required but 30/500 given and thiamine 100mg with the label one daily when it should have been one three times a day. The team members discussed these at the time. The pharmacist made limited notes of any actions or focus points following discussions. The pharmacy had a practice leaflet and a notice displayed in the pharmacy which explained the complaints process. The pharmacy gathered feedback through the annual patient satisfaction survey. And had forms on the counter for people to complete for the current annual patient satisfaction survey. Several people had filled in forms and placed these in the box on the counter. The previous results had been 95 per cent very good, with no areas for attention. The team members advised they told the pharmacist if there were any complaints. And the pharmacist recorded these in a book and investigated. The pharmacy had current indemnity insurance with an expiry date of 31 January 2020, with a replacement on its way.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. The pharmacist tended not to leave the pharmacy. But the team advised what they could and could not do if he left the premises. A sample of controlled drugs (CD) registers looked at found that they generally met legal requirements. Several of the headings were

incomplete at the top of pages. And there were a few crossings out instead of required footnotes if pharmacist had made the entry in error. The pharmacist 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. But some of the entries were lacking detail and the team had not made these at the time when people returned the items to the pharmacy. The witness had not signed on some occasions when items had been destroyed. The pharmacy destroyed these regularly to prevent a build-up in the CD cabinet. The pharmacy kept special records for unlicensed products with the certificates of conformity completed. It kept a book for recording private prescriptions, with few entries. And kept the prescriptions in a file. Some of the entries in the book did not have all the required detail such as the name and address of the doctor or the dates of dispensing.

The pharmacy displayed a privacy notice with information on the confidential data kept and how it complied with legislation. It also had the NHS leaflet on your data matters which people could take away. The team had received training on the General Data Protection Regulation (GDPR) with a booklet which they had all read. The pharmacist advised he instilled the importance of maintaining confidentiality. And he had placed a notice to remind the team about shredding. And safe disposal of labels. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy team stored confidential waste in separate containers and shredded this regularly.

The pharmacist had completed the safeguarding training from the Centre for Pharmacy Postgraduate Education (CPPE). And was about to undertake the required refresher training. The pharmacy had a SOP for safeguarding and displayed contact numbers for local safeguarding teams. The team advised they knew the local population well and if they had any concerns they would refer as appropriate.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team. And the pharmacist and team members suitably provide the pharmacy's services. The pharmacy team members understand their roles and responsibilities in providing services. They support each other in their day-to-day work. And they feel comfortable raising any concerns they have. The pharmacy's team members work under supervision during formal training. Pharmacy team members complete some further ongoing training on an ad-hoc basis. But the pharmacy does not record this training. So, it may be difficult to identify opportunities to ensure the team complete learning to develop their skills and knowledge.

Inspector's evidence

There was one pharmacist and three other pharmacy team members who worked in the pharmacy. One of the team was a dispenser. And the other two members were both undertaking the combined counter and dispensing course. The aim was for them to both complete the course by the end of spring. They were both on the last module. The pharmacist owner advised he wanted them both finished for the new contract in April as a target. And completing this was a priority. The pharmacy displayed the certificate of the dispenser in the pharmacy. Two of the team worked 30 hours a week and the other who was in training as dispenser worked ten hours a week. Most days there was an overlap of two of the team. And on Fridays there were generally all three members present.

The team members described how they read through magazines and leaflets from suppliers, but this was not recorded. They discussed topical issues relating to pharmacy which had included a recent television programme on opioids. They discussed the products with codeine and related items. And discussed sales of these items. They did not receive protected training time, but when the pharmacy was quiet, and they said that they could take the training time as and when they needed it. The pharmacist had recently completed training to become the healthy living lead. And one of the others was going to do the training to become the healthy living champion. The pharmacist undertook training through the CPPE. And had recently completed the Look-Alike Sound-Alike (LASA) training. He shared this learning with the team members. And they had reviewed the shelves and moved stock to different locations. He had also discussed confidentiality following the General Data Protection Regulation (GDPR) training course. And the team had refreshed by reading the SOP for data information and confidentiality. The team had update meetings on Mondays and the pharmacist had recently started recording basic notes of anything discussed.

The team members carried out tasks and managed their workload in a competent manner discussing any issues which arose. They followed the medicines sales protocol when making over-the-counter sales. And referred to the pharmacist when required. The team had informal chats about their performance. One of the dispensers doing the training advised she had discussed going on to become a technician when the timing was right. The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist owner or the other pharmacist who part owned the business. There was a written whistleblowing policy and telephone numbers were available 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 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 was clean, tidy and hygienic. And fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting for 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 team worked together to keep the pharmacy clean and tidy. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had a good 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 counter was clearly observed from the dispensary and the staff were aware of customers in the premises. There was a hatch over the counter which the team pulled down to prevent unauthorised access to the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice. The pharmacy team members dispense medicines into multi-compartment compliance packs to help people remember to take them correctly. The pharmacy sources its medicines from licenced suppliers. And it stores and generally manages its medicines appropriately.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was some customer seating. The pharmacy displayed its services in the window in a ladder and within the pharmacy. The hours of opening were on the door. There was a range of leaflets with healthcare information in a section of the pharmacy near the consultation room. And posters with information on the consultation room door such as details for NHS 111. The pharmacy had a defined healthcare section. And kept pharmacy medicines behind the counter. The team assisted people wishing to purchase these items.

The pharmacist undertook few Medicine Use Reviews (MUR) and few of the New Medicines service (NMS). The pharmacy occasionally took blood pressure readings. The pharmacy provided a smoking cessation service using vouchers. The minor ailments service was popular with people using this frequently. The pharmacist supplied Emergency Hormonal Contraception (EHC) through the Patient Group Direction (PGD). The pharmacy provided the Community Pharmacist Consultation Service (CPCS). The CPCS connected patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy as their first port of call. The referrals came from NHS 111. The pharmacy had a few referrals. The pharmacist had set the computer with a reminder to check to see if there were any referrals so they would be aware of these.

The pharmacy supplied medicines to around 40 people in multi-compartment compliance packs to help them take their medicines. The pharmacist advised that the doctors assessed people who wanted to have their medicines supplied in multi-compartment compliance packs. And the doctors sent them to the pharmacy. The team members prepared the compliance packs at a bench at the side of the dispensary. This provided sufficient space. The team members prepared four weeks at a time unless the person had a lot of changes to their medicines. The team members selected the stock for each compliance pack. And filled the pack. They had small pots which they placed one day's doses in. And the pharmacist added these to the compliance pack as part of the checking process. He said it was helpful to add these and look at the others as the check. The team members left all medicine packs and containers with the compliance packs as part of the check. And placed the patient information leaflets (PILs) in the basket which they then supplied to people with each cycle. They kept profile sheets for each person with details of the date for delivery or collection and the size of the compartments. They signed the dispensed by box. And the pharmacist signed the checked by box after checking.

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. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. And the pharmacy had SOPs for items such as warfarin, methotrexate and lithium which explained the process to ensure patients received suitable counselling. The team members used CD and fridge stickers as reminders that they needed to add the items to complete the supply. They generally made these up when people returned to the pharmacy. The team highlighted prescriptions for CDs to remind them to check 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 in full, patients received an owing slip. And the pharmacy kept a copy with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable to ask for an alternative. The pharmacy had undertaken an audit for the valproate Pregnancy Prevention Programme. The pharmacy team had provided people in the at-risk group with advice, guides and leaflets at the time. But they no longer had any people. They had a bag with the cards fixed to the shelf where they kept the stock as a reminder to provide the leaflets and advice. The pharmacy delivers medicines to people's homes. And delivers to a local population. The pharmacy does not obtain signatures from people for the receipt of their medicines. So, the pharmacy cannot evidence the delivery of people's medicines which could mean queries may be difficult to resolve.

The pharmacy used recognised wholesalers such as AAH, Alliance, Norchem and Phoenix. The pharmacy generally stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. There were a couple of white boxes which the team had put medicines in which they had not labelled with all the required information such as batch number and expiry date. The pharmacy had scanners and equipment ready for the implementation of the Falsified Medicines Directive (FMD). The pharmacy was accredited by SecurMed. The pharmacist was not sure when the pharmacy would fully implement this process.

The pharmacy had a 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. They checked these to ensure the refrigerator remained within the required temperature range. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked short-dated items and they took these off the shelf before the expiry date. The team members marked liquid medication with the date of opening. This allowed them to check to ensure the liquid was still suitable for use.

The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. 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 equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

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 such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). They kept a folder with additional PILs to supply to people. The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. 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 alcohol hand washing gel.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. The pharmacy stored medication awaiting collection on shelves. They team members attached the prescriptions to the bags with the name and address facing away from the counter. So, people waiting at the counter could not see any confidential details. The team 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.