

Registered pharmacy inspection report

Pharmacy Name: Ashchem Chemists, The Health Centre, Prince Consort Road, GATESHEAD, Tyne and Wear, NE8 1NB

Pharmacy reference: 1119787

Type of pharmacy: Community

Date of inspection: 02/05/2019

Pharmacy context

The pharmacy is attached to a busy health centre near to the centre of Gateshead. Tyne and Wear. It dispenses NHS and private prescriptions. The pharmacy offers a prescription collection service from local GP surgeries and delivers medicines to people's homes. The pharmacy team supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. The pharmacy provides other services including the dispensing of substance misuse prescriptions.

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 identifies and manages the risks with the services it provides. It has up to date written procedures for the pharmacy team to follow. It maintains the records it must by law. And it keeps people's private information secure. The pharmacy team members record errors that happen with dispensing. And they discuss their learning. The team members sometimes don't record all the detail of why errors happen. So, they may miss out on learning opportunities. They have the training to protect the welfare of children and vulnerable adults.

Inspector's evidence

The retail area was small with a seating area and counter. The dispensary was a good size. The workflow in place provided separate areas for the labelling, dispensing and checking of prescriptions. There was a room to the rear where trays were dispensed.

The pharmacy had a set of NPA standard operating procedures (SOPs) for the services it provided, including SOPs for Responsible Pharmacist (RP) and controlled drugs. The SOPs included a date of preparation. And these were scheduled for review in October 2020. The team members had signed to say that they had read the SOPs.

The pharmacy team kept a record of near misses on Pharmapod. They also retained a paper copy. The RP advised that normally the dispenser responsible for the error recorded and corrected the error. This helped them to understand how the error had occurred. Some of the entries lacked detail. And the action required section was not usually completed. The team members completed entries each month for a variety of errors that had happened, including errors in the dispensing of the lookalike sound alike drugs. These were mentioned on the monthly safety review (MPSR). And the RP discussed these with the team in March.

The pharmacy had a SOP relating to error reporting for the team members to follow. And they recorded more detail on the error report than on the near miss report. An example of a dispensing error discussed during the inspection was a selection error involving pantoprazole and paroxetine. An action taken was the separation of the items on the shelf.

The pharmacy had a leaflet which contained details of how people can complain. The RP said that she would deal with complaints initially. The team members described some general complaints received about prescriptions that were not ready. But they had resolved these themselves and they did not need to escalate this using the pharmacy complaints procedure.

The pharmacy had up to date NPA indemnity insurance.

The Responsible Pharmacist (RP) notice displayed the correct details of the RP on duty. The pharmacy maintained the legal pharmacy records it needed to by law. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs regularly. The pharmacy recorded controlled drugs that people returned for destruction. A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the medication.

The pharmacy team completed General Data Protection Regulations (GDPR) training. And all staff had signed the Information Governance (IG) training file. The pharmacy stored prescriptions for collection out of view of the waiting area. And computer screens were not visible. The pharmacy team used a password to restrict access to patient medication records. Confidential waste was segregated for shredding on site.

All registrants had completed CPPE level 2 safe guarding training. The manager advised that there was a procedure in place to protect children and vulnerable adults. And all members of the pharmacy team were aware of it. And key contact details were available should a referral be necessary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough skilled people in place to provide its services. It provides access to training to support the team keep their skills up-to-date. And the pharmacy team completes regular training. The pharmacy team members can suggest ideas. The team members work well together to support an open and honest working environment.

Inspector's evidence

On duty at the time of the inspection the responsible pharmacist who was the manager. Also present was the Accuracy Checking Technician (ACT), two Technicians, three dispensers and one Health Care Assistant (HCA). Certificates of training and qualification were displayed on the pharmacy wall. The pharmacy manager was also the cluster manager for seven company stores. The manager thought they managed with the current level of staffing. There was also a relief dispenser who covered for holidays and sickness when necessary.

Staff had regular performance reviews. And the manager had completed the pharmacy team reviews in October. The team had targets that were linked to company initiatives. And had individual actions.

There was a training file with a marked section for each member of the pharmacy team. The manager advised that mandatory training such as GDPR and Safeguarding was completed on a two-yearly cycle. The company was planning to introduce electronic training. The pharmacy team also used pharmaceutical magazines to do training on counter medicines. The team had also completed the Child Oral Health training.

The team worked well together. They get together regularly to allocate tasks. For example, to plan the completion of tasks when a member of team was off. The pharmacy team thought the manager was approachable and felt able to make suggestions and discuss any issues in the pharmacy.

There were a range of targets for services. The team tried their best to achieve these. And it was sometimes disappointing when they did not hit their targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, well maintained and secure. It provides people with the facilities to have conversations in private.

Inspector's evidence

The pharmacy was clean and in a good state of repair. There was some stock on the floor. It had a soundproofed consultation room to have private conversations with people. And it had a sink in the room with handwash available. The room was locked. There was a sink for dispensing purposes in the dispensary. And this was a little untidy. The pharmacy had heating. And it had adequate lighting throughout. The pharmacy had enough bench space for the workload. There was a separate area to the rear for the assembly of multi-compartmental compliance packs.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The services are generally well managed. The pharmacy obtains its medicines from reputable sources. It responds appropriately to drug alerts and product recalls. It adequately sources and manages its medicines, so they are safe for people to use. And it generally stores them appropriately. But it doesn't have up to date records of date checking available. So, it can't evidence all its medicines are fit for purpose. The pharmacy may not always record advice given to people who take high-risk medicines. So, it may not be able to refer to this information in the future to respond to queries.

Inspector's evidence

There was direct access into the pharmacy from the street. And there was also access from the health centre. It was possible for wheelchairs to access the pharmacy. The pharmacy provided a range of services.

A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers.

The pharmacy provided a prescription delivery service. And the driver used a sheet to obtain people's signatures for receipt of their medication. There was a separate sheet for CDs. There was a third sheet of deliveries retained in the pharmacy so the team could respond to people's queries about their delivery.

Stock requiring refrigeration was stored at appropriate temperatures. Paper records were maintained to ensure temperatures were within the appropriate ranges. There was a procedure to follow if the temperatures went out of the accepted range.

Controlled drugs cupboards were available for the safe custody of controlled drugs. The cupboards were appropriately secured. The contact details for the accountable officer were in the files. Expired controlled drugs were segregated to prevent mixing up with stock for patient use. Patient returned CDs were destroyed straight away, in accordance with the SOP.

The pharmacy dispensed medicines into multi-compartmental compliance packs for people. And they supplied backing sheets with the packs, including the descriptions of the individual medication in the pack. So, the patient, carers or other healthcare professionals could identify the medication if they needed to. There was an audit trail completed using dispensed by and checked by signatures of the members of the team involved. The team members supplied patient information leaflets (PILs) with the first pack only. This may mean that people don't get all the information they need to take their medication safely.

The pharmacy had a process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. The team were behind with the schedule. Some short-dated items were stickered. But there were some items on the shelf which were out of date. For example, flecainide was found on the shelf which was out of date in May 2019.

Opened bottles of liquid medications were marked with the date of opening to ensure they were still safe to use when used for dispensing again. But Trazodone was found on the shelf which was marked as opened on 21 March 2019. Trazadone has a shelf life of one month once opened and was removed from the shelf for destruction.

The pharmacy team members were observed using coloured baskets to ensure prescriptions were prioritised and assembled medication remained organised. Computer-generated labels were initialled by the pharmacist and dispenser which allowed an audit trail to be produced. It used a range of stickers during the dispensing process to highlight actions for the pharmacist or during the hand out process. These included CD stickers.

The shelving system enabled enough storage and retrieval of dispensed medication for collection. People collecting were routinely asked to confirm the name and address of the patient to ensure that medication was supplied to the correct patient safely. Some amber bottles containing drugs which had been removed from their blisters were seen on the shelves. These were inadequately marked to indicate the date they made been removed from their blisters.

The RP described updated guidance that was provided to women of child-bearing age who received sodium valproate. The pharmacy had completed an audit. And there was one eligible patient. The RP said that patients were counselled, and the information leaflet and the warning card was supplied. The information was stored under the counter and supplied to all new patients.

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication.

The manager said that they had received training on the Falsified Medicines Directive (FMD). The team had been told not to implement the system because it was likely to change. The manager was aware that one branch was trailing the new FMD system. This may have reduced the ability of the pharmacy to verify the authenticity of its medicines.

MHRA alerts and drug alerts were received electronically through PharmOutcomes. These were printed out. The pharmacy had a folder of collated alerts which had been signed and dated to confirm they had been completed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the services it provides.

Inspector's evidence

The pharmacy had hard copies of reference books available for the team to use, including the BNF. And BNF for children. The team had access to the internet to obtain up-to-date information and to help signpost people to other services.

The pharmacy also had a range of equipment for counting loose tablets and capsules with a separately marked tablet triangle that was used for cytotoxic drugs. Tweezers and gloves were available. There was a first aid kit.

The CDs were stored in CD cabinets which were securely bolted in place. The fridge used to store medicines was from a recognised supplier and an appropriate size for the volume of medicines requiring storage at such temperatures.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Access to patients' records restricted by Smart cards.

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.