

Registered pharmacy inspection report

Pharmacy Name: Pharmacy Express, Hilary House, Front Street,
Kelloe, DURHAM, DH6 4PE

Pharmacy reference: 1120506

Type of pharmacy: Community

Date of inspection: 07/05/2019

Pharmacy context

The is a community pharmacy in a village store which has a Post Office. It is opens until 4.30pm Monday to Friday, with the general store remaining open longer. There is a surgery in the village which is open in the morning. Most of the people who use the pharmacy are elderly. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also supplies medicines in multi-compartmental compliance packs to people to help them 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
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 systems in place to support and manage the risks when delivering its services. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. It asks people for their views and deals with complaints. And uses feedback to improve the services. The pharmacy team members record and discuss mistakes and dispensing errors. They use this information to learn and make changes to their practice to improve the safety and quality of the services. They look after people's private information and they explain 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 the delivery of services. They covered areas such as the dispensing prescriptions, controlled drugs (CD) stock control, advice by pharmacy staff and cold chain medicines. These were subject to regular review. And last reviewed in May 2018. The SOPs had signature sheets and the team had read and signed the sections relevant to their role.

The pharmacy team advised of their roles and what tasks they could do. The non-pharmacy staff who worked in the Post office and store, had read some of the SOPs. This ensured they understood the roles and restrictions of the pharmacy.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate room for compliance aid preparation.

The team used baskets throughout the process to keep prescriptions and medicines together. These used different colours of baskets for waiting, call back, electronic and delivery to distinguish patients' prescriptions by degree of urgency and this helped plan workload. They used blue baskets for any compliance pack prescription. They used different colours for repeats ordered by patients and for one's people had ordered themselves. They prepared the ones ordered by people first, as they managed the others, as managed repeats, and people generally did not come to collect these until the team had made these up.

The pharmacy recorded near misses found and corrected during the dispensing process. The team recorded these on a specific template. The sheet was accessible to encourage recording. Examples included salbutamol with a labelling error, as the dose had changed but the labeller had not noticed this. The comments stated to check the prescription, and the quantity of sertraline had been wrong, due to a split box. The review reminded the team to clearly mark split boxes.

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. They had noted a comment to ensure that they put grit on the outside ramp in icy weather to aid entry in to the store and pharmacy. They displayed a notice to remind people of the pharmacy's opening and closing times.

The team had reviewed the layout and storage following previous concerns. During the inspection, inspector noted that a confidential waste bag was being stored in a cupboard which the non-pharmacy staff could access, due to the layout of the pharmacy within the store. The pharmacy team members moved this straight away, and told the team, including those who worked in the store. This was now stored upstairs in the room which the team locked when the pharmacy closed.

There was a procedure to record and report dispensing errors. The team members showed the file and explained how they followed the procedure. The pharmacy kept any returned items safely, shared feedback and discussed for future prevention.

The pharmacy had current indemnity insurance with an expiry date of 31 July 2019.

The pharmacy had the correct Responsible pharmacist (RP) notice displayed. And the pharmacist completed the Responsible pharmacist records as required. A sample of the CD registers looked at, had headings complete and running totals maintained except for methadone. The register indicated the team undertook monthly checks of running balances. 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 safe disposal and the pharmacy team destroyed these promptly. The pharmacy received a few private prescriptions and a few emergency supplies. These were suitably recorded. 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. There was a notice about how the pharmacy looked after information. The team had read General Data Protection Regulation (GDPR) information. The pharmacy kept this in a file and the team members had completed multiple choice questions following the reading of the information. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And completed prescriptions stored away safely. And the team used the NHS Smart card system to access to people's records.

The pharmacy kept the Safeguarding vulnerable adults and children SOP in the consultation room. The pharmacy had contact numbers for local safeguarding agencies available for the team. The pharmacist had undertaken level 2 CPPE training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff in place to safely and effectively manage its workload. And the skill mix of the pharmacy team is suitable for the services it provides. It has some systems in place to support its team with continual learning associated with their roles. Pharmacy team members take part in team discussions. This helps them to reflect on their performance and supports an open and honest working environment. They know how to raise concerns. And the pharmacy supports them in their roles.

Inspector's evidence

There was one pharmacist, two dispensers and a pre-registration graduate working in the pharmacy. In addition, there were three staff who worked in the rest of the store.

One worked mainly in the post office and worked 32 hours. And she was undertaking the Medicines Counter Assistants course to improve her knowledge and assist when required. The other two staff had a good understanding of the pharmacy and referred people to the pharmacy team for advice. They had no access to the pharmacy when it closed. Pharmacy members from other pharmacies owned by the company assisted if required.

The delivery driver worked 12 and a half hours a week but could do more if required. One of the dispensers was undertaking the technician course and nearly completed it. The dispenser took time during the day for course work as required. The pharmacist supported the dispenser with her training. The team discussed topics and the dispenser asked questions throughout the day to learn.

The pharmacy had the certificates and qualifications for the team. And the team members had training records. They had access to training modules, with time given to undertake these. About every three months, the pharmacist attended managers meetings, with various discussions and updates provided. She shared updates with the team members.

The pre-registration graduate studied using the buttercups training package. She had a week at another branch and gained more experience. The superintendent sent her examples from anonymised prescriptions. The pre-registration graduate explained these widen her knowledge and useful for her learning.

The team received yearly appraisals which gave the chance for feedback and discussion for development needs. The pharmacist discussed the prescribing course for the future.

The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. The team advised they could raise concerns about any issues within the pharmacy by speaking to the pharmacist, the superintendent (SI) pharmacist or others from head office. 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 for services such as MURs. These were achievable and done when they met the patient's needs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and well maintained. It provides a suitable image for delivering its services. The pharmacy has private consultation facilities in place which help protect the confidentiality of people accessing its services.

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 collection.

The pharmacy had a defined area within the store. And items for sale which were healthcare related were next to the pharmacy. People using the store could not access Pharmacy only medicines when the pharmacy closed, and the store remained open. The team covered the pharmacy only medicines with a roller guard.

The team members locked the dispensary from both entrances when they closed the pharmacy. The other rooms as part of the registered premises had key code locks and only the pharmacy team accessed these rooms. The team members kept them shut and locked when the pharmacy closed, or they were not using them.

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 clean, and a cleaning rota was available to ensure the team maintained this. 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 good sized, signposted, sound proofed consultation room which the team promoted for use. The team used cordless phones for private conversations. 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 and they checked that they had locked it at the end of the day.

Members of the public could not access the dispensary. The pharmacy team members observed people from the dispensary. They assisted them as required.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively and makes them available to everyone. It provides its services using a range of safe working practices, including the use of baskets to keep items together. And it uses robust processes, including audit trails to help deliver services safely. The pharmacy team members supply medicines in multi-compartmental compliance packs to help people to take their medicines at the right time. And they supply Patient Information leaflets (PILs) with these medicines to ensure people have all the required information. The pharmacy sources, stores and manages medicines appropriately. It responds well to safety alerts. So, it stops the supply of medicines, to people, which are no longer fit for purpose.

Inspector's evidence

The pharmacy and consultation room were accessible to all, including patients with mobility difficulties and wheelchairs. There were ramps both inside and outside the pharmacy to aid 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. And in the practice leaflet. There was a range of leaflets on health-related matters for people to take. The team signposted to other healthcare services as required.

The pharmacist provided medicine use reviews (MURs) and gave examples of benefits for patients. A prescription for a patient had changed to the generic risedronate, and at the MUR he had discussed side effects. The pharmacy referred him to the surgery who put him back on the branded product.

People liked the New Medicines service (NMS). The team took telephone numbers for follow-up calls, but most people called in to the pharmacy for a follow-up, face to face, as they used the village store. One patient had swollen ankles with amlodipine and the pharmacy referred him to the surgery. And the surgery changed the prescription to an alternative medicine.

The pharmacy undertook blood pressure checks during some MURs or NMS, or when people asked for the service. The pharmacy provided a flu vaccination service, with the majority NHS and a few private. The Smoking Cessation service had limited uptake which the team advised was due to the use of electronic devices. The team advised they had five people successfully complete the smoking cessation programme in the last six months.

People used the Minor ailments service predominately for children for paracetamol and ibuprofen. This was due to the restrictions which were in place for previously available items.

The supply in multi-compartmental compliance packs helped people take their medicines and the pharmacy supplied packs to several people in the community. The team used trackers to ensure that the pharmacy obtained prescriptions in time for them to assemble the pack and supply as expected. The team kept audit trail of team members involved in the dispensing process. And of any changes made and who had authorised these. The team supplied people with Patient information leaflets (PILs), one each cycle.

The pharmacy provided a supervised consumption service. The team made up medication for the week, ready for supply.

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. They had some alerts stickers and notes which they applied to prescriptions to raise awareness at the point of supply. This ensured patients received additional counselling. The team 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 supply a product or quantity prescribed in full, patients received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and checking the remaining product or quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative. If it was from the local surgery, a member of the team often went to the surgery to collect any amended or new prescriptions. The pharmacy had a good working relationship with the surgery. They helped sort out the writing of a prescription for Rocket dressings as the patient only required the dressings and not the full drainage pack. The patient was keen not to obtain an item not required.

The pharmacy team members were aware of the Pregnancy Prevention Programme for valproate. They could explain the information they could provide to the 'at-risk' group. They had alerts stickers, patient guides and packs which they supplied as required.

The pharmacy provided a repeat prescription collection service. They ordered for some people and kept a track of items ordered to identify any missing items. Some patients ordered their own. If there were issues they went to the local surgery and the driver went to the other surgeries to collect prescriptions if required. 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. There was also a notes column which the pharmacy used to show if the driver required to collect any prescriptions.

The pharmacy stored medicines 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. The team marked short dated items and they took these off the shelves prior to the expiry date. They marked liquid medication with the date of opening.

The team were aware of the Falsified Medicines Directive (FMD) and advised the pharmacy had been accredited by SecurMed. The pharmacy had the hardware scanning device and computer, ready to start. But they were not sure exactly when they would start using the system.

The pharmacy obtained its medicines from reputable sources. The team used appropriate medicinal waste bins for patient returned medication. The bins 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. They actioned these and kept records of the action taken. The pharmacy team signed these after reading.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the its services. And it manages and uses these to keep people's information safe.

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 range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules.

The team had access to disposable gloves and alcohol hand washing gel. The blood pressure machine appeared in good working order and the pharmacy had replaced it in April 2018.

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 team ensured that people coming to the dispensary entrance could not see any confidential information and had placed some papers in front to ensure this. They also pulled the gate over slightly which deterred people coming too far forward. The team were aware of the need to protect confidentiality, particularly being in a village setting with a close community. The pharmacy stored medication waiting collection on shelves. People could not observe confidential details. The team filed these in boxes in a retrieval system out of view, keeping details private. The team put bulky items, waiting collection, in the locked room upstairs which ensured that they were only supplied when the pharmacy was open. They numbered the bags to aid locating them.

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.