

# Registered pharmacy inspection report

**Pharmacy Name:** M & M Pharmacy Escomb, 29a Escomb Road,  
BISHOP AUCKLAND, County Durham, DL14 6AB

**Pharmacy reference:** 1121685

**Type of pharmacy:** Community

**Date of inspection:** 05/03/2020

## Pharmacy context

The pharmacy is within a health centre on the outskirts of the town centre. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides advice on the management of minor illnesses and long-term conditions. And supplies medicines to a few people in multi-compartment compliance packs to support them to take their medicines. It provides a limited delivery service. It offers seasonal flu vaccinations and provides medicines through the Minor Ailments Scheme.

## 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 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 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 had standard operating procedures (SOPs). These provided the team with information to perform tasks supporting delivery of services. They covered areas such as dispensing of prescriptions, unexpected closures and controlled drugs (CDs). There was a cover note which stated that the company had reviewed all the SOPs in December 2019. The pharmacy team members had read the SOPs after this but not all had signed to indicate when they had read them. The team could advise of their roles and what tasks they could do.

The pharmacy had two computer terminals. The team used one for walk-ins and general labelling and the other for the electronic downloads and repeats. One member of the team generally labelled, and the others dispensed. The accuracy checking technician (ACT) generally checked prescriptions for the collection service although the pharmacist checked some. The pharmacist clinically checked the prescriptions after the accuracy check. The team marked prescriptions and highlighted any changes. The ACT left the prescriptions in a designated area. And the pharmacist then completed the clinical check. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets with blue for walk-ins, white for collections and red for delivery to distinguish people's prescriptions by degree of urgency and this helped plan workload. They placed any prescriptions with owings in yellow baskets to indicate they required to add something to complete the supply.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these on a specific template. Examples included isosorbide 25mg with tablets provided instead of capsules and gabapentin 300mg with 70 required and 80 provided. The pharmacist discussed the near miss error at the time or discussed with the individual as soon as possible. The pharmacy reviewed these and had some general comments such as 'to focus more'. The team had separated a few of the Look-Alike Sound-Alike (LASA) drugs following reviews and guidance provided. The team discussed learning but had no documented information available for reference.

The pharmacy had a formal complaints process with an SOP available as reference. The team members advised of the process and that they notified the superintendent (SI) of all complaints. They logged any complaints electronically and the team noted any information on to the relevant patient medication records (PMRs). The pharmacy gathered feedback through the annual patient satisfaction survey and usually displayed results. But these had been taken down following the changes in layout. The team advised they previously had information about how to make a complaint displayed but this had been

taken down and not replaced. The pharmacy had current indemnity insurance with an expiry date of 31 December 2020.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records on the computer. A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy usually checked CD stock against the balance in the register at each time of dispensing. This helped to spot errors such as missed entries. The register indicated monthly stock audits had been undertaken. 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 pharmacy kept special records for unlicensed products with the certificates of conformity completed. It kept a book for recording private prescriptions and emergency supplies. It had recorded the supplies made through the Community Pharmacist Consultation Service (CPCS).

The pharmacy team were aware of privacy requirements. They had read General Data Protection Regulation (GDPR) information. The pharmacy had previously displayed privacy information in the pharmacy on a notice board, but the company had temporarily removed this. The team advised the information would be available once the company put the notice board back up. The IT system was password protected. The computer stored PMRs electronically. And the team stored completed prescriptions safely. The pharmacy team stored confidential waste in separate containers for offsite shredding. The company collected this when the container became full. The team had a safeguarding policy for the protection of vulnerable adults and children. The registrants had undertaken level 2 Centre for Pharmacy Postgraduate Education CPPE training. Safeguarding information including contact numbers for local safeguarding were available for the team.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a small team. The team members have the qualifications and skills to support the pharmacy's services. And understand their roles and responsibilities in providing services. The team members support each other in their day-to-day work. And feel comfortable raising any concerns they may have. The pharmacy team undertake some ongoing training. But the company doesn't provide structured ongoing training. So, team members may miss opportunities to complete learning relevant to their role.

### Inspector's evidence

There was one pharmacist, one accuracy checking technician (ACT) and two dispensers working in the pharmacy. This was the full staffing level. The ACT worked 32 hours a week. And the dispensers worked 35 and 40 hours weekly. The pharmacy had two team members and the pharmacist present on Wednesdays and Monday afternoons. On the other days they were all present. The pharmacy had previously employed an apprentice, but she had left. The position was being advertised again. The team hoped this would be filled as the loss of the apprentice had left a gap. This caused more interruptions to the dispensing process due to the lack of counter cover. But the team advised they were managing.

Certificates and qualifications were available for the team. The team undertook some training for services and for the healthy living pharmacy status. This included smoking cessation and sepsis. The team members had some training records for these. The team advised that they had little time during the working day to undertake any training. They read some articles in magazines and leaflets on current topics. The pharmacist and the ACT had completed Centre for Pharmacy Postgraduate Education (CPPE) training on the Look-Alike Sound-Alike (LASA) drugs. And had shared learning with the team. The pharmacist had completed CPPE training for Emergency Hormonal Contraception (EHC) but was waiting for the face-to-face local training in order to complete the requirements for the Patient Group Direction (PGD).

The team received performance reviews every six months which gave the chance to receive feedback and discuss development needs. One of the dispensers advised she was going to do the technicians' course. And she had indicated that she had discussed doing the ACT course in 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 said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist or the superintendent (SI). 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 generally achievable but difficult to fit in at times, with a small team working in the pharmacy.

## 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 counter layout had changed and opened up and people had more of a view into the dispensary. One of the bench areas was more exposed to the public waiting in the pharmacy and the team advised they no longer used this area. They discussed that it would benefit from some screening to provide more privacy. And this would also prevent people approaching the area and looking into the dispensary. 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 cleaned as and when cleaning required. 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 two rooms available and used for consultations. The main consultation room was also used as an office and had a range of folders on the shelves. The team stored any confidential information in locked drawers. The team members used the other consultation room for the smoking cessation service if the other one was being used. The pharmacy counter had retractable barriers at the end of the counters which the team pulled across to prevent people entering the dispensary.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people. And it displays some information about health-related topics. The pharmacy provides its services using a range of safe working practices. 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. And suitably manages the risks associated with these services. The pharmacy sources its medicines from licenced suppliers. And it stores and manages its medicines appropriately. It takes the right action if it receives any alerts that a medicine is no longer safe to use.

### Inspector's evidence

The pharmacy, consultation rooms and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was an automatic door at the external entrance from the car park and direct entry from the surgery. There was plenty customer seating. On entrance to the pharmacy there was a notice displaying information relating to the Coronavirus. The pharmacy also displayed additional information at the counter. The team members were aware of current information and the website with NHS information. They had discussed this as a team.

The pharmacy displayed its services within the pharmacy. The hours of opening were in the window. It had a board with some posters and information on topics such as mental health, cancers and alcohol advice. The team advised that following the recent change in the counter layout the pharmacy had lost a section which had a table. This was being reviewed and plans to put another table in place. The team advised they would populate this with displays and materials on health-related topics as they had done previously. The pharmacy did not have an up-to-date practice leaflet for people to take away. The pharmacy had a defined professional area. And items for sale were mostly healthcare related. The pharmacy kept pharmacy medicines behind the counter and assisted people with requests for these.

The pharmacy undertook Medicines Use Reviews (MURs) and the New Medicine service (NMS). The pharmacist advised people liked the reviews and benefited from discussions on inhaler technique. She had been able to provide advice and support for a type 2 diabetic person who had concerns about his blood sugar levels. He needed to ensure that they met requirements for his work and the Driver and Vehicle Licensing Agency (DVLA). The pharmacist generally followed up NMS reviews on the phone although some people liked to attend in person. The pharmacist undertook flu vaccinations. The team booked some appointments, but most people came in and waited for the service. And the pharmacist undertook these as they could. One of the dispensers and ACT provided the smoking cessation service. They had a few people using the service with various degrees of success. Another dispenser was planning to provide this service as she had in a previous pharmacy in a different area. She required to complete local requirements to enable her to provide it. The pharmacy offered the Minor Ailments scheme but there was limited uptake. Generally, the requests were for paracetamol for children and head lice treatments. The team members signposted people for EHC if they wanted this free of charge as the pharmacist had not been able to complete the local requirements for the PGD. They referred people to the surgery or another local pharmacy.

The pharmacy was near a hospital and kept some medicines for people referred as out-patients. It kept medicines in relation to ophthalmology, dermatology, childcare and stroke rehabilitation. It also kept

medicines for oncology such as prednisolone and dexamethasone in order to have supplies for these people. The pharmacy provided the Community Pharmacist Consultation Service (CPCS). People accessed the CPCS service through NHS 111 referrals. The CPCS linked people to a community pharmacy as their first port of call. This could be for either the urgent provision of medicines or the treatment or advice for a minor illness. The pharmacy had had a few referrals. It had supplied some medicines and the pharmacist had provided advice in other cases.

The pharmacy supplied medicines to around 14 people in multi-compartment compliance packs to help them take their medicines. The team kept a sheet with the days people collected their medicines to keep a track on these. If people required collections, the team referred them to another pharmacy within the company. The team entered the data from prescriptions at the pharmacy and the company's hub made up the packs. One dispenser managed the process. Most packs came back fully completed and on occasions the pharmacy added an item. This was clearly communicated and audited. This was if the hub could not supply. The pharmacy provided patient information leaflets (PILs) and had a printed additional one to supply as required.

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 ACT checked some prescriptions and clearly marked these as accuracy checked. The pharmacist then completed the clinical check afterwards. The ACT placed the prescriptions waiting clinical check in a designated area to highlight these to the pharmacist. The team members used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so they could check the contents 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 included 'speak to pharmacist' which ensured patients received additional counselling. The team highlighted prescriptions for people suitable for MURs. The team members used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that the bag needed some additional medication to complete the supply. They also highlighted all CD prescriptions and attached these to the bags to raise awareness and check at hand out.

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 team members were aware of the valproate Pregnancy Prevention Programme. The team had undertaken audits and had two people in the at-risk group. The pharmacist had contracted both people recently after another audit to reinforce the information again. The pharmacy had the pack with additional leaflets and guides to provide to people. The pharmacy provided a limited delivery service as it referred people wanting this service to one of their other local branches. 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 pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had two refrigerators from a recognised supplier. They were appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and 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 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 Lexon, AAH and Alliance.



The team members had an awareness of the Falsified Medicines Directive (FMD). They were scanning packs as part of the process, but it was not fully implemented. The company had prepared SOPs to raise awareness of processes.

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. It received them from the Medicines and Healthcare products Regulatory Agency (MHRA) and the company. 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 printed off some commonly used PILs and kept these in a folder ready for supply when required.

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 had access to disposable gloves and alcohol hand washing gel. The equipment such as the carbon monoxide monitor in good working order and the team advised the smoking cessation provider checked this as required.

The pharmacy stored medication waiting collection on shelves in the dispensary. The public could not see this section from the counter. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private. They had a few bulkier bags stored on the floor. The team advised they contacted people with bulky items such as bread to get them to come and collect promptly. The pharmacy had recently set up a text service and this had encouraged people to collect their medicines when they were ready. The dispensary computer screens were out of view of the public. The team used the NHS smart card system to access to people's records. 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.