

Registered pharmacy inspection report

Pharmacy Name:Shieldfield Pharmacy, Stoddart Street, Newcastle upon Tyne, Tyne and Wear, NE2 1AF

Pharmacy reference: 9011064

Type of pharmacy: Community

Date of inspection: 06/08/2020

Pharmacy context

This is a community pharmacy on a busy main road in Newcastle upon Tyne. It is near student accommodation. It supplies medication in multi-compartment compliance packs to some people who need help managing their medicines. The pharmacy sells over-the-counter medicines and provides a minor ailment scheme. It offers a delivery service. This inspection was completed during the COVID-19 pandemic

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 associated with its services appropriately and it keeps the records it must by law. The pharmacy has adapted its ways of working during the pandemic to ensure it delivers its services safely and effectively. It has up-to-date written procedures for team members to follow for its services. The team members know the importance of their role in protecting vulnerable people. They record and discuss any mistakes they make as part of the dispensing process to help reduce the risk of similar mistakes happening in the future. They protect people's confidential information.

Inspector's evidence

The pharmacy was inspected during the COVID19 pandemic. It had identified and managed some of the risks associated with continuing to provide services during this time. It had a Perspex screen at the counter to separate people using the pharmacy from pharmacy team members. They had full personal protective equipment (PPE) and at the beginning of the pandemic they wore it but found it unnecessary, because the pharmacy was large, and it was possible to social distance whilst working. On the day, the trainee dispenser was preparing multi-compartment compliance packs on the working bench in the centre of the dispensary. The technician was working on a bench to the side. The pharmacist was on the checking bench to the front. During the inspection, the team members completed tasks within their role and capability. The pharmacy had completed formal documented risk assessments for individual members of the team. The pharmacist and the superintendent had discussed the risks with the members of the team and made changes to the ways of working. A range of standard operating procedures (SOPs) were in place, the superintendent had reviewed these in April 2019. The trainee dispenser had only signed the SOPs relevant to her role and level of competence. The technician had signed them all.

Paper sheets were available in the dispensary for recording near misses. The locum pharmacist and technician could not find the near miss sheet to show the inspector. The technician verified that the sheet was usually kept on the checking bench. There was a file with older near misses and the monthly patient safety reviews attached. The inspector asked what they would do if there was a near miss. The technician said that they would write it down on paper and discuss it at the time, then mention it to the manager when she was back at work. The pharmacy had identified some look-alike and sound-alike (LASA) medicines and there was a sheet to remind pharmacy team members to take extra care when dispensing these. And some of these had been separated on the shelves. The inspector spoke to the superintendent who confirmed that the manager had the near miss sheets with her because she was doing the monthly patient safety review.

The pharmacy recorded dispensing errors, and a critical incident report was completed. These were detailed and were kept in order in a marked file. There had been an error in the dispensing of medicines in a multi-compartment compliance pack and one of the contributing factors was that the care home team was not requesting the prescriptions from the doctor in a timely manner. This meant that the packs were being checked on the day they were due to be delivered. The pharmacist had explained the system to the care home team and advised that in future prescriptions needed to be ordered in advance. The care home team had taken the advice and medicines were now ordered in advance to

give the pharmacy time to assemble them.

A sheet was displayed in the public area to inform people how they could make a complaint or provide feedback. People had written reviews about the pharmacy's services, and these were displayed on the NHS website. The reviews were mostly positive. There was a suggestion box for people to make comments about the pharmacy. A lot of the suggestions were about items people would like the pharmacy to stock and, where possible, the pharmacy stocked the items. The pharmacy had current NPA indemnity insurance. The correct responsible pharmacist (RP) notice was displayed. The RP log had been filled in correctly. There was a private prescription book. The pharmacy did very few private prescriptions. The records looked at were in order. The controlled drug (CD) running balances were usually checked on every supply. And a full balance check was done monthly.

Confidential material was kept away from the view of people using the pharmacy. Confidential waste was segregated and shredded onsite. The pharmacy team members had their own smartcards. Computer terminal screens were turned to face away from people using the pharmacy and the terminals were password protected. A current information governance policy was not found. The pharmacist was on holiday and the trainee dispenser and technician were unsure where to find the policy. But they gave examples of how they kept people's private information secure. Both demonstrated understanding about data protection requirements. The technician had completed level two safeguarding training and could describe what she would do if she had any concerns. There were contact details for the local safeguarding teams held in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough, suitably qualified team members to provide its services safely. They keep their knowledge and skills up to date by reading and discussing their learning with each other. They feel supported by the pharmacy during the pandemic. But they don't have formal appraisals to discuss their performance or identify any learning needs.

Inspector's evidence

At the time of the inspection there was one pharmacist (locum), one trainee dispenser, and one registered technician. There was also a part-time dispensing assistant and three part-time drivers who were not present during the inspection. The usual pharmacist was on holiday. The superintendent also worked in the pharmacy some days. Due to the pandemic, the pharmacy had increased the numbers of deliveries it made to people at home. Team members covered each other's holidays and absences. No team members had self-isolated during the pandemic. The pharmacy team members thought that they had enough staff. But, if they were struggling or a member of the team was on holiday, there was always the option for staff from one of the other branches in the area to come and work in the pharmacy. The pharmacy team was observed managing the workload and answering queries from people on the telephone and in the shop.

The team member in training had just started NVQ2 dispensing course. The superintendent had used resources throughout the pandemic from the local pharmaceutical committee (LPC) to keep the team's knowledge of the changing situation up to date. The technician was up-to-date with her continuing professional development (CPD), and she confirmed that she had recently undertaken training on children's oral health and LASA medicines. The company did not have a formal training program. Pharmacy team member read manufacturer's information and pharmacy journals. The trainee dispenser was supported by the pharmacist with her studies.

Team members worked well together and felt comfortable about raising concerns. The technician said that the pharmacist and the superintendent pharmacist was receptive to any suggestions for improvement. The team did not have appraisals but discussed performance on an ongoing basis. The pharmacy had targets for medicines use reviews (MURs), and they tried to increase the business. MURs had been temporarily put on hold due to the pandemic. The pharmacy team did not feel under pressure to meet targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services. The pharmacy is secure, clean and sufficiently tidy. People can have a conversation with a team member in a private area.

Inspector's evidence

This was a purpose-built pharmacy. It had a large retail area and a large well laid out dispensary. The pharmacist worked on the checking bench to the side. The pharmacy was relatively tidy and professional in appearance. There were boxes on the floor in front of one of the workbenches. The team had been cleaning the pharmacy more often during the pandemic. The pharmacy had hand sanitiser to use in different areas. There was a toilet for staff use and handwashing facilities with hot and cold running water. The pharmacy had adequate heating and was well lit.

The team kept both consultation rooms clean and tidy. But they weren't currently using them to counsel people. Conversations with people took place in a quiet area in the shop and at a safe distance. There were two large Perspex screens which offered protection for staff and for customers.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has adequate procedures to manage its services safely. It gets its stock from reputable sources and stores it properly. It takes the right action in response to safety alerts to make sure that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

There was step-free access from the street, and a list of the pharmacy's opening times in the window. There were double automatic doors to the front, so people didn't have to touch handles to enter the pharmacy. The shop was large with wide space to help people with wheelchairs or pushchairs manoeuvre more easily. There was a list of services on offer, some of them had been suspended due to COVID 19. The pharmacy supplied medication to people under a minor ailment scheme, and they continued to do so during the pandemic. And they did telephone consultations for the smoking cessation service.

Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. Team members initialled the labels on the boxes as part of the dispensing process to create an audit trail. And evidence of this was seen on prescriptions awaiting checking. Deliveries of medicines to people's homes were done by three part-time drivers. The driver usually got signatures for CD deliveries but was signing the back of the CD prescription himself once he had delivered it to the patient during the pandemic. The pharmacy supplies medicines in multi-compartment compliance packs to people in their own home and to some people living in care homes. The packs examined were not always labelled with a description of the medication and this could make it harder for the person or their carer to identify the medicines inside. The trainee dispenser confirmed that they only include tablet descriptions on request. Patient information leaflets were always supplied with the packs so that people have all the information they need to take their medicines safely.

Team members were aware of the additional guidance around pregnancy prevention to be given to people taking valproate. The pharmacy had one person in the at-risk group, who took valproate, she had been supplied with all the information from the pharmacy and was under the care of her doctor. The trainee dispenser showed the inspector the cards and leaflets they supplied with the medicine. Prescriptions for higher-risk medicines were not highlighted to indicate the person would benefit from additional advice. This could mean that the pharmacy misses an opportunity to speak with people collecting these medicines. The locum pharmacist said that she did ask people about their INR when handing out prescriptions for warfarin. But she did not usually make a note on the person's record.

The pharmacy stored its Pharmacy (P) medicines behind the pharmacy counter to prevent self-selection and allow intervention by the pharmacist if needed. It stored cold chain medicines in a medical fridge in an organised manner. The fridge was of an appropriate size. The pharmacy checked and recorded the fridge temperature ranges every day. And a sample checked were within the correct ranges. The team was not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). The team members were unsure of when they were to start following the directive. The superintendent confirmed that drug alerts and recalls were received via PharmOutcomes to the pharmacy and actioned. The pharmacy printed the alerts out and

stored in a folder. The team kept a record of the action it had taken. The CD cabinet was secured and of an appropriate size. The medicines inside the fridge and CD cabinets were well organised.

The pharmacy had medical waste bins available to support managing pharmaceutical waste. Medicines were obtained from licensed wholesale dealers and specials suppliers. The medicines were stored in an orderly manner. Team members explained that the stock was regularly date checked, but there were no recent records to demonstrate this. The technician showed the inspector a box of out-of-date stock that had been removed from the shelf. No date-expired medicines were found in the sample of medicines checked in two areas in the pharmacy. Liquids were marked with the date of opening to help team members know that the medicines were still suitable to use.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had up-to-date reference resources such as the BNF and the team could access the internet to resolve queries and obtain up-to-date clinical information. It had equipment available for the services it provided.

The pharmacy stored people's prescriptions awaiting collection in pharmacy drawers and a shelving unit which was behind the pharmacy counter. People's name and address on the pharmacy bag labels couldn't be seen by people at the pharmacy counter. The pharmacy had a cordless telephone, which allowed the team to have conversations with people in private. The pharmacy had suitable calibrated measures for measuring liquids. The dispensary sink was clean and tidy. The counting triangles were also clean.

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.