

Registered pharmacy inspection report

Pharmacy Name: Well, 31 Harraton Terrace, Durham Road, Birtley,
DH3 2QG

Pharmacy reference: 9011158

Type of pharmacy: Community

Date of inspection: 06/08/2019

Pharmacy context

This is a 100-hour pharmacy situated in Birtley. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides NHS services such as flu vaccinations, emergency hormonal contraception (EHC) and a substance misuse 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 generally identifies and manages the risks associated with its services. The pharmacy asks people for their views and feedback. And it deals with complaints appropriately. It keeps most of the records it needs to by law to help evidence compliance with standards and procedures. The pharmacy looks after people's private information. And the pharmacy team members know how to protect the safety of vulnerable people. The pharmacy team members record mistakes that happen whilst dispensing, but they do not always make changes to help reduce risks of similar mistakes in the future.

Inspector's evidence

This was a newly relocated pharmacy with a generously sized dispensary. The pharmacy had a range of standard operating procedures (SOPs). These were in date and authorised for use. These were available electronically. All staff had their own log in and training records. Pharmacy team members had read the SOPs and the dispenser explained that there was a quiz to test the team members knowledge and understanding of the SOPs.

Near misses were recorded onto the electronic DATIX system. Members of the pharmacy team were responsible for recording their own near misses. One of the dispensers brought July's records up on the screen. Some of those recorded lacked important details such as what the error was. For example, sertraline was required but there were no details of what was dispensed in error. Similarly, clobetasol was required and again no details of what was dispensed in error. In July there were no records shown of any actions taken to prevent a re-occurrence. The monthly patient safety review had noted an increase in the number of near misses in June. It was thought that the influx of new customers and the recent change to the 'analyst' system had been the main reasons for this increase. As a result, the pharmacy team received additional support from a relief dispenser. Dispensing errors were recorded. There had been a dispensing error in June 2019. A person receiving their medication in a multi-compartmental compliance pack had received a pack with their Longtec medication in the morning section when it was intended to be taken at night. There had also been a quantity hand-out error with Longtec. The pharmacy team members were unsure if these errors had been reported to the accountable officer.

There was an information leaflet which gave details on how people could complain and other useful information including how patient data was protected. The pharmacy team members said that they would refer any complaints to the manager. Up to date indemnity insurance was in place as notified by the GPhC Strategic Relationship Manager (SRM). The responsible pharmacist record was complete and legally compliant. The correct responsible pharmacist sign was displayed. Private prescriptions records were complete. Unlicensed special records were not always complete and patient details were not included with the invoices and certificates of conformity. A sample of controlled drugs (CD) registers, looked at, found them to be compliant with the requirements including completed headers and entries made in chronological order. Running balances were maintained in all registers and were audited against the physical stock quantity weekly.

Prescriptions were filed out of view. Confidential waste was segregated for shredding off site. Pharmacy

team members received Information Governance training as part of their mandatory annual online training. The manager monitored compliance. All members of the pharmacy team had completed the basic safe guarding training. The pharmacy team members were not sure if there were contact numbers available to report a safeguarding concern. They said that they would speak to the manager in the first instance if they had a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the skills and qualifications appropriate for their roles and the tasks they complete. They have regular performance reviews. So, they can identify any development needs. They have access to ongoing training. But they don't always get time to do their training during the working day.

Inspector's evidence

The manager was on a day off at the time of the inspection. The RP on the day of the inspection was company employed. And in addition, there were four dispensers. The team said that they were struggling to cope with the increased workload as the pharmacy got busier. They also thought that the change of the computer operating system had contributed to this. The pharmacy team members had worked some extra hours over the busy summer period. The pharmacy was recruiting for a 20-hour dispenser. And the manager was looking at re-profiling the team's hours to reflect the flow of the business. There were some indications that the pharmacy team may not coping with the workload. For example, they were falling behind with the date checking. The previous days electronic prescriptions were in the process of being labelled. And these are normally labelled on the same day.

Training was provided through the e-Expert online portal. There was mandatory training and assigned training. Staff had their own log in access. The team did not normally get time to do their training during work hours. And often completed training at home. Performance reviews took place annually and the pharmacy team were up-to-date with these. These gave the team a chance to receive feedback and discuss development needs. Staff reported that the manager was approachable, and they felt encouraged to offer suggestions for improvement such as re-profiling staff hours. This was a big team covering 100 hours each week. So good communication was important. The team used a communication pad to leave notes and to communicate any issues. The huddle planner had not been completed since the relocation.

Staff advised that concerns could be raised with the manager or with the area manager depending on the issue. And who it was about. There was also a whistle blowing policy. And details were on the intranet. Pharmacy members could accurately explain which activities could not take place when there was no responsible pharmacist on site. Targets were set for a range of services. The pharmacy team members said they usually achieved these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are safe and clean and suitable for the pharmacy's services. The pharmacy team members use a private room for some conversations with people. People cannot overhear these private conversations. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy, shop area and consultation room were clean and hygienic as were the benches. The sink area was tidy. There was adequate lighting and heating. And hot and cold running water. There was sufficient storage space for excess stock in the pharmacy and in the stock room to the rear. The pharmacy had a good-sized consultation room with chairs, computer and a desk. This was clearly signed. No patient confidential information was stored here. Entry to the consultation room was controlled by a key pad so it was protected from unauthorised access. The pharmacy was well lit and there was heating and air conditioning.

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 gets its medicines from reputable suppliers. And it mostly stores and manages its medicines appropriately. The pharmacy takes some steps to identify people who take high-risk medicines and gives them appropriate advice. But it doesn't always have written information to give to these people to help them take their medicines.

Inspector's evidence

There was direct access through wide double doors into the pharmacy from the street. There were practice leaflets available. The team had displayed a variety of leaflets advertising the services offered in the pharmacy. The pharmacy displayed their opening times in the pharmacy and on leaflets in the pharmacy. The pharmacy offered a delivery service to people in their own homes. There were records kept for the delivery service, which included signatures for most deliveries and a separate sheet for controlled drug (CD) deliveries.

The pharmacy used baskets to keep the prescription, medication and labels together throughout the dispensing process to prioritise workload and reduce the risk of errors. There was a clear audit trail of the dispensing process as team members signed the dispensed by box and the pharmacist checked by box. Clear bags were used for the dispensing of insulin and these were observed in the fridge. This allowed the person handing over the medication, and the patient, to see what was being supplied and query any items. Clear bags were also used for completed compliance packs and CDs.

Stock was arranged, mostly alphabetically in pharmacy drawers and on the pharmacy shelves. Split boxes of medicines, which had been returned to stock, were marked to indicate that stock had been removed so that dispensers could clearly see that they were not complete packs. There was a date checking matrix, but the team were behind a month behind with this. And some out of date stock was found on a small section checked. On further checks no further out of date medicines were found. For example, Cardide was out of date in July 2019 and Hydrocortisone 2.5 mg was out of date in June 2019. These were removed from the shelves for destruction. Liquid medication was marked with the date of opening. This meant that checks could be done to make sure the product was safe to supply. For example, oramorph liquid was marked as opened on 11 July 2019.

There was an adequately sized retrieval area which was situated near to the pharmacy counter. This allowed easy access to prescriptions and allowed the pharmacist to be aware of what was being handed out. The pharmacy used licensed wholesalers such as Alliance and NDC. The pharmacy team were aware of the Falsified Medicines Directive (FMD). And the company was in the process of installing scanners. Staff were aware that the branch would be scanning stock in the future. Appropriate containers were used to supply medicines. Stickers were also used on bags and prescriptions to alert the person handing the medication over that items such as controlled drugs and fridge lines had to be handed out at the same time.

Medicines requiring cold storage were stored in an organised way within the original manufacturers packaging. Fridge temperatures were normally recorded for each fridge daily. There had been some temperatures recorded on the 4, 11 and 12 July that marginally exceeded the upper limit. The dispenser

thought that these were re-checked later and were found to be within the accepted limits of between 2 and 8 degrees. But these had not been recorded. The temperature in both fridges were within range on the day of the inspection. Controlled drugs were stored in CD cabinets which were tidy and ordered. Denaturing kits were available for the destruction of CDs. There was a record of receipt of returned CDs which people had returned. And there was a record of destruction, this indicated that returned CDs were destroyed promptly. There were some out-of-date CDs and patient returned CDs. And these were marked and segregated in the CD cabinet. Appropriate medicinal waste bins were used for out of date stock and patient returned medication.

The pharmacy team were aware of the valproate Pregnancy Prevention Programme. And were aware that there was guidance that had to be provided to people taking valproate who may become pregnant. However, there were no cards or leaflets available in the pharmacy to supply to people. There was a therapy check sticker which was sometimes used to alert the members of the pharmacy team that counselling was required. But people taking high-risk medicines such as warfarin were not always identified or counselled. This may mean that opportunities are missed to advise people about the safe use of their medicines. MHRA alerts were received via an internal communication system. The alert was printed off, actioned and a record kept. The pharmacist informed the team about any alerts relevant to the stock held in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. It stores it appropriately and uses it in a way that protects the privacy of people.

Inspector's evidence

Up to date reference sources were available and included the BNF and BNF for Children. There was access to the internet which was used for a range of uses including printing leaflets for people and to access PharmOutcomes. A range of CE quality marked measures were in use which were cleaned after use. There were also a separate range of cylinders retained for measuring methadone only.

The pharmacy also had a range of equipment for counting loose tablets and capsules. Tweezers and gloves were available for use in the dispensing of compliance packs. There was a first aid kit. The CDs were stored in CD cabinets which were securely bolted in place. The fridges used to store medicines were from a recognised supplier and an appropriate size for the volume of medicines requiring storage at such temperatures.

The pharmacy computer terminals and patient medication records (PMR) were password protected. The computer screens were out of view of the public. Access to patients' records was restricted by the use of NHS smart cards. Medication awaiting collection was stored out of view and no confidential details could be observed by people using the pharmacy. Prescriptions were filed in boxes out of view of patients keeping details private.

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.