

Registered pharmacy inspection report

Pharmacy Name: Fairmans Pharmacy, Unit 2, Trevelyan Drive,
Newcastle upon Tyne, NE5 4FB

Pharmacy reference: 9011290

Type of pharmacy: Community

Date of inspection: 13/05/2021

Pharmacy context

This is a community pharmacy set on a small parade of shops in Gosforth, Newcastle. The pharmacy opens six days a week. It sells a range of health care products, including over-the-counter medicines. It dispenses people's prescriptions. The pharmacy provides multi-compartment compliance packs to some people who need help managing their medicines. It delivers medicines to people who can't attend its premises in person. People can also collect coronavirus (COVID-19) home-testing kits from the pharmacy. This inspection took place 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	3.1	Good practice	The dispensary has been refitted to a very high standard and is extremely clean, tidy, spacious and well-maintained.
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 suitably manages the risks associated with the services it provides to people. It acts to help keep members of the public and team members safe during the Covid-19 pandemic. It maintains the records it needs to by law and keeps people's private information secure. Its team members record details of mistakes they make while dispensing so they can learn from each other and prevent similar mistakes from happening again. The team know how to raise a safeguarding concern and act when necessary.

Inspector's evidence

The pharmacy had completed a risk assessment of the impact of COVID-19 on the pharmacy and its services. And risk assessments for individual members of the pharmacy team. And, as a result, the pharmacy team monitored access to the pharmacy so that only two people in the pharmacy at any one time. The pharmacy had floor markings to indicate where people needed to stand, to help reduce the risk of cross infection. The pharmacy prominently displayed covid guidance in the window and in the retail area. Members of the pharmacy team knew how they would report any work-related infections to the responsible pharmacist. They were self-testing for COVID-19 twice weekly. They always wore face masks to help reduce the risks associated with the virus. And they washed their hands or used hand sanitisers regularly. The team reminded people to wear face covering while in the pharmacy. Those exempt were asked to wait outside, and a team member would take their medication outside for them.

The pharmacy had a set of standard operating procedures (SOPs) for the services it provided. A team member showed these to the inspector. The team could also access these electronically. SOPs had been reviewed in November 2019. All team members had read and signed them. And record was kept for each team member to show they had read, understood, and would follow them. The SOPs covered tasks such as dispensing and controlled drug (CD) management.

The pharmacist picked up near miss errors at the checking stage of the dispensing process, then informed the dispenser of the error and asked them to record and rectify the mistake. The team recorded twelve or more each month and discussed them when they happened, so they could all learn from each other. Most entries were detailed but they didn't always record what action they took to reduce the risk of the near miss errors happening again. And so, the team may have missed the opportunity to learn and make specific changes to the way they work. The team showed the inspector the changes made following dispensing incidents. Such as separating the different strengths of codeine and highlighting the similarity of the packaging. The team placed warning labels on medicines with similar names that could confuse team members, such as look-alike and sound alike medicines. The pharmacy kept records of any dispensing errors that left the pharmacy. There had been no dispensing errors since the pharmacy relocated in 2019. So, a team member showed the inspector a dispensing error report form that had occurred before the relocation. The report contained a detailed account of the error and the changes made. The RP explained that the pharmacy managers in the company had set up a group on their mobile phones for sharing useful information. For example, about errors that had occurred and photographs of items that looked similar.

The RP explained that they referred any complaints or concerns raised to the manager if they were

unable to resolve the person's concern. The RP advised that they worked hard to provide a good service and he was unable to remember any formal complaints. The team provided examples of how they had adjusted during the pandemic to meet people's needs. For example, providing free deliveries to people who could not attend the pharmacy. Some GP surgeries had closed their doors and people were anxious that they would not receive their medication, the team liaised with the surgeries to make sure people received what they needed in a timely manner.

The pharmacy had up-to-date professional indemnity insurance in place and displayed it on the wall in the dispensary. The pharmacy displayed the correct responsible pharmacist name and registration number. So, people could easily see the responsible pharmacist on duty on the day. Entries in the responsible pharmacist record were sometimes missing the RP was in the process of improving the electronic system so that the computer prompted the team that the RP needed to sign in. The pharmacy kept up-to-date paper records of private prescriptions and emergency supplies. It kept controlled drug registers and records of CDs returned by people to the pharmacy. CD balances were checked at the point of dispensing and audited regularly. RP knew that any unresolved CD issues needed to be reported to the accountable officer. The pharmacy kept special records for unlicensed medicines with the certificate of conformity. The records were kept in chronological order in a clearly marked folder.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste segregated to avoid a mix up with general waste and shredded. The team understood the importance of keeping people's private information secure and they had all completed information governance training. The responsible pharmacists had completed level 2 training on safeguarding vulnerable adults and children. The team had a safeguarding file with contact details for the local protection services. A concern had been raised, a team member had made a detailed account of the incident, with who was contacted and when.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to deliver safe and effective care. Members of the pharmacy team do the right training for their roles. They work well together and use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services.

Inspector's evidence

The pharmacy team consisted of one full-time and one part-time pharmacist. One full time technician, one part-time technician, two full time dispensing assistants, one part-time trainee dispensing assistant, one part-time counter assistant and one full-time delivery driver. The RP worked across the branches and covered for the managers day off. The team worked well together, and all interacted positively with the inspector. Various team members explained details of their procedures. And provided evidence. They located the information needed quickly and efficiently. And they took pride in the service provided to people. On the day, the pharmacy team dealt with people in a helpful efficient way. The RP supervised and oversaw the supply of medicines and advice given by an assistant. The RP advised that they had revised the appraisal system and moving forward all members of the pharmacy team would receive an annual appraisal. The team had discussions about near misses and pharmacy tasks during quiet times.

The team had various training certificates in their training folders. For example, the team had completed antimicrobial, safeguarding and weight management training. The technician was trained to provide the smoking cessation service. The team watched a suicide video together and discussed how they felt about it.

The team found the manager and the management team approachable and open to suggestions for changes to improve the service offered to people. For example, where to display stock on the shelves and suggestions about popular lines to stock.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is bright, clean, and modern. It provides a safe, secure, and professional environment for people to receive healthcare in. It's well designed to meet the needs of the people who use it, and to make sure they can receive services in private when they need to.

Inspector's evidence

The pharmacy relocated from smaller premises nearby. The new pharmacy was large, airy, and well designed. It had large automated doors to the front. Making access easier for wheelchair users. The pharmacy had a leather circular seating area in the middle of the retail area so that people could sit in comfort when waiting for a prescription. The pharmacy was air-conditioned, bright, clean, and modern. It was professionally presented. And its fixtures and fittings were of a high standard. The pharmacy had the workbench and storage space it needed for its current workload. A large central working bench provided an area to prepare compliance packs and general dispensing. The pharmacy had two large and well-equipped consultation rooms for the services it offered. And they could be used if people needed to speak to a team member in private. People's conversations in it couldn't be overheard. Both consultation rooms were locked when not in use. So, its contents were kept secure. The pharmacy had the sinks it needed for the services its team delivered. And each had a supply of hot and cold water. Members of the pharmacy team took turns to clean the pharmacy and they had an up-to-date cleaning rota. And they regularly disinfected the surfaces they and other people touched.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services easily accessible to people and it manages them appropriately. It sources and stores its medicines properly and completes regular checks to make sure they are in date. The team members dispense medicines into multi-compartment compliance packs for some people. This helps them take their medicines correctly.

Inspector's evidence

The pharmacy advertised its services and covid safety requirements in the window. The team offered a range of services. These included supervised consumption, delivery service, smoking cessation, patient compliance packs, and pharmacy first. The pharmacy had computer terminals on each of the main working benches, and the team had their own smart cards to access these. Team members used various stickers within the dispensing process as an alert before they handed out medicines to people. For example, they used fridge stickers to highlight that a fridge line needed to be added to the prescription before handing out. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used different coloured dispensing baskets to prioritise the workload, hold prescriptions and keep medicines together, this reduced the risk of them being mixed up. The team used owing slips when the pharmacy could not supply the full quantity prescribed. The pharmacy kept a record of the delivery of medicines to people. The RP explained that the delivery driver used the delivery sheet, but people did not have to sign the delivery sheet during the pandemic. The pharmacy used stickers to highlight when a pharmacist needed to speak to a person about the medication they were collecting, such as a high-risk medicines like warfarin. The technician advised that during the pandemic a lot of patients were shielding so they didn't have many opportunities to ask about peoples INR. The team were aware of the valproate pregnancy prevention programme. And knew that people in the at-risk group prescribed valproate needed to be counselled on its contraindications. The pharmacy currently only had compliance pack patients still taking valproate. The team could not locate the guidance literature and warning cards.

The pharmacy supplied medicines in multi-compartment compliance packs to around two hundred and fifty people. The RP explained that they supplied patient information leaflets (PILs) with the first tray each month. So, people had all the information they need to take their medication safely. The team used the backing sheet to record tablet descriptions so people could identify the individual tablets.

The pharmacy team placed Pharmacy (P) medicines on glass display shelving behind the counter so people could not self-select such medicines. The pharmacy had a process to check the expiry dates of its medicines at regular intervals. Usually the team checked a section each week. The team used red stickers to highlight that an item was short dated. So, these could be easily identified and removed before expiry. The inspector found no out-of- date medicines after a check of around ten randomly selected medicines in three different areas in the pharmacy. Liquid medicines had the date of opening marked on the label so checks could be made to make sure the medicine was safe to supply.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. The team members checked, and recorded fridge temperature ranges daily. A sample of the electronic record was

seen, and temperatures were within the correct ranges. The pharmacy stored its CDs, which weren't exempt from safe custody requirements, securely in two under the counter safes. Both had exemption certificates from Northumbria Police. The pharmacy kept its out-of-date, and patient-returned, CDs separate from in-date stock. And its team kept a record of the destruction of patient-returned CDs. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The team received drug alerts electronically, actioned them, and retained a copy of the actions taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

Team members had access to up-to-date reference sources. The team stored medicines waiting to be collected on shelves to the side in a way that prevented people's confidential information being seen by members of the public. All equipment was clean and regularly monitored to ensure it was safe to use. The pharmacy used a range of CE quality marked measuring cylinders. They had separate marked measures for methadone. Members of the pharmacy team made sure they cleaned the equipment they used to measure, or count, medicines before they used it. Pharmacy had a LEC medical grade larder refrigerator to store pharmaceutical stock requiring refrigeration. The pharmacy restricted access to its computer and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screen so it could only be seen by a member of the pharmacy team. Team members responsible for the dispensing process had their own NHS smartcard. And they each made sure their card was stored securely when they weren't working.

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.