

Registered pharmacy inspection report

Pharmacy Name: John Dent (Chemists) Ltd, 3 Windermere Road,
Chesterfield, Derbyshire, S41 8DU

Pharmacy reference: 9011516

Type of pharmacy: Community

Date of inspection: 08/02/2022

Pharmacy context

This busy community pharmacy is located within a medical centre. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions and it sells a range of over-the-counter medicines. The pharmacy relocated into these premises a year ago. The inspection was undertaken 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 adequately manages risks to make sure its services are safe and generally keeps the records required by law. Members of the pharmacy team are clear about their roles and responsibilities. They keep people's private information safe and the pharmacists complete training so they know how to protect children and vulnerable adults. They take some action to improve patient safety. But team members do not always make full records or review their mistakes, so they may be missing out on some learning opportunities.

Inspector's evidence

There were standard operating procedures (SOPs) for the services provided in electronic version. However, there were no records showing which members of the pharmacy team had read and accepted them. The pharmacist superintendent (SI) confirmed all team members apart from the newest member of staff had read them. He explained that there was a new version of SOPs which were soon to be introduced and he said he would ensure that when this process was complete the new SOPs would be accessible to all the team, and there would be a record to show which members of the team had read them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. They were wearing uniforms and badges with the name of the pharmacy on them. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The SI confirmed he had considered the risks of coronavirus to the pharmacy team and people using the pharmacy. He had introduced several steps to ensure social distancing and infection control. Individual staff risk assessments had been completed.

Dispensing errors were reported. Near misses were discussed with the pharmacy team, and actions taken to reduce re-occurrences. For example, sildenafil 50mg and 100mg had been moved away from sumatriptan 50mg and 100mg as there had been a selection error involving these medicines. The SI explained that they were considered look-alike and sound-alike drugs (LASAs), and this was highlighted to the team so extra care would be taken when selecting them. Near misses were not recorded, so patterns or trends might not be identified.

There was nothing on display highlighting the complaints procedure or explaining how people could give feedback about the pharmacy, so people might not be clear how to do this. The medicine counter assistant (MCA) described how she would deal with a customer complaint which would be to refer it to the SI who regularly worked in the pharmacy as RP.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription and emergency supply records, the RP record, and the controlled drug (CD) register were appropriately maintained. Three CD balances were checked and found to be correct.

All members of the pharmacy team had read and signed a confidentiality agreement as part of their employment. Confidential waste was collected in a designated bin until collection by an appropriate

waste company for shredding. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public.

The SI had completed level 2 training on safeguarding. Other members of the pharmacy team had not completed formal training on safeguarding but said they would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together in a busy environment, and they have the right qualifications for the jobs they do. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance. These communications are not always recorded, so management may not always act on any issues raised.

Inspector's evidence

The SI was working as the RP. There was a pharmacy technician (PT), an NVQ2 qualified dispenser (or equivalent) and a MCA on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the people who visited the pharmacy. Absences were managed by re-arranging the staff hours and transferring staff from the neighbouring branch. There was a qualified dispenser who worked next door at head office and they could assist in the pharmacy when necessary.

Members of the pharmacy team carrying out the services had completed appropriate training but had not carried out any recent training because of the increased workload and staffing issues caused by the pandemic. The pharmacy team received informal feedback from the SI and discussed issues as they arose. Members of the team said they would feel comfortable talking to the SI about any concerns they might have. However, there wasn't a formal procedure for recording communications within the team or team member's performance and development.

The SI was empowered to exercise his professional judgement. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate. He explained he signposted people to their GP if he felt there was a possible issue. He said he did not set targets for the team, so they shouldn't feel under any pressure.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are safe, secure, and suitable for the pharmacy services provided. The pharmacy is clean and well maintained. It has a private consultation room that enables it to provide members of the public with the opportunity to receive services in private and have confidential conversations. However, facilities could be improved to ensure people's privacy and confidentiality are better protected.

Inspector's evidence

The pharmacy premises were clean and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with four chairs. There were additional chairs in the medical centre which some people used when waiting for their prescription. The temperature and lighting were adequately controlled. The pharmacy had been fitted out to a good standard, and the fixtures and fittings were in good order. Staff facilities included a small kitchen area. Staff used the WC in the medical centre or head office which was in the building next door. There was a dispensary sink for medicines preparation with hot and cold running water.

The consultation room was used to store excess chairs and retail stock which detracted from its professional appearance. This room was available if customers needed a private area to talk, but it wasn't actively signposted and people received supervised medication at the end of the counter. The SI agreed that this didn't offer very much privacy and said he would consider adding better screening to improve confidentiality in this area. He said people receiving supervised medication were offered use of the consultation room if they preferred.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides healthcare services which are generally well managed and easy for people to access. It gets its medicines from licensed suppliers and the team carries out some checks to ensure medicines are in suitable condition to supply. But the pharmacy could improve the way it stores and manage some of its medicines.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. There was an automatic door into the medical centre and a large entrance between the medical centre and pharmacy. Services provided by the pharmacy were not clearly advertised and there was no visible health promotion. The SI pointed out an empty area which he had designated for displaying healthcare leaflets and posters advertising services. He said he would ensure this was completed soon. The pharmacy team was clear what services were offered and where to signpost people to a service not offered. For example, Flu vaccinations. There were information notices about Covid-19, and reminders to maintain social distancing.

There was a home delivery service with associated audit trail. The service had been adapted to minimise contact with recipients, in light of the pandemic. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was adequate in the dispensary, and the workflow was organised into separate areas. The dispensary shelves were well organised and reasonably neat and tidy. Dispensed by and checked by boxes were generally initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Speak to Pharmacist' stickers were used to highlight when counselling was required and higher-risk medicines such as valproate were targeted for extra checks and counselling. The SI confirmed that he had identified all the regular patients prescribed valproate, who were in the at-risk group and had discussions with them about pregnancy prevention. A note was made on their patient medication records (PMRs) confirming this. Multi-compartment compliance aid packs were used for a small number of people. A dispensing audit trail was completed, and medicine descriptions were usually included on the labels to enable identification of the individual medicines.

The MCA explained what questions she asked when making a medicine sale and when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. CDs were stored in two CD cabinets which were securely fixed to the wall/floor.

Recognised licensed wholesalers were used to obtain medicines and appropriate records were

maintained for medicines ordered from 'Specials'. Medicines were stored in their original containers. Date checking was carried out periodically but this was not always documented, so it wasn't clear when the last checks had been completed. The PT said she always checked the expiry date of medicines as she dispensed them. Expired medicines were segregated and placed in designated bins. The minimum and maximum temperatures of the medical fridges were not being recorded regularly, although they were within range at the inspection and on the days when the temperatures had been recorded. The SI confirmed that he would ensure this was carried out daily going forward.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. Equipment is appropriately monitored and maintained so that it is safe to use.

Inspector's evidence

Alcohol hand sanitizer was available for people visiting the pharmacy and members of the pharmacy team. Perspex protective screen were at the medicine counter to improve infection control, and the number of people allowed in the pharmacy was limited to three. Some team members were not wearing face masks, but they were all carrying out regular lateral flow tests.

The pharmacist could access the internet for the most up-to-date information. For example, the electronic BNF. There were two clean medical fridges. All electrical equipment appeared to be in good working order and IT support was provided by an external provider. There was a selection of clean glass liquid measures with British standard and crown marks. A methadone pump was used for methadone solution. This was cleaned and calibrated regularly. The pharmacy had an automated tablet counter , which was not very clean, but the team said this was not used anymore as all medicines were supplied in foil strips including cytotoxic drugs.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.