

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 87 Victoria Road, Darlington, County Durham,  
DL1 5JQ

**Pharmacy reference:** 9011527

**Type of pharmacy:** Closed

**Date of inspection:** 25/11/2021

## Pharmacy context

This is a community pharmacy in the centre of Darlington. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy team offers advice to people about minor illnesses and over the counter medicines. It supplies some medicines in multi-compartment compliance packs to people living in their own homes. And it provides a home delivery service. The pharmacy has been approved to provide a Covid-19 vaccination service. The pharmacy was inspected 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
<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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. They are given training so that they know how to keep private information safe. The pharmacy has a safeguarding procedure and the team know what action to take when a concern is raised. The pharmacy keeps the records it needs to by law.

### Inspector's evidence

The pharmacy had risk assessed the impact of COVID-19 on the services and the people who used it. Most team members wore face masks to help reduce the risks associated with the virus. One team member was asked to wear one at the start of the inspection and quickly did so. The pharmacy had hand sanitisers in the retail area and in the dispensary. Pharmacy posters advised of the need to still wear masks in the pharmacy. They had screens on the main counter to protect people from cross infection. The pharmacy had an electronic set of standard operating procedures (SOPs) which the superintendent's office team updated regularly. The pharmacy team had read the procedures that applied to their job role and level of competence and completed an electronic assessment to check they understood them.

The pharmacist or technician recorded near misses as they occurred on to paper records. A team member then entered them onto the electronic DATIX system each week. The paper records lacked details such as reasons the error occurred and actions taken to prevent reoccurrence. Pharmacy team members on the day were unsure of how to access the electronic records, so it was not possible to see analysis of the errors and any subsequent changes recommended to reduce the risk of a similar error happening again. A team member recalled that there had been two occasions when Trazadone and Tramadol had been confused and selected in error. The error had been discussed at the weekly hub and it had been decided to separate these onto different shelves. Selection warning labels were also observed on a range of look-alike sound-alike medicines. The team had completed training on common errors and what to look out for. The pharmacy had a complaints procedure. The team could not recall any formal complaints but provided examples of the way that they responded to people who expressed dissatisfaction with the service they received. Some people were unhappy that their prescriptions took 2 or 3 days to dispense. So, the team assembled these customers prescriptions straight away on site and made a note on the patient records not sent to the hub.

The pharmacy had appropriate up to date indemnity insurance in place as notified by the Strategic Relationship Manager (SRM). The pharmacy kept a paper record to show which pharmacist was the RP and when. The pharmacy had an electronic controlled drug (CD) register. Weekly balance checks had been highlighted in red making it easy to see that the balance check had been done. A balance check of one randomly picked CD in the cabinet tallied with the CD register balance. Patient returned CDs had been recorded in the CD returned book. In future the team intended to record CD patient returns electronically. The team recorded private prescriptions in a private prescription book and the prescriptions had been filed chronologically with reference numbers. The pharmacy had a system for the supplies of the unlicensed medicinal products it made which complied with MHRA regulations. The

team kept the certificates of conformity, patient details and invoices together in chronological order in a file.

The pharmacy team had completed IG training and they held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was segregated into a basket to avoid a mix up with general waste then shredded on site by an external company twice monthly. The team had completed safeguarding training and demonstrated good understanding of what to look out for and what action to take. Team members had been unable to locate a list of current local contact details for the safeguarding teams, but the responsible pharmacist (RP) advised that he would look the numbers up electronically if the need arose.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to manage the pharmacy's workload and they are properly trained for the jobs they do. The pharmacy team complete some additional training to help them keep their knowledge up to date. They get regular feedback from their manager to help them improve.

### Inspector's evidence

The pharmacy team on the day included a newly appointed pharmacist, one dispensing assistant, one trainee dispensing assistant and a part time driver. To cover the 100 hours the pharmacy had two regular pharmacists one working 7am until 3pm and the other from 3pm until 11pm. All members of the team had completed the necessary training for their roles. The trainee dispensing assistant had enjoyed her course and the regular pharmacist supported her with her training. She appreciated the help and encouragement she received and only had the final assessment to complete. The team managed with the current staffing levels.

The company provided the pharmacy team with a structured e-learning training programme about the company's procedures and services. Additional learning modules were available to complete. A team member showed the inspector their training records and examples of recent training included Covid-19 vaccinations, Data protection and Cyber security.

Appraisals were conducted by the pharmacy team leader. This gave the team an opportunity to discuss what had gone well and identify any training needs or areas for development. Team members found it useful, and they could also discuss any concerns. The team leader held weekly huddles about issues that had arisen, including when there were errors or complaints. The company set a range of service-based targets for example for the New Medicines Scheme (NMS) and sign up for the texting service. The RP advised that the targets were achievable and helped to focus the team. The team did not feel under pressure to achieve these.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable and secure environment for people to receive healthcare. And its premises are clean and well equipped.

### Inspector's evidence

The pharmacy had recently relocated to its current position. And the team welcomed the move because it gave them more space to provide the services to meet local needs. The design made best use of the space available, and they had a well laid out dispensary upstairs for preparing patient compartment compliance packs. All areas looked clean and clutter free and the team worked hard to create a tidy and welcoming environment from which to provide its services. The floor area had been cleared of obstructions and stock was stored tidily on the shelves. The pharmacy had air conditioning and a good-sized sink with hot and cold running water for medicines preparation and for staff use. The pharmacy had staff toilets with a sink with hot and cold running water. The sound-proofed consultation room had a sink, desk, computer, and seats where people could sit down with a team member. It also had a range of leaflets for self-selection. The team had a code which allowed them access to the consultation room and restricted entry for customers who could only access when accompanied by a member of the pharmacy team. It was professional in appearance and was signposted by a sign on the door.

## Principle 4 - Services ✓ Standards met

### Summary findings

People with a range of health needs access the pharmacy's services easily. And the pharmacy manages and delivers these services effectively using technology and off-site dispensing. It obtains its medicines from reputable sources. And stores and manages its medicines appropriately.

### Inspector's evidence

People had direct access into the pharmacy through a wide door at the front. So, people in wheelchairs and those could easily access the pharmacy's services. The pharmacy advertised its services and opening times in the window. The pharmacy had been approved to provide Covid-19 booster vaccinations, but they had not started these yet. And had not been given a start date. Team members signed the dispensing labels when dispensing and checking, so, they had a robust audit trail of the process in place. The team used baskets to hold prescriptions and medicines. This helped the team members stop people's prescriptions from getting mixed up. And to prioritise the workload.

Dispensed medicines awaiting collection were segregated away from the dispensing area in collection cupboards. Prescription forms were retained, and stickers were used to clearly identify when fridge or safe storage items needed to be added. When people came to collect their medicines, the pharmacy team would search for a patient name on a handheld electronic device. This had a record of the location of the person's medicine. Confirmation of the person's address would be obtained by the member of the pharmacy team before they scanned the shelf and the barcode on the bag. This would need to match the recorded data otherwise a warning would appear indicating it was the incorrect medicines. This helped to reduce the likelihood of a supply to the incorrect person. The pharmacy had a delivery service. The pharmacy team segregated prescriptions after their accuracy check ready for delivery. The driver used a handheld device which calculated the route. And they requested additional information from recipients of CDs to verify that the right person received the CD. The pharmacy team demonstrated an awareness of the risks associated with the use of valproate during pregnancy. The pharmacy had educational material available to hand out when people received valproate. The RP advised that they speak to any patients identified as at risk and make them aware of the pregnancy prevention programme, which would be recorded on their PMR.

The pharmacy supplied around 800 prescriptions through the automated central hub monthly. The team accepted people's verbal consent and recorded this on the patient's medication record (PMR). A team member labelled the prescriptions electronically, and then the pharmacist completed the accuracy and clinical check on the information entered. The PMR indicated any items which could not be dispensed. This included items out of stock, not stocked, or CD and fridge items. People used their personal log in detail, so the team had an audit trail of who had labelled the prescription and who performed the accuracy and clinical check. The hub team usually returned completed prescriptions within 48 hours in a sealed totes that clearly identified that it contained dispensed medicines. Some medicines were dispensed in multi-compartment compliance packs. The team kept a record sheet for each patient containing details of their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. The team used disposable packs to provide the service and labelled these with medication descriptions and a dispensing check audit trail. The team supplied Patient information leaflets (PILs) monthly with the first pack. The RP assembled Methadone

using the automated Methameasure system and stored Methadone in the CD cupboard overnight. The Methameasure was cleaned and calibrated daily.

The pharmacy stored pharmacy medicines behind the pharmacy counter to prevent people self-selecting them. The pharmacy did not routinely stock codeine linctus but rather provided alternative treatments when appropriate. The team had one part bottle of codeine linctus out of view in the dispensary for dispensing should a prescription be presented. The medicines on the pharmacy shelves in the retail area looked tidy and well organised. The team members date checked items as directed each month. Items due out of date in nine months or less had been marked with a use first sticker. So, they could be easily identified and removed from the shelf before expiry. The team entered short, dated stock onto the electronic system and this prompted removal. The pharmacy team sometimes recorded the date on liquid medicines when they had been opened. So, checks could be done to see if they were fit to supply. A check of three areas in the pharmacy found a bottle of split oramorph that had not been dated when opened, so there was risk that people could receive medication that was not fit to supply. The pharmacy had procedures in place to appropriately store and then destroy patient returned medicines. And the team had access to CD destruction kits. The pharmacy team checked and recorded fridge temperature ranges daily. Records indicated that these had been checked and recorded daily. Both fridges' temperatures on the day were within the correct range. The team stored the medicines inside the fridges and CD cabinets in an organised tidy manner.

The pharmacy received MHRA alerts electronically. The team leader usually dealt with these and team members on the day had been unable to access the site to provide assurance that alerts had been received and actioned.



## 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. And the team had internet access to look up information to help with queries. The team stored medicines waiting to be collected in a way that prevented people's confidential information being seen by members of the public. The pharmacy used a range of CE quality marked measuring cylinders. The team cleaned the equipment they used to measure, or count, medicines before they used it. The pharmacy had two pharmacy grade refrigerators to store pharmaceutical stock requiring refrigeration. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. Team members responsible for the dispensing process had their own NHS smartcard.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.