

Registered pharmacy inspection report

Pharmacy Name: Dominion Pharmacy, 1-1a Whitehall Terrace,
Sunderland, Tyne and Wear, SR4 7SN

Pharmacy reference: 9011710

Type of pharmacy: Internet / distance selling

Date of inspection: 15/11/2023

Pharmacy context

This is a distance-selling pharmacy on a local parade of shops in Sunderland. It mainly dispenses NHS prescriptions. People only visit the pharmacy in person for pre-arranged appointments. They receive their medicines using the pharmacy's delivery service. The pharmacy provides vaccinations for flu and COVID19 and private services such as travel vaccination and treatment for weight loss.

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 identifies and manages risks with its services. It keeps the records required by law and it protects people's private information. It has adequate processes to help team members protect vulnerable adults and children.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) to define the pharmacy's working practices. These were prepared by the superintendent pharmacist (SI) and had been reviewed by the director in the weeks prior to the inspection. Team members described their roles within the pharmacy and the processes they were involved in. But they had not signed to confirm they had read and agreed to follow these procedures. The pharmacy had a business continuity plan to address disruption to services or unexpected closure. Team members described the process for branch closure when there was no responsible pharmacist available.

The pharmacy kept a folder to record dispensing mistakes that were identified in the pharmacy, known as 'near misses' and errors that had been identified after people received their medicines. But there were no entries made on these records. The responsible pharmacist (RP) explained there had not been any near misses or dispensing errors. And felt this was due to the low number of items dispensed. The pharmacy's patient medication record (PMR) system had an additional safety feature. The medicine selected for dispensing was scanned and if this was not the same as the medicine prescribed, the system alerted the team member to the error. The system also checked that the medicine was within its expiry date. If a medicine would not scan for any reason, then the pharmacist took extra care when carrying out the accuracy check of the medication. The RP felt errors were minimal because of this system. And that they would highlight any near misses with the team member involved at the time of the incident if it occurred. The RP had identified medicines that were of higher risk of being picked in error because they looked, or names sounded alike. And the team took steps to reduce the risk by separating the medicines on the shelves, for example amitriptyline and amlodipine. And they had highlighted the shelves when two different forms of the same medicine were kept together, for example esomeprazole tablets and capsules.

The pharmacy had current indemnity insurance. It displayed the correct responsible pharmacist notice and had a generally accurate responsible pharmacist record. But there were entries missing from some days the pharmacy had been operating. From the records seen, it had accurate private prescription records. The pharmacy had controlled drug (CD) registers. But the pharmacy had made no entries as it had not yet dispensed any CDs. The pharmacy electronic PMR was automatically backed-up to avoid data being lost.

Pharmacy team members were aware of the need to protect people's private information. They separated confidential waste for shredding. The pharmacy stored paperwork relating to vaccination services securely in the dispensary so that no person-identifiable information was visible to the public. Team members had completed training about protecting people's personal information. The RP explained there had not been any complaints. The complaints procedure was available for team members to follow if needed and details about it were available on the pharmacy's website. The RP had

completed the Centre for Pharmacy Postgraduate Education (CPPE) training about protecting vulnerable people. There had not been any safeguarding concerns at the pharmacy. They knew how to raise a concern locally and had access to contact details and processes.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team that undertakes appropriate training for their role. Team members receive protected time to complete their training. They manage their workload well and support each other as they work. Team members feel comfortable making suggestions and can easily raise concerns if necessary.

Inspector's evidence

The RP explained they had recently taken over ownership of the pharmacy. The previous owner continued in the role of superintendent pharmacist (SI). The pharmacy had recently employed one full-time and one part-time dispenser. They were both enrolled on accredited courses and were given planned learning time during the working day to undertake training. Due to the low volume of business, they were not yet involved in the dispensing process. Team members had flexibility to provide contingency for absence. The pharmacy used a small group of locums to provide cover if the regular pharmacist was absent. They had spent time shadowing the regular pharmacist to understand all processes in the pharmacy before working alone. The pharmacy also employed a part-time delivery driver. The delivery driver did not work every day the pharmacy was open as there were not always prescriptions to deliver. They had not completed any formal training on delivering medicines, but the RP provided evidence of enrolment onto a suitable course following the inspection. The pharmacist was a qualified prescriber. But they did not use their prescribing qualification in the pharmacy. They completed continual professional development and had regular peer review with other prescribers to maintain their skills.

Team members had informal development meetings with the RP. They felt able to make suggestions and raise concerns to them as needed. One team member expressed an interest in providing a smoking cessation service. And the pharmacist had enrolled them on local training for this. The pharmacy had a whistleblowing policy that team members were aware of. The pharmacist owner felt they could approach the SI to discuss any issues or suggestions for improvement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services it provides. They are clean, hygienic and secure. The pharmacy's website looks professional and provides ease of access for people to use.

Inspector's evidence

The pharmacy premises were in an adequate state of repair. The temperature and lighting were suitably controlled. The pharmacy had been fitted out to a reasonable standard. It comprised of a small reception area, consultation room, dispensary and kitchen. There were sinks in the dispensary and kitchen. These had hot and cold running water, soap, and clean hand towels. The pharmacy had benches for dispensing and the RP used a separate bench to complete their final checks of prescriptions. Benches appeared cluttered during the inspection. People accessed a small reception area for pre-arranged appointments. There was a secure door leading to the dispensary and people were not able to see activities being undertaken in the dispensary. A consultation room led off the reception area. It had a desk, chairs, treatment bed, sink and computer which was clean and tidy, and the door closed which provided privacy. And it provided a clinical environment for the administration of vaccinations and other services.

The pharmacy's website provided useful information about the pharmacy such as its contact details and practice leaflet. And it provided the facility for booking an appointment with the pharmacist. Some over-the-counter (OTC) medicines were displayed on the pharmacy's website. The RP explained they had not had any requests to purchase medication from the website.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible for people. And it manages its services satisfactorily to help people look after their health. The pharmacy correctly sources its medicines, and it completes checks of them to make sure they are in date and suitable to supply.

Inspector's evidence

The pharmacy advertised its services through its website and its social media page. And people could access the pharmacy's services by telephone or from the information on the website. The website was clear and concise and easy to navigate. Physical access to the pharmacy was limited. Team members stood at a reception area with the door unlocked for pre-arranged appointments only.

Pharmacy team members used baskets to differentiate between different prescription types and to separate people's medicines and prescriptions. And they used ink stamps on the label of the bag containing people's dispensed medicines to act as an alert before they were delivered. For example, to highlight the presence of a fridge line. Team members initialled dispensing labels to provide an audit trail of who had dispensed and checked medicines.

All prescriptions were delivered. The delivery driver worked around three days each week. If urgent prescriptions were required on one of the days when the delivery driver wasn't working, then the pharmacist would generally deliver them after work. The pharmacy did not obtain signatures from the recipient to confirm the safe receipt. Instead, the delivery driver noted the time and date the delivery was made on the delivery record. This meant the pharmacy had a record of when deliveries were made and could refer to the record should a query arise. But this was not in line with the delivery SOP. The RP confirmed that they would review the delivery process.

Team members had knowledge of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. The pharmacy did not supply valproate to anyone in this group.

The pharmacy had current patient group directions (PGDs) for flu and COVID19 vaccinations and treatment of urinary tract infections. It also followed private PGDs for travel vaccination, weight loss and treatment of acne. The pharmacy kept records of all consultations on paper records or on a digital platform. This allowed the pharmacist to review previous consultations. The pharmacy used an external provider for the private clinical services. The pharmacist followed a detailed consultation template with people accessing these services. People being treated for weight loss were reviewed face-to-face every four weeks to monitor progress with treatment. And medication supplied was recorded on the pharmacy's patient medication record (PMR). The pharmacy had not yet sold any pharmacy-only medicines (P-meds). The pharmacist explained anyone requesting P-meds would have a consultation with the pharmacist over the phone and a record made of the supply to inform any future requests. The RP demonstrated an awareness of repeat requests for medicines intended for short term use. The pharmacy had identified the opportunity to provide health promotion in the local community. They provided blood pressure checks at the local community centre and church to raise health awareness. And had sign-posted people with raised blood pressure to their GP for review.

The pharmacy obtained medicines from recognised suppliers. It stored medicines in their original

packaging on shelves. The pharmacy stored items requiring cold storage in a fridge and team members monitored and recorded minimum and maximum temperatures daily. A sample of completed records found the temperatures were within the correct range. However, on a few days no records had been captured. On the day of the inspection the fridge temperature was within the accepted range. Team members checked expiry dates of medicines and those inspected were found to be in date. But the RP explained they had not recorded the most recent checks. The date of the last check was six months prior to the inspection. The pharmacy had medical disposal bins for expired and patient-returned stock. The pharmacy actioned Medicines and Healthcare products Regulatory Agency (MHRA) recalls and safety alerts on receipt and kept records about what it had done.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it uses its equipment to suitably protect people's private information.

Inspector's evidence

The pharmacy had resources available including current editions of the British National Formulary (BNF) and BNF for Children. It had internet access allowing access to a range of further support tools. This meant the pharmacy team could refer to the most recent guidance and information on medicines.

The pharmacy kept equipment required to deliver pharmacy services in the consultation room where it was used with people accessing its services. This included a blood pressure meter which was replaced as per the manufacturer's guidance. The pharmacy stored paper records in the dispensary inaccessible to the public. Team members used passwords to access computers and did not leave them unattended unless they were locked.

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. |