

Registered pharmacy inspection report

Pharmacy Name: John Dent Chemist Ltd, Avenue House Surgery, 109 Saltergate, Chesterfield, Derbyshire, S40 1LE

Pharmacy reference: 9011945

Type of pharmacy: Community

Date of inspection: 23/11/2022

Pharmacy context

This community pharmacy is located in 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 new premises in May 2022.

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, and it takes steps to improve patient safety. Members of the pharmacy team work to professional standards, and they are clear about their roles and responsibilities. The team completes the records that it needs to by law and it keeps people's private information safe. Team members understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided, with signatures showing that all members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. Team members were wearing uniforms and badges showing the name of the pharmacy. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team recorded dispensing incidents and near misses. These were discussed within the team and actions were taken to prevent the same things happening again. The RP could recall that following near misses the team had separated sildenafil from sertraline, and ramipril capsules from ramipril tablets on the shelves to help avoid errors. Reviews of errors and the changes made were not always recorded, so the team might miss out on additional learning opportunities. Clear plastic bags were used for assembled CDs and insulin to allow an additional check at hand out.

The medicine counter assistant (MCA) described how she would refer a customer complaint to the pharmacy manager. The pharmacy's complaint procedure and the details of how to give feedback about the pharmacy was explained in the practice leaflets which were prominently displayed.

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) registers were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

Members of the pharmacy team had read and signed a confidentiality clause as part of their contract of employment. Confidential waste was collected in designated places, then sealed into bags and stored in the medical centre until they were collected by an appropriate waste disposal company. The dispenser correctly described the difference between confidential and general waste. 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 pharmacy manager had completed level 2 training on safeguarding. The dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. There was a safeguarding notice in the dispensary containing the contact numbers of who to report

concerns to in the area. There was nothing on display highlighting to people using the consultation room that they could request a chaperone, so people might not realise this was an option. The pharmacy manager was aware of the 'Safe Space' initiative, for victims of domestic abuse and said the consultation room was always available for anyone requiring a confidential conversation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload and the team members complete the essential training they need to do their jobs. Team members are comfortable providing feedback to their manager and they receive feedback about their own performance.

Inspector's evidence

The pharmacy manager was working as the RP. There was a NVQ2 qualified dispenser (or equivalent), a medicines counter assistant (MCA) and a cleaner on duty at the time of the inspection. The pharmacy shared a delivery driver with a neighbouring branch. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and people who visited the pharmacy. Planned absences were organised so that not more than one person was away at a time, and team members could be flexible with their hours if necessary to cover the workload. Staff could be transferred from the neighbouring branch in an emergency.

Members of the pharmacy team carrying out the services had completed appropriate training and their qualification certificates were on display. The MCA was completing healthy living training, during quiet periods in the day, but team members did not have regular protected training time. Team members carried out some ad-hoc training to keep their knowledge up to date, such as reading literature sent to the pharmacy. But there wasn't any structured ongoing training or appraisal system so gaps in their knowledge might not be identified and supported. The pharmacist superintendent (SI) was in regular contact with the pharmacy. He visited most weeks and communicated by telephone on a daily basis. Issues were discussed within the team as they arose, and the pharmacy manager gave team members feedback on their performance informally. The MCA said she felt there was an open and honest culture in the pharmacy and she would be comfortable admitting errors and reporting concerns to the pharmacy manager. There was a whistleblowing policy.

The pharmacy manager said she felt empowered to exercise her professional judgement and could comply with her own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because she felt it was inappropriate. She said she wasn't put under any pressure to achieve targets when working at the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. 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.

Inspector's evidence

The pharmacy premises were in a purpose-built new building and had been fitted out to a high standard. The pharmacy was clean and in a good state of repair. A part time cleaner was employed. The retail area was free from obstructions, professional in appearance and had a waiting area with three chairs. The pharmacy was accessible from the medical centre but it also had its own separate entrance which was used when the practice was closed. The temperature and lighting were adequately controlled. Maintenance problems were reported to the owner and the response time was appropriate to the nature of the issue.

Staff facilities were limited to a small kitchen area with a sink, and staff used the WCs and wash hand basins in the medical centre. There was a separate dispensary sink for medicines preparation with hot and cold running water. The consultation room was equipped with a sink, and was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door and in the practice leaflet. This room was used when customers needed a private area to talk. An area of the counter was partially screened which allowed a degree of privacy when prescriptions were being handed out.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a small range of healthcare services which are generally well managed and easy for people to access. The pharmacy team members are helpful and give healthcare advice and support to people in the community. The pharmacy sources, stores and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy had an automatic door and was accessible to everyone, including people with mobility difficulties and wheelchair users. There was a hearing loop in the pharmacy and a sign showing this. The pharmacy's opening hours were displayed on the door and its services were outlined in the practice leaflet. The pharmacy team was clear what services were offered and where to signpost people to a service not offered. For example, flu vaccinations. A folder was available containing relevant signposting information which could be used to inform people of services and support available elsewhere. There was a range of healthcare literature on display. For example, guidance leaflets on breast feeding and 'Your health' booklets provided by the NPA. There were posters advertising local services. For example, a support group providing help with transport to Chesterfield hospital.

There was a home delivery service with associated audit trail. The service had been adapted to minimise contact with recipients, during the pandemic. The delivery driver confirmed the safe receipt in their records. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

The dispensary was spacious and the workflow was organised into separate areas with a designated checking area. The dispensary shelves were neat and tidy. Dispensed by and checked by boxes were 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.

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 high-risk medicines were targeted for extra checks and counselling. The team was aware of the valproate pregnancy prevention programme and were getting ready to carry out a new audit. In a previous audit only one regular patient was in the at-risk group and the pharmacy manager had a discussion with them about pregnancy prevention. Spare valproate care cards were available to ensure people in the at-risk group were given the appropriate information and counselling, if they were not receiving their medication in original packs.

The pharmacy supplied a few patients with their medication in multi-compartment compliance aid packs. A dispensing audit trail was completed, and medicine descriptions were included on the packaging to enable identification of the individual medicines. Staff confirmed packaging leaflets were included so people were able to easily access additional information about their medicines. Disposable equipment was used. There was a partial audit trail for changes to medication in the packs, but it was not always clear who had confirmed these, which could cause confusion in the event of a query. An assessment was made by the pharmacist as to the appropriateness of a pack or if other adjustments

might be more suitable for their needs. Some people were given their medication in containers with easy to open tops and others were provided with medicine administration record (MAR) charts, rather than compliance aid packs, and these alternate measures were proving successful.

The MCA explained what questions she asked when making a medicine sale and knew 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.

CDs were stored in two CD cabinets which were securely fixed to the floor. One cabinet was used for methadone and assembled prescriptions awaiting collection, and the other cabinet was used for general stock. The CD keys were under the control of the responsible pharmacist during the day. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials'. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins.

Alerts and recalls were received via email messages from the Medicines & Healthcare products Regulatory Agency (MHRA). These were read and acted on by a member of the pharmacy team, but they did not always make a record of this, so the team might not easily be able to respond to queries and confirm what action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe, and they use it in a way that protects privacy.

Inspector's evidence

The pharmacy team could access the internet for the most up-to-date reference sources. The pharmacy manager said she used an App on her mobile phone to access the electronic British National Formulary (BNF), as it was much easier to use than the printed form.

There were two clean medical fridges, one was for assembled prescriptions awaiting collection and the other for stock. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order.

There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. 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.