

Registered pharmacy inspection report

Pharmacy Name: Derby Community Pharmacy, 95 Upper Dale Road,
Derby, Derbyshire, DE23 8BP

Pharmacy reference: 9012057

Type of pharmacy: Community

Date of inspection: 31/08/2023

Pharmacy context

This community pharmacy is on a busy main road located just outside of Derby city centre. The pharmacy offers a range of services and most of its current activity involves the dispensing of NHS prescriptions. It sells medicines over the counter, and it dispenses medicines into multi-compartment compliance packs for some people to help them manage their medicines better. A prescription delivery service is available. The pharmacy also provides private services alongside NHS contracted ones.

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 identifies and manages risks to help make sure that the services it provides are safe for people to use. Team members follow written procedures so that they can carry out tasks safely and they have opportunities to learn from mistakes that may occur. The pharmacy generally keeps the records that are needed by law and protects people's private information. The pharmacy can receive feedback and complaints and team members also look after the wellbeing of those that may be vulnerable.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) that had been reviewed in the last 12 months. Pharmacy team members signed each of the SOPs to show they had read and understood them. One of the dispensing assistants had not signed the latest version of the SOPs so may not have been fully aware of the current working practices. The SOPs covered all the pharmacy services that were being provided. Only three team members had signed the most up to date data protection SOP, but they all had a confidentiality agreement in place. Team members understood how to protect people's data. Patient medical records (PMR) were password protected. And confidential information was stored appropriately, either in paper or electronic forms, and was secure from unauthorised access. There was a system in place to separate confidential waste from general waste and the team used a shredder to destroy any confidential material. The shredder was not working, which had created a backlog. But the team securely stored the confidential waste to prevent unauthorised access.

There was a process in place to record any mistakes that were made during dispensing, that were known as near misses. The pharmacist would highlight mistakes to the team member involved and they would make a record in a near miss log. Members of the team explained that this helped them learn from their mistakes. The near miss log was completed regularly but a lot of the detail was often missing. This meant the team may not always have enough information to be able to identify how processes could be improved. There was a monthly review of the near miss records and any learning points identified were discussed in monthly team meetings. The team provided some examples of medicines being moved and separated in the dispensary to avoid picking errors being repeated. These examples included moving co-careldopa and co-beneldopa, pravastatin and pantoprazole .

The responsible pharmacist (RP) record was kept electronically. A few entries were missing the sign out times but overall, the record was largely complete. The pharmacy occasionally supplied unlicensed medications and a full record was kept along with the prescriber details. They also supplied some medicines that were prescribed on private prescription forms. These were recorded on an electronic private prescription register and were generally in order. But the name of the prescriber was often incorrect or missing altogether, which could cause confusion in the event of a query. There were some records of controlled drugs (CDs) being dispensed on private prescriptions. The correct forms were used, and they were sent to the pricing authority, copies were kept in the pharmacy.

Records for CDs were generally in order. Running balances were recorded and they were checked periodically, but not at the recommended frequency detailed within the SOP. A random sample of

physical CD stock was counted and found to match the records. CDs that were returned to the pharmacy were recorded in a separate register and signed when destroyed.

Members of the pharmacy team kept records of any interventions they had been involved in. These were kept electronically on the PMR system. Examples of the types of interventions that were recorded included information about changes to medicines and any hospital admissions. However, the pharmacy team did not routinely record interventions such as blood monitoring confirmations for certain high-risk medicines. This means, without the appropriate blood tests, people could receive medicines that may no longer be safe to use.

The pharmacy had a chaperone policy in place along with a policy that supported the safeguarding of vulnerable people. The pharmacy team had access to various resources if a safeguarding concern was identified. An updated list of safeguarding contacts was available for members of the team to refer to if needed. All registered team members had completed safeguarding training.

The pharmacist was looking to expand the services that were on offer. They already provided a range of services to support the local community. This included the supply of antibiotics for urinary tract infections and emergency hormonal contraception under a patient group direction (PGD). A current certificate of professional indemnity was on display.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has appropriately trained its team members so that they can effectively manage the workload. Team members communicate effectively with each other and can feedback or raise concerns if needed. And support is provided for anyone that is on a training course.

Inspector's evidence

The pharmacy team consisted of a regular pharmacist, an accuracy checking technician (ACT) in a managerial role, a dispensing assistant who was working towards a pharmacy technician qualification and a driver. There was also a pharmacy apprentice working towards a pharmacy assistant qualification. Those that were on training programmes were well supported by management and adequate time was provided to complete their training. An induction plan was in place for new team members. The pharmacy had a pool of relief pharmacists available to cover absences.

The pharmacy team members appeared to work well together and communicated effectively to manage the workload. Pharmacy tasks were delegated each day by the pharmacy manager based on the pharmacy team members skills, qualification, and experience. The team were aware of the questions that they need to ask when selling medicines over the counter. And they knew the higher risk medicines that would need the pharmacist to provide additional advice. One team member was able to identify certain over-the-counter medicines which may need extra advice to make sure it is taken safely and correctly.

A team meeting was held at the end of each month, and this was documented. They would discuss any near misses and complaints along with any operational and financial topics. All team members had access to an electronic shared folder which contained relevant information, signposting information, and policies to support them with their roles and responsibilities. A whistleblowing policy was made available to team members, but they all felt comfortable raising any concerns and feedback to the management team.

Principle 3 - Premises ✓ Standards met

Summary findings

The environment is suitable for the provision of pharmacy services. The pharmacy premises are generally clean and tidy, but some areas were cluttered which can create an unprofessional look. A consultation room is available so the team can have private conversations with people.

Inspector's evidence

The pharmacy had recently located to a new premises which was large enough to adequately manage the workload. The premises was kept clean and tidy by members of the team. Some area towards the back of the dispensary were untidy but overall, the pharmacy had a professional look and feel. The premises was secured when closed.

The pharmacy had two consultation rooms available but only one was actively in use for private conversations. The other was being used as a storage room until new services were up and running in future. The consultation room maintained patient confidentiality and had a sink with running hot and cold water for hand washing. A laptop was available for the pharmacist to use to record any services provided, this was password protected.

The premises had a dedicated area for needles to be disposed of safely. This was installed to support the needle exchange service, but the team explained that it also helped local businesses and the local church to discard of any needle litter. The pharmacy had a license to dispose of this type of waste appropriately. They also had a screened area in a small section of the retail area which was used to supervise people taking their medicines if it was required. This helped protect the privacy and dignity of those using the Supervised Consumption service.

The temperature of the premises was well controlled, and the lighting was suitable for the activities that were undertaken.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of pharmacy services and provides them in a safe manner. The pharmacy gets its medicines and devices from appropriate sources. And pharmacy team members take appropriate action if medicines or devices are not safe for people to use. And they give advice to people when supplying higher-risk medicines to help make sure they are being used safely.

Inspector's evidence

The pharmacy had a manual door with a small step at the front entrance. The opening hours of the pharmacy were clearly displayed. The pharmacy was waiting for some new window signs to show what services they offered. It provided a variety of private, and NHS commissioned services. Pharmacy team members were knowledgeable about the services that they offered and were trained to deliver them. A prescription delivery service was in place for those that wanted their medicines delivered to their homes. And a record of medicines that had been delivered to people's homes along with the date and time of delivery was kept. The pharmacy driver also requested a signature upon delivery so that there was information available as to who accepted the delivery in the event of any queries.

The pharmacy team were observed dispensing and checking prescriptions in line with the SOPs that were in place. They used different coloured baskets to separate each patient's prescription, and identify which prescriptions were more urgent than others or were due for delivery. There were always two members of the pharmacy team involved in the dispensing and checking of medicines. And a record was kept by signing the 'dispensed by' and 'checked by' boxes on the dispensing label to recognise who was involved in the dispensing process. The team members used a range of stickers to mark any prescriptions that would need pharmacist intervention when they were handed out. This included prescriptions for high-risk medicines such as sodium valproate so people could be counselled. The pharmacist was aware of the risks associated with women of childbearing age taking sodium valproate and the need to provide additional information around the pregnancy prevention programme. Warning cards to highlight the risk of taking this medicine were being provided on the original packs of the medicines. Prescriptions for controlled drugs had a date of expiry on the label so that they would not be handed out past the legal time validity of the prescription.

The pharmacy supplied medicines in multi-compartment compliance packs to people that required additional support to manage their medicines better. One of the dispensing assistants took the lead on managing this service but all team members were aware of the process involved as part of their contingency plan. Compliance packs were assembled and supplied in advance of when they were needed and organised on a weekly basis to make sure enough time was available to make the packs safely. Each person who received a compliance pack had an electronic record of their medication, and any notes such as changes or hospital discharge letters. This was stored on the pharmacy PMR system, and all the team members knew how to access the notes in case of a query. Compliance packs contained descriptions of the individual medicines that were being supplied to make it easier for people to identify them. The team also supplied patient information leaflets so that people had access to additional information about their medicines. The pharmacy often assembled the compliance packs when some medicines were not in stock, they would then add these in later when they had been received from the wholesaler. This went against the SOP for assembling multi-compartment compliance

packs. The team explained that this had become necessary because of an increase in stock shortages and agreed that they would review the SOP to include this in the process. A process was in place to make sure compliance packs were not handed out or delivered to people if any medicines were missing.

Medicines were obtained from a range of licenced wholesalers and stored appropriately as required to maintain its integrity. Medicines were stored in their original packs and in a well organised manner. The pharmacy had two medicines fridges, one for pharmacy stock and another for dispensed medicines that were ready to be handed out to people. The temperatures of both fridges were checked and found to be in the required range. The pharmacy team checked and recorded fridge temperatures daily. CDs were stored securely in two cabinets. CDs stock that had expired or had been returned to the pharmacy were clearly marked and separated from stock available for dispensing. The pharmacy team checked the expiry dates of medicines and devices on a regular basis, but no recent records had been made. This made it harder to understand which sections of the pharmacy had been checked and by who if any expired stock was found. A process was in place to highlight short-dated stock with a red dot sticker and take them off the shelves each month, but the team were slightly behind with this. Liquids medicines that had been opened had the date of opening on the packaging.

The pharmacy received alerts for defective medicines and devices by way of email which all the team members could access. These alerts were usually actioned by the pharmacist or pharmacy manager. There was a record of such alerts, and they were signed by the team member that checked to see if they had any of the affected stock in the pharmacy along with the date that the check was completed. This was in place to make sure only medicines and devices that were safe for supply were available.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It maintains the equipment appropriately and keeps it securely.

Inspector's evidence

The pharmacy had equipment in working order to help it provide the services that it offered. Electrical equipment was tested earlier in the year. Calibrated and clean conical measures were available to measure liquid medicines. Counting triangles were available and a separate one was labelled for any medicines that were cytotoxic to prevent cross-contamination.

The pharmacist had both physical and electronic copies of the BNF and knew how to access NICE guidelines if needed. There was a range of leaflets and advice on a health promotion board which was tailored to target health concerns within the local community.

The pharmacy team were aware of the situations where the consultation room may be needed. They also had details of a safe place and what to do if this was requested. The pharmacy used cordless phones to keep telephone conversations private from people entering the pharmacy.

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.