

Enforcement action summary (Improvement notice met)

Pharmacy trading name: Herrington Medical Centre Pharmacy

Pharmacy address: Philadelphia Lane, Herrington Burn, Houghton Le Spring, DH4 4LE

Premises registration number:

1037495

Enforcement action taken:

Issuing of an improvement notice - (Article 13 of the Pharmacy Order 2010)

Effective date:

30/09/2024

Premises standards failed:

1.1 and 1.2

Summary:

At an unannounced re-inspection of the pharmacy on 11 September 2024 the inspector found continued failures in the operation of the pharmacy. The pharmacy previously failed to meet standards on three consecutive occasions between September 2022 and February 2024. Taking the outcome of these previous inspections into consideration, the pharmacy has failed to sustain the necessary improvements to meet the required standards. There are ongoing issues in identifying and managing risk associated with its services, including with its written procedures. And the pharmacy fails to follow proper processes to act on and learn from errors. There are insufficient safeguards in place to provide assurances that the pharmacy is operating safely. Following meetings on 23 December 2024 and 7 January 2025 the Improvement Notice remains in place. The pharmacy was allowed more time to achieve full compliance.

Improvements required:

1. You must regularly review the risks associated with your services, particularly when starting new services and/or changing the way services are delivered and make records of these risk assessments.
2. You must have written policies and procedures that are relevant, up to date and reviewed regularly. This includes.
 - Having policies and procedures to cover all services and activities.
 - Having a defined and documented review process for these.
 - Regularly monitoring the pharmacy team's compliance with these policies and procedures, so there is assurance these are being followed.
3. You must take appropriate action, as defined in the relevant procedure(s), to identify and manage the risks in the dispensing process and promote a patient safety culture within the pharmacy team. This includes.
 - Making sufficiently detailed and regular records of any near misses and dispensing errors to identify trends, including for manual and robot-led dispensing.
 - Taking follow-up action to prevent reoccurrence of errors.
 - Having and following a regular review process to ensure good practices are sustained.
 - Promote learning with the pharmacy team and support them to record and act following errors to prevent reoccurrence.

Deadline for compliance:

28/02/2025

Outcome:

Met