

Registered pharmacy inspection report

Pharmacy Name: Winterbottom Pharmacy, The Medical Centre,
Surgery Lane, Winterbottom Avenue, HARTLEPOOL, Cleveland, TS24
9DN

Pharmacy reference: 1029920

Type of pharmacy: Community

Date of inspection: 13/04/2023

Pharmacy context

The pharmacy is in Hartlepool, a coastal town in Cleveland. It is adjacent to a GP practice, and it dispenses NHS and private prescriptions and sells over-the-counter medicines. It supplies medicines in multi-compartmental compliance packs. These help people remember to take their medicines. It provides NHS services such as flu and Covid-19 vaccinations.

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 suitably identifies and manages the risks associated with its services. And it makes the records it must by law. It has up-to-date written procedures to help team members work safely. Team members record mistakes, and they make changes to their practice to reduce the risk of similar future mistakes. They keep people's private information secure, and they understand their role in helping protect vulnerable people.

Inspector's evidence

The pharmacy had a set of electronic standard operating procedures (SOPs) relevant to the pharmacy's services. The SOPs had been updated in March 2023. Team members had read the SOPs and had digitally signed a training record to indicate they understood and would follow the procedures. Team members had designated tasks that they were responsible for. The technician and a dispenser took overall responsibility for completing the workload associated with dispensing of medicines into multi-compartment compliance packs.

The pharmacy had a SOP detailing how to manage errors that were made during the dispensing process and identified before the person received their medicines. These were known as near miss errors. Paper near miss error logs were completed regularly, with around a dozen entries each month. The records lacked detail about how the error had occurred and the subsequent actions taken. Team members discussed near miss errors together as they occurred, and the manager collated a monthly patient safety review categorising the errors and looking for trends. The manager provided some examples of the changes made such as placing caution stickers on the gabapentin and pregabalin as these were sometimes selected in error. Team members took additional care when dispensing medicines that looked alike and sounded alike (LASA). And they used warning labels highlighting some LASA medicines that had been involved in errors. The pharmacy had a process to record and report errors that were identified after the person received their medicines, known as dispensing incidents. The Responsible pharmacist (RP) was responsible for recording these electronically. The manager showed the inspector paper copies of previous dispensing incidents and retained these along with the returned labelled medicines for future reference.

The pharmacy displayed the correct RP notice. It had a written procedure to manage complaints and the complaints procedure was detailed in the pharmacy leaflet displayed in the retail area. The manager dealt with any concerns and would escalate to the superintendent pharmacist (SI) if necessary. The manager explained that the team worked hard to provide a good service to people.

The pharmacy had current professional indemnity insurance. It kept up-to-date electronic CD registers and CD balance checks of the physical quantity against the balance in the register weekly. Of two quantities of CDs checked, both matched the CD register balance. The pharmacy held electronic private prescription records. On some occasions there were no reference numbers on the filed paper prescriptions. There was an electronic RP record, and entries were seen to be complete. The pharmacy had complete records for the purchase and supply of unlicensed specials medicines.

The pharmacy had written information relating to General Data Protection Regulation (GDPR) and

confidentiality. Team members knew the importance of keeping people's private information secure. They separated confidential waste from general waste, and this was shredded on-site. The pharmacist and the manager had completed CPPE level 2 safeguarding training. Other team members had completed NHS electronic training. The pharmacy displayed the safeguarding contact details for the local safeguarding team near to the consultation room in the retail area. They understood what to do if they were concerned about a vulnerable person and described how they would refer any concerns to the manager or the RP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a good, experienced team, who work well together and manage its services safely. Team members have the qualifications and knowledge they need. They complete some ongoing training to keep their skills up to date. And they support each other, sharing ideas and learning from mistakes.

Inspector's evidence

The RP on the day was a locum who did some regular days in the branch. The pharmacy had an experienced team consisting of two full-time and two part-time dispensers and a technician who managed the pharmacy. One long standing member of the team was retiring, and they had recruited a replacement so that the pharmacy would be adequately staffed. Team members were seen working well together and managing the workload and they all contributed during the inspection providing pieces of evidence. They engaged with the customers in the same open and helpful manner. The pharmacy was tidy and organised. The pharmacy had changed hands in 2020 and the team had adapted well and reported an improvement in the way the pharmacy operated.

Team members completed training modules associated with the Pharmacy Quality Scheme (PQS) and each team member had their own folder with their training records and certificates of achievement. They had their own log ins to the training portal and received time during the working day to complete training. Examples of recent training included modules on obesity, safeguarding, suicide prevention, sepsis, and antibiotics. The pharmacy had some informal team meetings, following dispensing incidents and they had discussions about workload and work planning. The pharmacy had an appraisal procedure, but team members had not had recent appraisals. Team members described how approachable the manager was and how they felt they would listen and act on any concerns raised. They weren't sure if there was a whistleblowing policy and but would speak to the manager who was supportive, or RP in the first instance and felt able to approach the SI if they needed to. The pharmacy had a set of targets displayed on the wall. And a score of what had been achieved each week. The team thought that some of the targets were unrealistic but didn't feel pressured to complete these. Team members described how their priority was to provide a good service to local people who relied on them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable and provide a safe and secure environment for people to receive healthcare. And they are well maintained. The pharmacy has a good-sized soundproofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy team kept the pharmacy clean, tidy, and hygienic, and it was fitted out to a good standard. The pharmacy team members kept the sink for preparation of medicines clean and tidy. And they had hot and cold running water in the dispensary, staff rest area and toilets. The room temperature was comfortable, and the pharmacy was well lit. All the team took part in general cleaning on a daily rota basis. The pharmacy stocked a range of healthcare-based products and pharmacy only medicines were restricted from self-selection. There was a good-sized consultation room accessible from the retail area for people to have private and confidential discussions. It contained a desk, chairs, and computer. The pharmacy had enough storage space for stock, assembled medicines and medical devices and the team kept floor spaces clear to reduce the risk of trip hazards. The outside of the pharmacy was well maintained and was shuttered when the pharmacy was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides an appropriate range of services to help people meet their health needs. The pharmacy gets its medicines from reputable suppliers. And it stores and manages these safely. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use.

Inspector's evidence

People had access to the pharmacy down graduated steps with a handrail and through a wide door at the front of the pharmacy. The pharmacy advertised its services and opening hours in the window and retail area, and it had a seating area for people waiting for prescriptions. A range of healthcare related leaflets were available for people to select and take away. The pharmacy provided services such as the hypertension case finding scheme, NMS, flu vaccinations. The pharmacy had been accredited to provide COVID-19 vaccinations and planned to re-commence this service at the end of April. The pharmacy had service specifications and the manager had completed appropriate training to provide these services. The pharmacy had different areas for labelling and dispensing, and there was a separate checking bench in a quieter area to the side away from distractions. Team members used coloured baskets when dispensing to keep items together to help reduce the risk of error, and to prioritise the workload. The pharmacy had recently completed an audit, identifying people prescribed valproate. The team was aware of the guidance to dispense full packs and the need to counsel people as necessary about the risks of taking this medicine whilst pregnant.

The pharmacy dispensed multi-compartment compliance packs in a good-sized dispensary at the back of the premises. This kept the workload separate from the main dispensary and allowed team members to prepare the compliance packs without distraction. They kept details of when people's prescriptions were due to be ordered and when they were due to be delivered. For compliance pack dispensing, people had an electronic medication record alongside some paper records. All team members had been trained to assemble these, but the manager and a dispenser took overall responsibility for these. Team members supplied patient information leaflets (PILs) with the packs once a month. And they included tablet descriptions so that people could identify each tablet in the pack. The team consulted with the GP practice when people had been admitted or discharged from hospital so that their records could be updated. They prepared compliance packs a week in advance.

The pharmacy obtained its medicines from licensed wholesalers. They had experienced some issues with one of their suppliers over the Easter period. Some days they hadn't received their daily order and no advance warning had been given. So, this meant that they had to source medication elsewhere when they could so that people weren't left without the medication they needed. It stored medicines requiring cold storage in a large medical fridge and kept an electronic daily record of the temperatures, which were seen to be in range. The pharmacy had a date checking procedure but didn't keep a matrix of when stock had been date checked. Date checking was done, usually monthly. They marked short-dated stock so that it could be removed before expiry. The team kept the shelves tidy and ordered. No out-of-date stock was found in the four areas checked. Liquid medicines had been marked with the date they had been opened so that checks could be done to ensure they were fit to be supplied. The pharmacy

had medicinal waste bins available for returned medication and denaturing kits for CDs. The team signed and dated printed copies of medicine alerts and recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It uses its equipment in a way to help protect people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy had equipment available for the services provided which included a range of CE marked equipment to accurately measure liquid medication.

The pharmacy computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view and it held private information in the dispensary and rear areas, which couldn't be accessed by members of the public. The pharmacy used glass cylinders for measuring liquids.

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.