

Registered pharmacy inspection report

Pharmacy Name: Well, The Health Centre, Victoria Road,
HARTLEPOOL, Cleveland, TS26 8DB

Pharmacy reference: 1029922

Type of pharmacy: Community

Date of inspection: 17/10/2024

Pharmacy context

The pharmacy is in a busy health centre in Hartlepool. It dispenses NHS prescriptions and provides medicines to some people in multi-compartment compliance packs. Pharmacy team members sell a range of over-the-counter medicines and provide services such as the NHS Pharmacy First service. And they deliver medicines to people's homes.

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 risks with its services. It has written procedures relevant to its services and team members follow these to help them provide services safely. Pharmacy team members learn and improve from mistakes. They keep people's confidential information secure. And they know how to identify situations where vulnerable people need help. The pharmacy keeps the records required by law.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) to help pharmacy team members manage risk with providing services. These included for dispensing, Responsible Pharmacist (RP) regulations and controlled drug (CD) management. Team members accessed SOPs via an electronic platform. This held a record of which SOPs the team members had read and when, as well as highlighting any that were outstanding. This showed that the team was up to date with reading the pharmacy's SOPs. The team members present during the inspection demonstrated a clear understanding of the pharmacy's procedures and the scope of their roles within them.

The pharmacy team recorded near miss errors electronically, and from the records seen, this was done regularly throughout the month. These errors were mistakes identified before people received their medicines. The regular pharmacist took responsibility for recording these errors and the team member who made the error corrected the mistake. When the regular pharmacist was absent, the team leader assumed the responsibility to ensure near miss errors were consistently recorded. The team leader completed a documented analysis of these errors monthly to produce learning points for the team. These were shared as part of the regular team huddles. The near miss records and monthly patient safety reports that the pharmacy evidenced during and after the inspection show that the pharmacy has improved in this aspect since the previous inspection. The pharmacy also had a procedure for managing dispensing errors. These were errors that were identified after the person had received their medicines. A sample of previous dispensing error records was seen during the inspection. A dispenser was aware of an error where the incorrect dosage form had been supplied. And they demonstrated the steps that had been taken by the team to help prevent it happening again.

The pharmacy had a procedure for dealing with feedback and complaints. And it advertised this to people using its services, with a notice in the pharmacy retail area. It encouraged people to resolve any issues locally with the team in the pharmacy, but also had contact details of the pharmacy's head office if people preferred to use this. The pharmacy had current professional indemnity insurance. The Responsible Pharmacist had their RP notice on display which meant people could see details of the pharmacist on duty. Team members knew what activities could and could not take place in the absence of the RP. And they knew what their own responsibilities were based on their role within the team.

A sample of RP records checked during the inspection were completed correctly. The pharmacy kept its private prescription records and CD registers electronically. And these met legal requirements. The RP completed weekly checks of the running balance in the CD register against the physical stock. Random balance checks against the quantity of stock during the inspection were correct. The pharmacy kept a register of CDs returned by people, and these accurately reflected the medicines awaiting destruction.

The pharmacy had a procedure for keeping people's personal information safe and it kept confidential waste in three designated bins, separate from general waste. The bins were collected periodically by a waste disposal contractor for secure destruction. The pharmacy had a procedure for the safeguarding of vulnerable people. Team members had completed some company-directed training to help them identify and respond to situations in which they may have concerns about vulnerable people. The RP had additionally completed level 3 safeguarding training to allow them to deliver some services. The pharmacy advertised its chaperone policy to people with a notice in the retail area. And team members were knowledgeable about the circumstances where this may be needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with an appropriate range of experience and skills to safely provide its services. Team members work well together and within the scope of their competence. And they have opportunities to complete ongoing training so they can develop their knowledge. Pharmacy team members know how to raise concerns, if needed.

Inspector's evidence

At the time of the inspection, the RP was the regular pharmacist. They worked four days a week, and their regular day off was covered by company-employed relief pharmacists who were familiar with the pharmacy and its team. The RP was supported by a team that consisted of a trainee medicines counter assistant and two qualified dispensers. One of the dispensers also held a managerial role as the pharmacy team leader. Another two dispensers worked at the pharmacy but were not present during the inspection. Team members worked overtime to cover periods of planned absence within the team. And for unplanned absences, support could be provided from another pharmacy in the company which was within walking distance. The team were observed to be working in an organised way to manage the workload throughout the inspection even during busy periods where many people came to wait for prescriptions at once. The trainee medicines counter assistant calmly dealt with requests at the counter and communicated clearly with the people waiting and other members of the team to ensure expectations were being managed and work was being prioritised. The competence and skill mix of the team appeared appropriate for the nature of the business and the services provided. The pharmacy has improved in this regard in comparison with the previous inspection. The pharmacy had delivery drivers working five days a week. A team of trained delivery drivers covered several local pharmacies in the company. They were managed centrally by the pharmacy's head office.

Team members had access to a variety of online training modules, some of which were mandatory, including the SOPs. They completed training during the working day when time allowed, with some parts of the week being more conducive to this than others. The RP had completed some self-directed training to allow them to deliver some services, such as the NHS Pharmacy First service. The trainee medicines counter assistant was enrolled on a recognised training course. And they were given support from the RP with this as well as regular protected time during working hours to facilitate their learning. Pharmacy team members asked appropriate questions when selling medicines over the counter. They gave examples of when they would involve other team members to help and were observed during the inspection referring appropriately to the RP.

Team members appeared to work well together. And they felt supported to openly discuss any mistakes made. They explained there had been many conversations since the previous inspection which focused on honesty and improvements rather than blame. The team had some performance related targets to achieve, and the team leader was comfortable discussing these targets with their manager if they were challenging. Team members knew how to raise concerns if necessary. The pharmacy had a whistleblowing policy and team members were aware of this.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, secure, and provide a suitable environment for the services provided. And the team keeps the pharmacy tidy and organised. There are appropriate spaces to meet the needs of people requiring privacy when using its services.

Inspector's evidence

The pharmacy was in a good-sized premises and had an overall appearance which was suitably professional. The retail area of the pharmacy was tidy and had seating for people to use when waiting. The pharmacy counter provided a barrier to prevent unauthorised access to the dispensary. Access to other staff-only areas of the pharmacy were secured by lockable doors. The dispensary was an appropriate size for the workload being undertaken. It had a large island unit in the centre, with bench space around the edge. Pharmacy team members kept the dispensary work benches and shelves clean and organised. And they kept floor spaces clear of obstructions, to minimise the risk of trip hazards. This showed clear improvement as compared to the previous inspection. There was sufficient storage space for stock, assembled medicines and medical devices. The layout of the dispensary supported the supervision of medicines sales and queries from the RP's workstation. The lighting and temperature were suitable to work in and to provide healthcare services. The dispensary had a sink with access to hot and cold water for professional use and hand washing. There were staff and toilet facilities that were hygienic. There were some waste medicines in designated waste containers kept in the staff toilet. Other more appropriate options for the storage of waste medicines bins were discussed with the pharmacy manager during the inspection.

The pharmacy had a private consultation room which had access from the dispensary and retail area. This was a large consultation room that was suitably constructed for the purpose of delivering services and private consultations. It contained three seats, a desk, a sink, and a fridge. The pharmacy also had a screened area at the end of the medicines counter to facilitate brief conversations with people that may require some privacy. The pharmacy team kept the hygiene of the premises to an adequate standard, with team members completing cleaning tasks as required.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources its medicines from recognised suppliers. And it stores and manages them appropriately. Pharmacy team members complete regular checks to ensure medicines are suitable for supply. And they respond appropriately when they receive alerts about the safety of medicines. Team members appropriately manage the delivery of services safely and effectively. And they take opportunities to provide people with important advice on higher-risk medications they are taking.

Inspector's evidence

The pharmacy had level access from the street and health centre entrances. The front door automatically opened on approach. And the pharmacy team had access to a hearing loop to assist communication with people who may require it. The pharmacy provided a medicines delivery service. Team members stored assembled bags of medicines waiting for delivery separately and the driver scanned barcodes on each bag to enter them onto an online delivery application. This organised their route and provided an audit trail for the deliveries made. The driver returned any failed deliveries back to the pharmacy on the same day.

The pharmacy provided many people with their medicines dispensed in multi-compartment compliance packs. The majority of these were outsourced to an offsite hub pharmacy within the same company. Team members ordered people's prescriptions in advance of the compliance pack being due, which allowed enough time to receive the prescriptions back and deal with any queries. They also kept an audit trail of which ordered prescriptions had been received back to easily highlight if any were outstanding. The pharmacy used a record for each person that listed their current medication, dosage, and dose times. This was referred to throughout the processing of the packs. The RP completed a clinical check of the prescriptions received on the patient medication record (PMR) system. And there was an accuracy check of the data inputted before it was submitted to the hub pharmacy for assembly. A sample of the packs that were prepared by the hub pharmacy seen during the inspection were found to have the full dosage instructions, necessary warnings, and medication descriptions included. Patient information leaflets (PILs) were not routinely supplied with these packs. However, the front of the packs contained a QR code that directed to a website where electronic PILs could be accessed. A dispenser explained how they would support people to access PILs who could not use this technology. Compliance packs that were dispensed by the pharmacy team were routinely supplied with PILs.

The pharmacy team dispensed prescriptions using baskets, which kept prescriptions and their corresponding medicines separate from others. Team members used different coloured baskets to prioritise work, so that more urgent prescriptions were acted on first. Pharmacy team members signed dispensing labels during dispensing and checking. This maintained an audit trail of the team members involved in the process. They used stickers to highlight if a prescription contained a fridge item, to ensure correct storage temperatures were maintained. The team were also observed to be using similar stickers to flag that a person's prescription has reached the end of its repeat batch or if they were eligible for a service, such as a blood pressure check. Some of the prescriptions the pharmacy processed for original pack dispensing were assembled at the offsite hub pharmacy. The prescription information was transmitted to the hub pharmacy via the same process as for the compliance packs that were assembled there. The team dispensed urgent and higher-risk medicines at the pharmacy to minimise risk and ensure people received their medicines when they needed them. The pharmacy had received a

delivery of assembled bags of medicines from the hub pharmacy immediately prior to the inspection and the team demonstrated an organised and effective process for the receipt and reconciliation of these prescriptions. The team used a designated area in the dispensary to store prescriptions at various stages of the process to maintain organisation.

The RP provided counselling on a range of higher-risk medicines when supplying them to people. They had a good understanding of the requirements of dispensing valproate for people who may become pregnant and of the related safety alert updates involving other medicines with similar risks. The team dispensed prescriptions in the manufacturer's original packs. And it had patient cards and stickers available to give to people if needed. The team leader acknowledged written interventions were not always recorded. But they understood the benefits of doing so for people's care.

When the pharmacy could not entirely fulfil the complete quantity required on a prescription, team members created an electronic record of what was owed on the PMR system. And they gave people a note detailing what was owed. This meant the team had a record of what was outstanding to people and what stock was needed. The team checked outstanding owings daily and were managing these well. The pharmacy had a procedure for checking expiry dates of medicines. Team members checked defined sections of the dispensary and recorded when the expiry dates of medicines in a section had been checked. This ensured that the team had an audit trail of expiry dates checked and the details of any medicines that were expiring soon. The team members' handheld devices used this information to alert them which stock was expiring, so that they could remove it at an appropriate time to avoid it being used. Evidence was seen of medicines highlighted due to their expiry date approaching or because the shelf life was reduced after being opened. The pharmacy kept unwanted medicines returned by people in segregated containers, while awaiting collection for disposal.

The pharmacy obtained medicines from licensed wholesalers and specials manufacturers. The pharmacy held medicines requiring cold storage in three medical fridges equipped with thermometers. Team members monitored and recorded the temperatures of the fridges regularly. These records showed cold-chain medicines were stored at appropriate temperatures. A check of the thermometers during the inspection showed temperatures were within the permitted range. The pharmacy held its CDs securely. It had a documented procedure for responding to drug safety alerts and manufacturer's recalls. It received these via email and had records of alerts received and any actions taken in response.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use the equipment in a way that protects people's private information.

Inspector's evidence

Pharmacy team members had access to a range of hard-copy reference materials and access to the internet for up-to-date information and further support tools. There was equipment available for the services provided which included an otoscope and various blood pressure monitors. Electrical equipment was visibly free from wear and tear and appeared in good working order. And there was evidence of some equipment being professionally tested in the two months prior to the inspection. The pharmacy had a range of clean counting triangles for tablets and CE marked measuring cylinders for liquid medicines preparation. The team used separate equipment when counting and measuring higher-risk medicines. They used personal protective equipment, such as disposable gloves when handling medicines and performing some other tasks.

The pharmacy's computers were password protected and access to people's records was restricted by the NHS smart card system. Computer screens were protected from unauthorised view and a cordless telephone was available for private conversations in quieter areas. The pharmacy stored completed prescriptions and assembled bags of medicines away from public reach and view in a restricted area. Team members used handheld devices to scan assembled bags of medicines on to specific shelves while awaiting collection. And they used these to locate prescriptions when people came to collect, as well as for performing other daily pharmacy tasks.

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.