

Registered pharmacy inspection report

Pharmacy Name: Alrahi & Singh Ltd, 29 Wynyard Road,
HARTLEPOOL, Cleveland, TS25 3LB

Pharmacy reference: 1029923

Type of pharmacy: Community

Date of inspection: 28/02/2024

Pharmacy context

The pharmacy is in a row of shops in the suburbs of Hartlepool town centre. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. The pharmacy provides services, such as the NHS Pharmacy First service and emergency hormonal contraception. Team members provide medicines to people in multi-compartment compliance packs. And they deliver medicines to people's homes.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.3	Standard not met	The pharmacy does not have adequately robust processes for managing and storing its medicines, including checking expiry dates. There is evidence of out-of-date medicines on the shelves. It does not keep all its medicines in the original packs. And it does not properly monitor medicines stored in the fridge. This increases the risk of errors and the risk of supplying medicines to people that are not fit to use.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy adequately identifies and manages risks. It has the written procedures it needs relevant to its services to help team members provide services safely. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's confidential information. The pharmacy keeps most of the records required by law. But some of these records could be improved to help it provide its services more effectively.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage risks. The superintendent pharmacist (SI) had reviewed the SOPs available in the pharmacy in 2020. The responsible pharmacist (RP) explained they had recently received a new set of revised SOPs electronically. But they had not yet printed or implemented these. Some team members had signed to confirm they had read and understood the procedures in place. Others explained they had read the current SOPs in 2023 when they started working at the pharmacy. But not all team members had signed to confirm their understanding.

The pharmacy had recently started to provide the NHS Pharmacy First service to people. Pharmacy team members had considered some of the risks of providing the service, such as the suitability of the pharmacy's consultation room to deliver the service from. And ensuring they had the necessary equipment available. The RP had completed the necessary training and had implemented the correct SOPs and supporting documents. But they confirmed that their risk assessments had not been written down to help them manage emerging risks on an ongoing basis as the service developed. Other pharmacy team members had been provided with some brief training about the service that helped them to understand when to refer people to the pharmacist for a consultation.

Pharmacy team members highlighted and recorded errors identified before people received their medicines, known as near miss errors. And dispensing errors, which were errors identified after the person had received their medicines. There were documented procedures to help team members do this effectively. Team members discussed their errors and why they might have happened. And they used this information to make some changes to help prevent the same or similar mistakes from happening again. Pharmacy team members did not always record detailed information about why the mistakes had been made or the changes they had made to prevent a recurrence to help aid future reflection and learning. The RP analysed the data collected about mistakes each month to establish patterns. And they used this information to help inform changes to improve safety. One recent example was introducing a third check of controlled drugs (CDs) that were dispensed to help identify and rectify mistakes before the medicine were handed out. Team members gave a clear explanation about how they would respond if alerted to a dispensing error, including how they would correct their mistake, who they would report the error to and the records they would make to aid learning. The RP explained there had not been any dispensing errors made since the new owners commenced operation of the pharmacy in August 2023, so there were no records to see. This meant the inspector was unable to assess the quality of the pharmacy's response to dispensing errors at this inspection.

The pharmacy had a documented procedure for handling complaints and feedback from people. Pharmacy team members explained people usually provided verbal feedback. And any complaints were

referred to the pharmacist to handle. There was no information available for people in the retail area about how to provide the pharmacy with feedback. A team members explained that in response to feedback from people, the pharmacy had started to use their text messaging facility more widely to alert people when their prescriptions were ready to collect. This prevented people coming to the pharmacy and having to wait unnecessarily. And it had helped to reduce the number of phone calls from people querying whether their prescription was ready, reducing distractions for team members.

The pharmacy CD registers as required by law. It kept running balances in some registers, and pharmacy team members audited the running balances against the physical stock quantities each month. Checks of the running balances against the physical stock for three products were found to be correct. But the pharmacy did not maintain a running balance in its methadone register. So, it may be difficult to establish if any errors have occurred. And any stock irregularities may be overlooked. This was discussed, and the RP gave their assurances that they would start maintaining and auditing a running balance for methadone immediately, in accordance with the pharmacy's documented procedures. The pharmacy kept a register of CDs returned by people for destruction. It maintained a RP record electronically, but the record had frequent gaps in the sign out time of the RP. So, the record was incomplete. The pharmacist displayed their responsible pharmacist notice to people. The pharmacy kept private prescription and emergency supply records, which were complete and in order.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in dedicated bags. The bags were sealed when full and collected periodically by a waste disposal contractor for secure destruction. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information. Pharmacy team members explained how important it was to protect people's privacy and how they would protect confidentiality.

Pharmacy team members gave some examples of signs that would raise their concerns about vulnerable children and adults. And how they would discuss their concerns with the pharmacist and other key people in the organisation. Team members were also aware of how to find information about key local safeguarding contacts by using the internet. Some pharmacy team members explained they had completed formal safeguarding training with their previous employers. But the pharmacy had not yet provided team members with further safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete some ad hoc training to help keep their knowledge and skills up to date. Pharmacy team members feel comfortable raising concerns and discussing ways to improve services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist manager, a pharmacy technician, two qualified dispensers and an apprentice dispenser. Team members completed training ad hoc by reading various materials. And by completing training modules provided by the NHS e-learning for healthcare platform when available, usually to comply with the requirements of the NHS Pharmacy Quality Scheme (PQS). Recent completed examples included antimicrobial stewardship and cancer awareness. Team members received an appraisal with the manager at the end of their probationary period where they had set objectives to help develop their skills. One example had been to increase their knowledge and confidence managing and dispensing medicines for people in multi-compartment compliance packs. The team member was currently regularly working alongside a more experienced colleague to gain the necessary expertise. Team members explained how they also raise learning needs verbally with the pharmacist, who supported them by teaching, discussion and signposting them to relevant reference resources to help address their learning needs.

Pharmacy team members explained how they would raise professional concerns with the pharmacist, superintendent pharmacist (SI) or the pharmacy's owners if necessary. They felt comfortable sharing ideas to improve the pharmacy or raising a concern. And they were confident that their concerns would be considered, and changes would be made where they were needed. Team members did not know if the pharmacy had a whistleblowing process. But they were clear about organisations where they could raise concerns anonymously, such as the GPhC and the NHS.

Pharmacy team members communicated with an open working dialogue during the inspection. They felt comfortable making suggestions to improve their ways of working. And they gave examples of their limitations when they would involve other team members to help. They explained how they had recently changed the way they organised and managed repeat dispensing (RD) prescriptions for people. They had developed the way they recorded and managed records of when people had collected their RD prescriptions. And this had helped the team to deal more effectively with queries and reduce their workload. The pharmacy owners did not ask team members to meet any performance related targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services it provides. The pharmacy has a consultation room and other spaces where people can speak to pharmacy team members privately and access services confidentially.

Inspector's evidence

The pharmacy was a suitable size for the services it delivered. And pharmacy team members kept the pharmacy clean and tidy. Team members kept the benches where they prepared prescriptions tidy and mostly kept floor spaces clear of obstructions, to help reduce the risk of trip hazards. The pharmacy had a consultation room that was suitably soundproofed. And team members used the room to provide services and have private conversations with people. The pharmacy had a separate area it used to supervise people taking medicines. The area was away from the pharmacy's main retail counter and provided people with a private space to take their medicines. The pharmacy had a room on the first floor, which team members used to for storage and to prepare medicines in multi-compartment compliance packs.

The pharmacy had a clean, well-maintained sink in the area where medicines were prepared on the ground floor. It had a toilet on the first floor, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy maintained its heating and lighting to acceptable levels. The pharmacy's overall appearance was professional, despite there being area where ceiling tiles were missing showing exposed cables while the pharmacy underwent some minor refurbishments and reorganisation. Pharmacy team members prevented access to the restricted areas of the pharmacy.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy sources its medicines from reputable suppliers. But it does not always store and manage its medicines appropriately. The pharmacy does not have a robust process for checking the expiry date on medicines. It does not always keep its medicines in the original packs. And it does not effectively monitor medicines stored in the fridge. So, it may not be able to adequately ensure the safety of its medicines. The pharmacy suitably manages its dispensing services. And pharmacy team members adequately provide people with advice and information about taking higher-risk medicines.

Inspector's evidence

The pharmacy had ramped access from the street. Pharmacy team members could use the patient medication record (PMR) system to produce large-print labels to help people with visual impairment. And they said they would use written communication with someone with hearing impairment to help them access services.

The pharmacy did not have a documented SOP for managing the expiry dates of medicines. And it did not have any records available of any expiry date checking being completed. Team members explained that they completed date checking ad hoc whenever they had time. But these checks had not been recorded. And team members could not confirm which areas they had checked and which they had not. Some pharmacy team members highlighted medicines that were due to expire by highlighting the expiry date to the pack for medicines that were due to expire. But how they did this varied between team members. And they confirmed that removing highlighted packs relied on them seeing a sticker on the packs when they looked at the shelves or when they were dispensing. After a search of the shelves, the inspector found four medicines that had expired. Two packs had been highlighted and two had not.

Pharmacy team members monitored and recorded fridge temperatures in two fridges. But the records showed several gaps where temperature monitoring had not been recorded. This meant the team may not be quickly alerted to medicines being stored outside of the permitted temperature range. During the inspection, the thermometers showed temperatures within permitted ranges. But both thermometers showed minimum and maximum temperatures outside of two and eight degrees Celsius. And the last recorded checks had been completed on the 21 February 2024.

Several amber bottles were found on the shelves in the dispensary containing medicines that had been removed from their original packaging. Some of these bottles had labels attached giving information about the medicine and its strength. But none of the labels showed a batch number or expiry date of the medicines in the bottles. This meant that there was a risk of these medicines not being removed from stock and supplied to people after they had expired or after they had been recalled by the manufacturer. The inspector also found an opened bottle of carbocysteine liquid. The bottle stated that the contents were not to be used after 15 days from the date it was opened. But no date of opening had been recorded on the bottle. So, there was a risk that the medicine would be supplied to people inappropriately. Pharmacy team members explained they acted when they received a drug alert of manufacturers recall. But they did not record these actions.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. This was to maintain an audit trail of the people involved in the dispensing process. They

used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist counselled people receiving prescriptions for valproate if they were at risk. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They checked if they were on a pregnancy prevention programme and taking regular effective contraception. And team members were aware of the requirements to dispense valproate in the manufacturer's original packs.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. But team members did not include descriptions of what the medicines looked like, so they could be easily identified in the pack. They provided people with patient information leaflets about their medicines each month. Team members documented any changes to medicines provided in packs on the person's master record sheet, which was a record of all their medicines and where they were placed in the packs. And they recorded changes on their electronic PMR. The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for unwanted medicines, including CDs.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available for the services it provides. It manages and uses its equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well-maintained, standardised measures available for medicines preparation. And it had a pump which team members used to dispense methadone. Team members kept the pump clean and in good working order. The pharmacy had suitable bags available to collect and segregate its confidential waste. It kept its password-protected computer terminals and bags of medicines waiting to be collected in the secure areas of the pharmacy, away from public view.

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.