

# 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:** 18/09/2024

## Pharmacy context

The pharmacy is in a row of shops in the suburbs of Hartlepool town centre. It dispenses NHS prescriptions and sells 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 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages risks with its services well. 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 a set of 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. These SOPs were held in an organised file so that team members could access them easily. Each team member had an SOP summary sheet which indicated the SOPs relevant to their role. They signed and dated this summary sheet against the SOPs they had read to confirm they had understood them. All team members had signed to confirm their understanding, including the newly employed medicines counter assistant.

The pharmacy team recorded near miss errors, and from the records seen, this was done regularly throughout the month. These errors were mistakes identified before people received their medicines. There were two logs in use for the recording of near miss errors. One log was for the dispensing activity in the main dispensary, and the other was for the dispensing area upstairs where multicompartiment compliance packs were assembled and checked. This allowed team members to record any near misses at the time they were highlighted, which helped minimise the chance of missing learning opportunities due to lack of recording. The pharmacists and accuracy checking technician took responsibility for recording these errors and the team member who made the error corrected the mistake. This meant that team members had the opportunity to reflect on what had happened. The pharmacist manager reviewed these errors monthly to produce learning points for the team. These were shared with the team in informal meetings. During the inspection, team members demonstrated examples of where medicines stock had been purposely separated following a review of near misses. The pharmacy also had a procedure for managing dispensing errors. These were errors that were identified after the person had received their medicines. There were no recent dispensing errors to view records of during the inspection. But team members explained how they would deal with a dispensing error, including how they would rectify the mistake, who they would report the error to and the records they would make to aid learning.

The pharmacy had a procedure for dealing with complaints. The team aimed to resolve any complaints or concerns locally. If they were unable to resolve the complaint, they escalated it to the superintendent pharmacist (SI). A team member explained that following feedback from people that collected their prescriptions from the pharmacy, a text messaging service had been implemented which informed people when their prescription was ready for collection. As well as improving the satisfaction of the people that used the pharmacy, this also helped relieve pressure on the pharmacy team as it has reduced the number of phone calls from people enquiring if their prescription was ready. 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. An accuracy checking technician followed a clear protocol for the dispensed items they checked. During the inspection they were observed completing the accuracy check of multicompartiment compliance packs. The prescriptions for these packs had been marked by the pharmacist to indicate that their clinical and legal checks had been performed.

A sample of RP records checked during the inspection were completed correctly. The records the pharmacy kept of private prescriptions and emergency supplies were compliant with requirements. The RP completed monthly 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. It was noted during the inspection that there was a significant number of patient-returned CDs awaiting destruction and taking up space in one of the CD cabinets. After the inspection, the pharmacist manager provided evidence and the corresponding records of these medicines being appropriately disposed of.

The pharmacy had a policy for keeping people's personal information safe and it kept confidential waste in designated bags, separate from general waste. The bags were sealed when full and collected periodically by a waste disposal contractor for secure destruction. During the inspection there were many confidential waste bags awaiting collection in the upstairs dispensary. Team members were still able to carry out tasks as normal in this space and they advised that the collection was due imminently. The pharmacy had a procedure for the safeguarding of vulnerable people. Some team members had completed formal safeguarding training to allow them to deliver some services. And other members of the pharmacy team were able to give examples of signs and situations that would be a cause for concern and what action they would take to protect vulnerable people.

## 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 one of the regular pharmacists who worked at the pharmacy. Another regular pharmacist, who held the position of manager, was also on duty. And they were supported by a team that consisted of two pharmacy technicians, two qualified dispensers, an apprentice dispenser, and a medicines counter assistant. Other team members who were not present during the inspection were two qualified dispensers. Team members had primary roles in defined parts of the pharmacy, but most had the training and experience to cover different roles if needed, to help during periods of any absence within the team. During the inspection, the team were observed to be calmly managing the workload. The competence and skill mix of the team appeared appropriate for the nature of the business and the services provided. The pharmacy had delivery drivers working during weekdays. A team of trained delivery drivers, managed by the pharmacy's head office, visited the pharmacy throughout the day to take out deliveries as well as covering the other local pharmacies in the company.

Team members completed training ad hoc by reading various materials that the pharmacy regularly received. And they completed training modules that were required as part of NHS services. The registered professionals gave examples of training modules they had completed as a requirement for their ongoing professional registration. The RP explained that they had returned to practice after a long-term break. As well as completing online training targeted at pharmacy professionals, the RP had also agreed that their initial role and workload at the pharmacy be carefully considered with the pharmacy manager and SI to help them re-adjust to working as a pharmacist again. The team member employed as an apprentice dispenser was routinely given protected time each week to facilitate their learning. The recently employed medicines counter assistant was not yet enrolled on a recognised training course, but the pharmacist manager explained that they planned to do this after the completion of their probation.

Pharmacy team members asked appropriate questions when selling medicines over the counter and referred to the RP at appropriate times. They were confident challenging requests for over-the-counter medicines that they deemed inappropriate. They shared information on any sale requests that they had intervened on with other team members.

Team members felt comfortable discussing when things went wrong openly with the wider team, as well as making suggestions to improve ways of working. Team members knew how to raise concerns. This would typically be with the pharmacy manager, but they also had access to the SI if necessary. A team member provided an example of where feedback had been acted on by the SI, and so they felt confident about speaking up in the future, if it became necessary. Although the pharmacy team was not set targets to achieve, the pharmacist manager encouraged the team to take opportunities to deliver services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean, secure, and provide a suitable environment for the services provided. And the pharmacy has appropriate spaces that meet the needs of people requiring privacy when using its services.

### Inspector's evidence

The pharmacy was a suitable size for the services it delivered. It had an overall appearance which was modern and professional. The retail area of the pharmacy was open plan and had seating for people to use when waiting. The pharmacy counter provided a barrier to prevent unauthorised access to the dispensary. The dispensary was an adequate size for the workload being undertaken. Since the previous inspection, a large island unit had been installed in the middle of the main dispensary. This provided the team with more bench space to work. And there was sufficient storage space for stock, assembled medicines and medical devices. Pharmacy team members kept the pharmacy, including the work benches, clean and tidy. And they mostly kept floor spaces clear of obstructions, to help reduce the risk of trip hazards. The layout of the dispensary was acceptable for the supervision of medicines sales and queries. 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.

The pharmacy had a suitably soundproofed consultation room which was accessed from the retail area. And team members used this 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 second dispensing area on the first floor, which team members used for storage and to prepare medicines in multi-compartment compliance packs. The pharmacy team kept the hygiene of the premises to an adequate standard, with team members completing cleaning tasks daily.

## 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 taking higher-risk medications with appropriate advice.

### Inspector's evidence

The pharmacy had ramped access from the street with a grabrail to help people enter the pharmacy safely. The pharmacy team could use the patient medication record (PMR) system to produce large-print labels to help people with visual impairments. The pharmacy provided a medicines delivery service. Team members stored assembled bags of medicines waiting for delivery separately. The driver kept an audit trail of the deliveries completed in case of any queries. They provided people with a note when deliveries could not be completed. And they 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 pharmacy team used a standardised data collection form for any new person requesting to have their medicines dispensed in a compliance pack. This ensured that all necessary information and preferences were captured to allow the safe and efficient set-up of a new patient receiving this service. Team members ordered people's prescriptions in advance of the compliance pack being due, which allowed enough time to receive the prescriptions back, order any necessary stock 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 dispensing and checking of the packs. The pharmacy team used a standard form for recording any contact received about the compliance packs it dispensed. This meant that there were clear audit trails for medication changes. From a sample of compliance packs checked, the full dosage instructions, warnings, and medication descriptions were included. And patient information leaflets were routinely supplied with these packs. The pharmacy team used an organised system for the safe storage of the large number of assembled multicompartiment compliance packs.

The pharmacy team dispensed prescriptions using baskets, which kept prescriptions and their corresponding medicines separate from others. 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 indicate a prescription that contained a fridge item, to ensure correct storage temperatures were maintained. And they highlighted dates on prescriptions that contained CDs to ensure they were not handed out beyond their legal expiry.

The pharmacy had written procedures that covered the supply of a range of higher-risk medicines. The RP explained how they would flag any prescriptions containing medicines that required further advice and counselling. This meant that these prescriptions could only be handed out after the RP had the opportunity to speak to the person collecting. The pharmacy team showed a good understanding of the requirements for dispensing valproate for people who may become pregnant and of the recent safety

alert updates involving other medicines with similar risks. The team dispensed prescriptions for these medicines in the manufacturer's original packs. And team members took care to place labels on appropriate parts of the box.

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. The team was up to date with its date-checking activities. And evidence was seen of medicines highlighted due to their expiry date approaching or because the shelf life was reduced after being opened. There were no instances of expired medicines found on the shelf during the inspection. The pharmacy had improved on this aspect since the previous inspection. 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. It held medicines requiring cold storage in medical fridges equipped with a thermometer. Team members monitored and recorded the temperatures of the fridges daily. These records showed cold-chain medicines were stored at appropriate temperatures. The pharmacy had improved on this aspect since the previous inspection. A check of the thermometer during the inspection showed temperatures were within the permitted range. The pharmacy held its CDs in secure cabinets. 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, a digital thermometer, and a blood pressure monitor. Electrical equipment was visibly free from wear and tear and appeared in good working order. The pharmacy had a range of clean counting triangles and CE marked measuring cylinders for liquid medicines preparation. And it had a pump which team members used to dispense some CDs. Team members kept the pump clean and in good working order. They calibrated it regularly, in line with the manufacturer's recommendations. The team had access to personal protective equipment, such as disposable gloves when handling medicines.

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.

### 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.