

Registered pharmacy inspection report

Pharmacy Name: Well, 5 High Street, Brotton, SALTBURN-BY-THE-SEA, Cleveland, TS12 2SP

Pharmacy reference: 1029979

Type of pharmacy: Community

Date of inspection: 15/10/2019

Pharmacy context

This is a community pharmacy in Brotton, Saltburn-by-the-sea. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs,. These help people remember to take their medicines. It also provides NHS services such as flu vaccinations and emergency hormonal contraception (EHC). And a substance misuse service.

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 has adequate processes and written procedures in place to protect the safety and wellbeing of people using its services. It keeps the records it must have by law and keeps people's private information safe. The pharmacy equips the team to help protect the welfare of vulnerable adults and children. The pharmacy team members respond when mistakes happen. And they discuss what happened and act to prevent future mistakes. But the reviews do not have all the information needed to allow the team to identify patterns and learn from them.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs). The superintendent pharmacist's team reviewed these on a rolling two-year cycle. Pharmacy team members accessed SOPs electronically. And they completed learning through completing assessments to confirm their understanding of each SOP. The pharmacy manager accessed the training records which confirmed the team had completed all relevant learning to date. SOPs included the roles and responsibilities of pharmacy team members. The pharmacy was small but was well laid out. There were separate allocated areas for labelling, dispensing and checking of prescriptions. The pharmacy was busy and crowded on the day because a new computer system was going live that day. An additional pharmacist was working to support the pharmacy team. The pharmacy had a near-miss error reporting procedure. The manager explained that they tried to record these types of mistakes on a paper record in the first instance. And then transfer them to an electronic recording system 'Datix'. The manager was aware that sometimes near misses were not being recorded with all the relevant details to facilitate a full review and to make effective change. And this was something she was working towards with the pharmacy team members. There were a handful recorded each month. The manager advised that a monthly patient safety report was completed each month. And the pharmacy team had a huddle once a month to discuss the review. The ACT and the manager usually led these discussions. There were no records of these monthly meetings. Currently look alike sound alike drugs were the focus in the branch. The team also discussed current errors reported in the company. The pharmacy also used Datix to record details of dispensing errors. An error had occurred when eplerenone 25mg was required, but Empagliflozin 25mg was given. The action noted to reduce the likelihood of a similar error occurring again was to put warning labels on both items on the shelf. This was found not to have happened. And the need to implement the changes identified was discussed.

The pharmacy had a complaints procedure. There was a patient information leaflet on display. And it advertised how people could provide feedback or raise a concern about the pharmacy. Pharmacy team members could explain how they would respond to a concern. When possible, the manager resolves concerns locally. There had been some issues with prescriptions not being ready on time due to stock shortages and issues obtaining stock. So now patients on regular medication were put on repeat dispensing. So that the stock was sourced in good time.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed contained the correct details of the RP on duty. The sample of the RP record examined was compliant with legal requirements. Samples of specials records, emergency supply records and private prescription records complied with legal and regulatory requirements. The pharmacy maintained running balances of CDs within its CD register. And it completed full balance checks against physical

stock infrequently. The last being done in September. The pharmacy maintained a patient returned CD register. And pharmacy team members wrote returns into the register on the date of receipt.

The pharmacy had submitted its annual NHS Data Security and Protection (DSP) Toolkit as required. It stored all personal identifiable information in staff only areas of the pharmacy. And it had used marked bags to store confidential waste. These were sealed and collected for secure disposal periodically. There was a patient information leaflet that explained the company's data protection policy. The pharmacy had procedures and information relating to safeguarding vulnerable adults and children. It displayed a chaperone notice. And the pharmacy had contact information for safeguarding agencies. Pharmacy team members completed safeguarding learning through e-learning. The RP demonstrated that all registrants had completed level two training through the Centre for Pharmacy Postgraduate Education (CPPE).

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to safely manage the services it provides. The pharmacy team members have the right qualifications and skills for their roles. And for the services they provide. The team members openly discuss how to improve ways of working. And they can raise professional concerns if necessary. But team members are not always given dedicated training time.

Inspector's evidence

On duty during the inspection was the RP who was the manager. The branch was going live with the new analyst computer system on the day of the inspection. There was a second pharmacist to support the pharmacy team during the transition. There were also three dispensing assistants and one trainee dispenser. A company employed driver provided the pharmacy's medication delivery service. The manager said that staffing levels were due to be reviewed in March. The manager thought that they were very busy but generally managed with the current staffing levels. The pharmacy had overtime authorised. The team members worked extra hours to cover holidays when necessary. There was also a relief pool if needed.

The manager supported the trainee with her training. Pharmacy team members regularly completed learning associated with their roles. The pharmacy did not provide protected learning time for this or for the trainee. Some team members tended to complete this learning in their own time. The manager regularly monitored learning to ensure it was completed in a timely manner. Pharmacy team members received an annual appraisal and performance and next steps were discussed. Team members confirmed they felt well supported by their manager.

Pharmacy team members were aware of targets the pharmacy had for its services. The manager confirmed that they were doing well with flu vaccinations, Medicines Use Reviews (MUR)s and New Medicine Service (NMS). But over the counter (OTC) sales and stock levels had let them down a little. And they were working to improve these. The team had managed services using their professional judgement during this time. Pharmacy team members worked well together. The pharmacy had a whistle blowing policy and a confidential help line where staff could seek support if required. They shared learning through team discussions when the opportunity arose.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure and maintained to the standards required. The pharmacy has private consultation facilities in place. These help to protect the confidentiality of people accessing its services.

Inspector's evidence

The pharmacy was professional in appearance and it was secure. The retail area was small. And seating was provided for people waiting for prescriptions or services. The pharmacy had a sign-posted consultation room to the side of the retail area. The room was a sufficient size and it was equipped with the necessary resources to support pharmacy team members in delivering the pharmacy's services. There was a desk, chairs and had a computer. There was a copy of the company privacy policy on display. The dispensary was small but best use was made of the space. The pharmacy had been fully refitted inside and out, since the last inspection. And it had made a big difference to the look of the pharmacy. And had provided additional working space. The pharmacy's premises were appropriately safeguarded from unauthorised access. There was adequate heating and lighting throughout the premises. And running hot and cold water was available. The pharmacy team members completed all cleaning tasks. The manager reported maintenance concerns to their head office.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides an appropriate range of services to help people meet their health needs. It generally stores, sources and manages its medicines safely. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use. The pharmacy may not always give advice to people who get higher-risk medicines. And when they do they don't always record it. So, it may not be able to refer to this information in the future if it needs to.

Inspector's evidence

There was direct access from the street into the pharmacy. Its services were advertised through a prominently displayed services ladder. And there were leaflets available in the public area and consultation room. The hours of business were displayed in the window. Pharmacy team members used information available on the internet to help signpost people to other healthcare organisations when required. Prescription bags were annotated with stickers to help identify eligible people for some of the pharmacy's services. For example, Medicines Use reviews (MURs). The pharmacy had up-to-date patient group directions (PGDs) to support the flu vaccination service. And 200 had been provided to date. Pharmacy team members sometimes used "therapy" stickers on assembled bags of medicines to identify the need for monitoring checks associated with the supply of high-risk medicines such as warfarin. This prompted referral to the pharmacist for verbal counselling. Not all high-risk drugs awaiting collection had therapy stickers on them. The pharmacy did not usually record details of the monitoring checks on people's medication records. The pharmacy team was knowledgeable about the requirements of the valproate pregnancy prevention programme (PPP) and warning cards were readily available to issue to people in the high-risk group. The pharmacy team had completed an audit to identify eligible patients under PPP. Two patients had been identified and notes had been made on their records.

The team had completed training and competency tests prior to sending prescriptions to the company's hub as part of its central fulfilment service. And pharmacy team members demonstrated a clear understanding of their roles associated with this service. And all had signed the SOP (25). The manager had signed staff off as competent. Pharmacy team members used an electronic scanning device which tracked the prescription through the entire dispensing process. The pharmacist had checked the first 300 items returned from the hub initially. Then three items were checked per day thereafter. The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped inform workload priority. For example, red baskets were used for walk-in prescriptions. The pharmacy team kept original prescriptions for medicines owing to people. And it used the prescription throughout the dispensing process when the medicine was later supplied. The manager said that they had very few owings now because people stable on long term medication were being put onto repeat dispensing by the local GP practices. So, all medication was ordered in advance. The pharmacy asked people to sign for receipt of their medicines through the prescription delivery service. The pharmacy sourced medicines from licensed wholesalers and special manufacturers. Such as Alliance and AAH. Pharmacy team members discussed changes to medicine packaging introduced due to the Falsified Medicine Directive (FMD). They had completed training on the subject and discussed the safety checks they applied to tamper proof packaging during the

dispensing process. But the pharmacy had not yet received details of when it would begin scanning and decommissioning medicines.

The pharmacy stored Pharmacy (P) medicines behind the medicine counter. This meant the RP had supervision of sales taking place and was able to intervene if necessary. The pharmacy stored medicines in the dispensary in an organised manner. The pharmacy team followed a date checking procedure to help manage stock. And it recorded details of the date checks it completed. Date checking was up to date. The team used stickers to highlight medicines that were to be used first. There was Axalid 25mg on the shelf which were out of date in October 2019 and there was also prochlorperazine 3mg on the shelf which were out of date in July 2019. These were removed for destruction. The manager thought that this was an oversight. No other out of date medicines were found on the other three or four sections looked at. The team recorded the date the pack was opened on liquid medicines. And this was noted, for example, on the Oramorph liquid which was marked as opened on 12 October 2019. This allowed them to identify medicines that had a short-shelf life once they had been opened. And check that they were fit for purpose and safe to supply to people. Medical waste bins, clinical waste bins and CD denaturing kits were available to support the team in managing pharmaceutical waste. Drug alerts were received electronically, and these were printed off and actioned. There was a file in the dispensary. And the pharmacy kept a record of the action the team had taken. Following a recent Zantac recall stock had been identified and removed from the shelf. A product recall sheet had been completed and the stock had been quarantined.

The pharmacy held CDs in secure cabinets. Medicine storage inside the cabinet was orderly. There was designated space for storing patient returns, and out-of-date CDs. There was a large glass fronted fridge used for the storage of cold chain medicines. The fridge was clean and stock inside was stored in an organised manner. The pharmacy team monitored fridge temperatures daily. And the records looked at demonstrated that it was consistently operating within the accepted range of between two and eight degrees Celsius. The pharmacy stored both assembled CDs and cold chain medicines in clear bags within the fridge and CD cabinet. This helped prompt additional safety checks upon supply.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has all the equipment and facilities it needs for providing its services. And pharmacy team members manage and use equipment in a way which protects people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. The pharmacy team members had access to the company intranet and internet which provided additional reference resources. Computers were password protected and information on computer monitors was protected from unauthorised view due to the layout of the pharmacy. Pharmacy team members used NHS smart cards to access people's medication records. The pharmacy stored assembled bags of medicines to the side of the dispensary. This protected people's private information against unauthorised view. The pharmacy's telephone handsets were cordless. This meant they could have confidential conversations with people over the telephone. In an area that they could not be overheard. The electrical appliances had last been PAT tested (portable appliance tested) in October 2018. Clean, crown stamped measuring cylinders were in place for measuring liquid medicines. And these included separate measures for use with methadone. The pharmacy had clean counting equipment for tablets and capsules, including a separate counting triangle for use when counting cytotoxic medicines.

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.