

# Registered pharmacy inspection report

**Pharmacy Name:** Newtons Pharmacy, 1028-1030 Anlaby High Road,  
HULL, North Humberside, HU4 7RA

**Pharmacy reference:** 1032051

**Type of pharmacy:** Community

**Date of inspection:** 07/10/2020

## Pharmacy context

This community pharmacy is amongst a small parade of shops in a suburb of Hull. The pharmacy's main activities are dispensing NHS prescriptions and delivering medication to some people's homes. The pharmacy supplies some medicines in multi-compartment compliance packs to help several people take their medicines. The pharmacy was inspected during the COVID-19 pandemic.

## 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 mostly identifies and manages the risks associated with its services including the risks from COVID-19. It has up-to-date written procedures that the pharmacy team follow. And it completes all the records it needs to by law. The pharmacy protects people's private information properly. It uses an annual questionnaire so people using the pharmacy can provide feedback about the standards of its services. The pharmacy team members respond appropriately when errors occur. They discuss what happened and they generally take appropriate action to prevent future mistakes.

### Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. The Superintendent Pharmacist (SI) had completed risk assessments for all team members to identify their personal risk of catching the virus. The risk assessment also identified the steps needed to support social distancing and infection control. The pharmacy was maintaining social distancing requirements by having a policy of limiting the number of people in the pharmacy. The team planned to increase the number of people entering the pharmacy as the weather turned colder. This would be managed by team members asking people to stand in the far corners of the retail area whilst waiting to be served at the pharmacy counter. The space in the corners was large enough for people to socially distance from each other and people at the pharmacy counter. The pharmacy had installed two large plastic screens on the pharmacy counter to provide the team with extra protection. The outer edges of the screens were embedded with key messages relating to COVID-19 symptoms, social distancing requirements and infection control. The team kept a bottle of hand sanitiser on the counter for people to use. The pharmacy displayed a poster reminding people to wear face coverings and the team reported most people complied with this. The team had access to Personal Protective Equipment (PPE) and all the team wore face masks throughout the inspection. The dispensary provided space to enable team members to mostly adhere to social distancing requirements.

The pharmacy had a range of standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of services. Since the last inspection in March 2020 the SOPs had been reviewed and updated by the SI. However, some SOPs were not available at the time of the inspection as the SI had taken them home for further review. The importance of having the SOPs at the pharmacy for the team to refer to was discussed. Since the last inspection a SOP for delivering medicines to people's homes had been developed and the SI had produced a SOP specifically for COVID-19. Team members had signed the SOP signature sheets in May 2020 to show they had read the reviewed SOPs and would follow them.

On most occasions the pharmacist when checking prescriptions and spotting an error asked the team member involved to find and correct the mistake. Following the last inspection, the team had started to regularly keep records of these errors, known as near misses. The pharmacy team had a system to record dispensing incidents. These were errors identified after the person had received their medicines. On rare occasions the SI dispensed and checked the prescriptions without involving one of the dispensers on duty. This was discussed as a risk at the inspection in March 2020. The SI reported a recent dispensing error was from a prescription he had dispensed and checked. The SI and team members stated that usually another member of the team was involved but on this occasion the SI hadn't asked for a second check. The SI had reflected on the error and the risk from dispensing and

checking without involving another team member. The team discussed near misses and dispensing incidents to identify how to prevent errors happening again. The team members had separated products after identifying the medicines were often involved in errors. The pharmacy had a procedure for handling complaints raised by people using the pharmacy. But it did not have a leaflet or other information source such as a poster to provide people with information on how to raise a concern. The pharmacy team used surveys to find out what people thought about the pharmacy. The pharmacy published these on the NHS.uk website. The latest survey revealed positive comments about the service provided by the team.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. The pharmacy kept electronic CD registers that captured the current stock balance for each register and prompted the pharmacist when a stock check was due. This helped to spot errors such as missed entries. However, the updated CD SOPs did not include the use of the electronic CD register. The pharmacy recorded CDs returned by people. The team had received training on the General Data Protection Regulations (GDPR). The pharmacy did not display details on the confidential data kept and how it complied with legal requirements. The team separated confidential waste for shredding onsite.

The pharmacy team members had access to contact numbers for local safeguarding teams. The pharmacist had completed level 2 training in 2017 from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team had completed Dementia Friends training. The team was aware of the Safe Space initiative but had not had the occasion to offer it.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has an experienced team with the qualifications and skills to support its services. Team members work well together and support each other in their day-to-day work, especially at times of increased workload. They frequently discuss ideas and they review and update their processes to enhance the delivery of the pharmacy's services. Pharmacy team members only receive informal feedback on their performance and they have limited opportunities to complete ongoing training. This means they may find it harder to keep their knowledge and skills up to date.

### Inspector's evidence

The Superintendent Pharmacist (SI) covered most of the opening hours. Locum pharmacists provided support when required. The pharmacy team consisted of four part-time dispensers, four part-time medicines counter assistants and two part-time delivery drivers. At the time of the inspection the SI, the locum pharmacist, three dispensers and one of the medicines counter assistants were on duty. Many of the team had worked together for around 25 years and were known to people in the local community who used the pharmacy. During the pandemic the team had worked well together to ensure pharmacy services were not affected. This often involved team members starting work early or working late.

There was some evidence that team members learned from dispensing mistakes when they occurred. The pharmacy provided extra training through modules provided by an external organisation and some team members attended evening training events. During the pandemic the team regularly discussed issues and concerns to support each other. This was often in the morning before the pharmacy opened to plan the day ahead and after closing the pharmacy to reflect on the day. The pharmacy did not provide formal performance reviews for the team members. This meant they did not have a chance to receive feedback and discuss development needs. The team received in the moment informal feedback. Team members could suggest changes to processes or new ideas of working. Recent examples included managing the policy on restricting the number of people entering the pharmacy as winter approached.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean, secure and sufficient for the services provided. The pharmacy has suitable facilities to meet the needs of people requiring privacy when using the pharmacy services.

### Inspector's evidence

The pharmacy was clean and tidy with separate sinks for the preparation of medicines and hand washing. As part of the actions taken to reduce the risk of infection from the COVID-19 virus the team regularly cleaned the pharmacy throughout the day. The team mostly kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had enough storage space for stock, assembled medicines and medical devices. The premises were secure and the pharmacy had restricted access to the dispensary during the opening hours. The window displays detailed the opening times and the services offered. The pharmacy had a defined professional area and items for sale in this area were healthcare related.

The pharmacy had a soundproof consultation room but due to the risks from COVID-19 the team rarely used it. The pharmacist provided people with telephone consultations when appropriate and the team used space in the retail area for private conversations with people. The policy of limiting numbers in the pharmacy enabled the team to have private conversations with people in the retail area without other people overhearing what was being said. When the consultation room was used it was cleaned after the person left it.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services which are easily accessible and it manages its services well to help people receive appropriate care. The pharmacy gets its medicines from reputable sources and it stores them properly. The team carries out checks to make sure medicines are in good condition and suitable to supply.

### Inspector's evidence

People accessed the pharmacy via two entrances which were step free. To support the COVID-19 policy of only two people in the pharmacy the team had locked one of the doors. A notice was attached to the door asking people to use the other entrance. The pharmacy team was aware of the criteria of the valproate Pregnancy Prevention Programme (PPP) and had information available to provide to people when required. The pharmacist directed people receiving valproate to the information card embedded within the medicine packaging. The pharmacists spoke to people when handing out medication from acute prescriptions. This provided an opportunity for the pharmacist to check the medical condition the medication had been prescribed for and provide appropriate advice. The pharmacists had discovered during the pandemic the nature of remote consultations with prescribers sometimes meant the person was unclear about the medication prescribed. The SI worked well with local pharmacists and shared information with the pharmacist lead for the Primary Care Network (PCN). This meant concerns such as increased requests for products that could be misused were shared with other pharmacy teams to help them monitor such requests.

The pharmacy provided multi-compartment compliance packs to help around 30 people take their medicines. When an initial request for the service was made the pharmacist assessed the suitability of the service for the person and liaised with the person's surgery. To manage the workload the team divided the preparation of the packs across the month. The team usually ordered the prescriptions a week in advance of supply. This allowed time to deal with issues such as missing items and the dispensing of the medication into the packs. The team recorded the descriptions of the products within the packs to help people identify the medication in the packs. And supplied the manufacturer's patient information leaflets. The pharmacy sometimes received copies of hospital discharge summaries which the team checked for changes to the person's medication or new items.

The pharmacy received a large volume of electronic prescriptions (EPS). The team regularly downloaded the prescriptions throughout the day. One of the dispensers labelled the prescriptions and another dispenser picked the medicine and labelled it. The SI had discussed with the local surgeries issues with people being informed their EPS prescriptions would be ready to collect at the pharmacy within a few minutes of the prescription being released by the surgery. This often resulted in people presenting at the pharmacy before the team had chance to download the prescription and dispense it.

The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The pharmacy used controlled drug (CD) and fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. The pharmacy had checked by and dispensed by boxes on the dispensing labels. The team initialled the boxes to record who had dispensed and checked the prescription. A sample of completed prescriptions looked at had both boxes initialled.

The pharmacy had a text messaging service to inform people when their repeat prescriptions were ready. The team identified that several people did not regularly collect their prescriptions. This resulted in many prescriptions waiting to be supplied which cluttered the dispensary. To manage this the team members were offering the text message service to more people so they could prompt them to collect their medication. Throughout the pandemic the pharmacy had seen an increase in requests for the delivery service. The pharmacy kept a record of the delivery of medicines to people for the team to refer to when queries arose. Due to COVID-19 the delivery driver did not ask people to sign for receipt of their medication. The driver left the medication on the person's doorstep before moving away to watch them pick up the medication. During busy periods the team helped with deliveries and followed the same process. One of the delivery drivers had attached a sign to the top of the visor he wore over his face mask. The sign informed people he was the delivery driver from the pharmacy. This meant people could see who it was when he stepped back from their door after leaving the medicines on the doorstep.

The pharmacy obtained medication from several reputable sources. The pharmacy team checked the expiry dates on stock and placed coloured dots on medicines with a short expiry date. No out-of-date stock was found. The team members recorded the date of opening on liquids. This meant they could identify products with a short shelf life once opened and check they were safe to supply. The team recorded fridge temperatures each day and a sample looked at were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. It stored out-of-date and patient returned CDs separate from in-date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs.

The pharmacy had a computer upgrade to meet the requirements of the Falsified Medicines Directive (FMD). But it had no scanning equipment to help the team meet FMD requirements. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team printed off the alert, actioned it and kept a record.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services and to suitably 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 used a range of CE equipment to accurately measure liquid medication and it had a fridge to store medicines kept at these temperatures.

The computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the 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 had restricted access. The team used cordless telephones to make sure telephone conversations were held in private.

### 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.