

Registered pharmacy inspection report

Pharmacy Name: Castlegate Pharmacy, 15 Castlegate, BERWICK-UPON-TWEED, Northumberland, TD15 1JS

Pharmacy reference: 1035826

Type of pharmacy: Community

Date of inspection: 26/06/2019

Pharmacy context

The pharmacy is in Berwick, Northumberland. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides NHS services such as flu vaccinations, Emergency Hormonal Contraception, minor ailments 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 generally identifies and manages the risks associated with its services. The pharmacy asks people for their views. And it deals with complaints and uses feedback to improve the services it provides. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. The pharmacy looks after people's private information. And the pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy was adequately sized. The workflow in place provided separate areas for the labelling, dispensing and checking of prescriptions.

Standard Operating Procedures (SOPs) were in place and were up-to-date. And these had last been reviewed by the Superintendent (SI) on 3 March 2019. Members of the team had read SOPs relevant to their roles. There was record of training at the back of each SOP. And members of the team had signed these.

The manager explained the near miss recording system. The pharmacist when performing the final check of a prescription, and spotting an error asked the person involved to identify and correct the mistake. There was a new near miss recording sheet. The records looked at indicated that there were two or three near misses recorded each month. The records lacked detail and sections such as possible causes and action taken were not routinely completed. This may mean that opportunities to make effective changes were being lost. There were no recent dispensing errors. The manager advised that dispensing incidents were discussed with the pharmacy team each month. No notes were made of these discussions. But the examples were given of some of the changes discussed. These included the similarity of the aspirin and dihydrocodeine boxes. And when available a different brand was ordered.

Valid Public liability and professional indemnity insurances were in place.

A complaints policy ensured that staff handled complaints in a consistent manner. The policy helped the pharmacy team resolve issues. And managed the incidence of people escalating complaints. A copy of the policy was displayed in the retail area next to the till. The pharmacy dispensed prescriptions for discharge patients from the local hospital. Sometimes there was insufficient stock to supply the full quantity. The hospital contact expressed dissatisfaction with this. And as a result, the pharmacy team members amended the ordering levels of regularly prescribed medicines. This had worked. The team were proud of the turnaround time for discharge prescriptions. Some were completed and delivered within in a few hours.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs once a week.

The pharmacy sometimes recorded controlled drugs that people returned for destruction. But there were a lot of patient returned Controlled Drugs (CDs) in the CD cabinet which had not recorded in the book. The manager thought that this was an oversight.

A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And in a tidy ordered manner. And the pharmacy team recorded the name of the person who had received the medication.

The manager had discussed the requirements to protect people's private information. There was a file with information and a procedure. Members of the dispensary team had their own smartcards, and these were used appropriately. The pharmacy stored prescriptions for collection out of view of the waiting area. And computer screens were not visible. The pharmacy team used a password to restrict access to patient medication records. Confidential waste was segregated for shredding on site.

The manager advised that there was a procedure in place to protect children and vulnerable adults. And all members of the pharmacy team were aware of it. There was a list of key contact details in the pharmacy. The pharmacy team members were unable to locate these.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. The pharmacy team members work within their skills and qualifications. The pharmacy team members work well together and shares information. The pharmacy's team members do not have regular performance reviews. This could mean that gaps in their skills and knowledge are not identified and supported.

Inspector's evidence

The manager ran the pharmacy. At the time of the inspection, there was manager, one registered technician, one medicines counter assistant. And one dispenser. Members of the pharmacy team regularly worked overtime because the pharmacy business had grown. And to cover each other's holidays. The manager was reviewing staffing levels with the superintendent. The manager thought that the pharmacy's team members generally managed the workload adequately and safely.

The pharmacy team had completed appropriate qualifications to work in the dispensary and on the medicines counter. The company did not offer regular training. But staff read journals and manufacturers information. No examples were provided of recent training.

Team members worked well together. And would refer to each other with queries. The team members said that the manager was very approachable. And felt able to make suggestions to improve the level of service offered to people. Team members had regular discussions. There was a white board. And this was used to share information and record tasks that needed to be completed. The manager particularly valued the good relationship that they had with the local hospital. And this helped when sorting out any queries with prescriptions. The pharmacy did not have an appraisal or performance review procedure. Issues were discussed as they occurred. Targets were not set for services. The pharmacy team members always strived to provide services to meet the needs of people.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable to provide its services safely. The pharmacy's team appropriately manages the available space. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy premises were clean. The pharmacy was well laid out. The working areas were free of clutter. And this helped to maintain an efficient workflow. The consultation room was suitable for private consultations and counselling. There was no confidential information on display.

The pharmacy's premises were appropriately safeguarded from unauthorised access. The pharmacy was alarmed. There was CCTV and panic buttons. There was adequate heating, air conditioning and lighting throughout the premises. The sink areas were clean and tidy. And running hot and cold water was available. Maintenance issues were reported to the SI.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The services are generally well managed. The pharmacy may not always record advice given to people who get higher-risk medicines. So, it may not be able to refer to this information in the future if it needed to. 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. It adequately sources and manages its medicines, so they are safe for people to use.

Inspector's evidence

There was a small step up into the pharmacy. It was possible for wheelchairs to access the pharmacy. The pharmacy provided a range of services to meet people's needs. The pharmacy did not have a pharmacy leaflet. This may mean that people are not aware of the services offered to meet their health needs.

Stock requiring refrigeration was stored at appropriate temperatures. Electronic records were maintained to ensure temperatures were within the appropriate range of between two and eight degrees Celsius. . There was a procedure to follow if the temperatures went out of the accepted range.

A controlled drugs cupboard was available for the safe custody of controlled drugs. The cupboard was appropriately secured. The contact details for the accountable officer were in the files. Expired controlled drugs were segregated to prevent mixing up with stock for patient use.

The pharmacy had a process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. The pharmacy's procedures indicated that sections were completed regularly. Medicines were checked at random and were found to be in date. Short dated items were stickered and removed from the shelves before expiry to ensure that they were not supplied to people. For example, Zonisamide was marked as out of date in September 2019.

Opened bottles of liquid medications were marked with the date of opening to ensure they were still safe to use when used for dispensing again. For example, morphine was marked as opened on 19 June 2019.

The pharmacy team members were observed using baskets to ensure prescriptions were prioritised and assembled medication remained organised. Computer-generated labels were initialled by the pharmacist and dispenser which allowed an audit trail to be produced.

The shelving system enabled enough storage and retrieval of dispensed medication for collection. People collecting were routinely asked to confirm the name and address of the patient to ensure that medication was supplied to the correct patient safely.

The manager described updated guidance that was provided to women who may become pregnant who received sodium valproate. The pharmacy had completed an audit. And there were two patients taking sodium valproate. Neither were in the at-risk group. The information was stored on the shelf

near to the sodium valproate.

The manager had discussions with people on high risk medication such as warfarin to double check that they were following the dose. And also, if their INR was being regularly checked. He would normally not record these discussions on the patients records.

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication.

The manager was aware of the Falsified Medicines Directive (FMD). And the company had purchased scanners. These had not been set up yet. There was an SOP in place. The manager was unsure of timescales for implementation.

A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers such as DE and Ethigen.

Drug alerts or recalls of medicines or medical devices were received electronically. These were printed off. The pharmacy had a folder of collated alerts which had been signed and dated to confirm they had been completed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Equipment required for the delivery of pharmacy services is readily available, stored appropriately and used in a way that protects the privacy and dignity of patients.

Inspector's evidence

Up to date reference sources were available and included the BNF and BNF for Children. There was access to the internet which was used for a range of uses including leaflets for patients and PharmOutcomes. A range of CE quality marked measures were in use which were cleaned after use. There was a separate measure for measuring methadone. The pharmacy also had a range of equipment for counting loose tablets and capsules. Tweezers and gloves were available. There was a spills kit and a first aid kit.

The cds were stored in a cd cabinet which was securely bolted in place. The fridge used to store medicines was from a recognised supplier and an appropriate size for the volume of medicines requiring storage at such temperatures. The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Access to patients' records restricted by Smart cards. Medication awaiting collection was stored out of view and no confidential details could be observed by customers. Prescriptions were filed in boxes out of view of patients keeping details 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.