

Registered pharmacy inspection report

Pharmacy Name: Well, 53 Front Street, NEWBIGGIN-BY-THE-SEA,
Northumberland, NE64 6NJ

Pharmacy reference: 1035870

Type of pharmacy: Community

Date of inspection: 26/06/2019

Pharmacy context

The pharmacy is situated on the main street, in Newbiggin-by the sea, 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 in the surrounding area. 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, 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 services. 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

This was a small pharmacy with limited bench space. There was a small retail area. There was a room upstairs where multi-compartmental compliance packs and nursing home packs were dispensed.

The pharmacy had a range of standard operating procedures (SOPs). These were available electronic on analyst. All staff have their own log in and training records. Staff had read the SOPs, including the recently updated complaints procedure. And compliance was monitored.

Near misses were recorded, as they occurred on to a near miss sheet. These were then recorded on the electronic DATIX system. The pharmacy team members tried to do this daily. These were collated. And a range of graphs were produced which helped to identify the most common types or errors. The hand-written paper record contained only basic information such as missing item or wrong quantity. Valuable information such as the circumstances surrounding the error and the contributory factors were not recorded. A monthly patient review (MPSR) was completed. Mays MPSR was nonspecific. For example, separation of products was the change noted. But it did not say which products were separated. And the action did not relate to the six near misses recorded that month. This may mean that learning opportunities are being missed.

Dispensing errors were also recorded on the DATIX system. There had been an error when the wrong dose of gliclazide was supplied. The action taken section was not completed. The manager advised the inspector that they had made some changes to reduce risk such as putting warning signs on the bisoprolol strengths and the frusemide strengths.

The pharmacy team on the day were all qualified and were clear on their roles and responsibilities.

There was a patient information leaflet which gave details on how patients could complain and other useful information including how patient data was protected. The manager advised that he would deal with any complaints initially. There had been a complaint from a nursing home about the quality of the MAR sheets supplied. The problem was identified a poor printing quality. And as a result, all the printers were replaced.

Up to date indemnity insurance was in place as notified by the SRM. The responsible pharmacist record was complete and legally compliant. The correct responsible pharmacist sign was displayed. Private prescriptions paper records were complete. Unlicensed special records including the certificates of conformity were retained in a folder. And this was tidy and organised.

A sample of controlled drugs (CD) registers, looked at, found them to be compliant with the

requirements including completed headers and entries made in chronological order. Running balances were maintained in all registers and were audited against the physical stock quantity weekly.

Computer terminals were positioned away from public view and were password protected. Bags of medicines, awaiting collection, were stored in a retrieval system, in the dispensary, also away from public view. Prescriptions were filed out of view. Confidential waste was segregated for shredding. Staff received Information Governance training as part of their mandatory e-Expert annual online training. The manager monitored compliance.

All members of the pharmacy team had completed the basic safe guarding training. The RP had completed their CPPE level 2 training. The pharmacy team were aware of what to look out for.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained and skilled team members to provide its services safely. The pharmacy team members work within their skills and qualifications and have regular performance reviews. The pharmacy team members work well together.

Inspector's evidence

The pharmacist manager ran the pharmacy. And in addition, there were four pharmacy assistants. The team thought that they managed adequately with this level of staff. Staff covered for each other's holidays. Training was provided through the e-Expert online portal. There was mandatory training and assigned training. Staff had their own log in access. The manager confirmed that the pharmacy team were up to date with their training schedule.

Performance reviews took place which gave the team a chance to receive feedback and discuss development needs. All pharmacy team members had annual performance reviews. And these had been completed in January 2019. Pharmacy team members thought these were helpful. Areas such as interaction with customers and cleanliness were discussed, as well as any training needs. Staff reported that the manager was approachable, and they felt encouraged to offer suggestions for improvement and they felt that their opinion was valued.

Staff advised that concerns could be raised with the manager or with the area manager depending on the issue. And who it was about. There was also a whistle blowing policy. And details were on the intranet. Staff members could accurately explain which activities could not take place when there was no responsible pharmacist on site. Targets were set for a range of services. The pharmacy team said they managed these. The manager felt able to exercise his professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure and provide a suitable environment for the delivery of pharmacy services. But the outside paintwork is flaking which does not promote the most professional image to patients.

Inspector's evidence

There were large boxes obstructing access to the shelves and walk ways. The manager said that this was because they were getting new computers fitted that day and they would be removed by the end of the day. The pharmacy, shop area and consultation room were clean and hygienic as were the sinks and benches. The outside paintwork was flaking off in places and the doorbell was broken.

There was sufficient storage space for excess stock in the pharmacy and in the stock areas. The pharmacy had an adequately sized consultation room with chairs, computer and a desk. This was clearly signed. But did not lock. No patient confidential information was stored here. The security of the premises was maintained through an alarm system and a panic button. There was a front door shutter used when the pharmacy was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services to help people meet their health needs. The services are generally well managed. Patients receiving patient packs to help them remember when to take their medicine are not always supplied with the information leaflets provided by manufacturers. This means they do not have access to up to date information on their medicines. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls. It adequately sources and manages its medicines, so they are safe for people to use.

Inspector's evidence

There was a step up into the pharmacy from the street. There was a bell to alert the team if a person needed assistance with accessing the pharmacy. This was not working. The manager said that people would knock on the window to attract attention.

There was a hearing aid loop in place and this was advertised. There were practice leaflets. The team had displayed a variety leaflets advertising the services offered in the pharmacy. The pharmacy displayed their opening times on the door and on leaflets in the pharmacy.

Multi-compartmental compliance packs were prepared in a dedicated room upstairs. The inspector looked at a sample of assembled packs and found that dispensing the audit trails were completed. The trays had the descriptions of medicines inside the tray. This allowed people to identify their medication. Patient information leaflets were provided on the first dispensing only.

The pharmacy offered a delivery service to people in their own homes. There were records kept for the delivery service, which included signatures for most deliveries and controlled drug (CD) deliveries.

The pharmacy used baskets to keep the prescription, medication and labels together throughout the dispensing process to prioritise workload and reduce the risk of errors.

There was a clear audit trail of the dispensing process as team members signed the dispensed by box and the pharmacist the checked by box.

Clear bags were used for the dispensing of insulin and these were observed in the fridge. This allowed the person handing over the medication, and the patient, to see what was being supplied and query any items. Clear bags were also used for completed compliance packs and CDs.

Stock was arranged alphabetically on the shelves which were tidy. Split boxes of medicines, which had been returned to stock, were marked to indicate that stock had been removed so that dispensers could clearly see that they were not complete packs. Short dated stock was marked with a sticker to indicate this. For example, cetraben was marked as use first. Liquid medication was marked with the date of opening. This meant that checks could be done to make sure the product was safe to supply. For example, morphine liquid was marked as opened on 25 May 2019.

There was an adequately sized retrieval area which was situated near to the pharmacy counter. This allowed easy access to prescriptions and allowed the pharmacist to be aware of what was being handed

out. The pharmacy used licensed wholesalers such as Alliance, NDC and AAH.

The RP was aware of the Falsified Medicines Directive (FMD). And the company had installed scanners in some pharmacies. Staff were aware that the branch would be scanning stock in the future and had completed training in readiness.

Appropriate containers were used to supply medicines. Stickers were also used on bags and prescriptions to alert the person handing the medication over that these items had to be added.

Fridge medicines were stored in an organised way within the original manufacturers packaging and at an appropriate temperature of between two and eight degrees Celsius. Records were maintained daily and there was a procedure to follow if the temperature deviated from these limits. Controlled drugs were stored in three CD cabinets which were tidy and ordered. Denaturing kits were available for the destruction of CDs. There was a record of receipt of returned CDs which people had returned. And there was a record of destruction, this indicated that returned CDs were destroyed promptly. There were some out of date CDs which were marked and segregated in the CD cabinet. Appropriate medicinal waste bins were used for out of date stock and patient returned medication.

Information and patient guidance issued as part of the Pregnancy Prevention Programme (PPP) with sodium valproate had been received at the pharmacy. The pharmacy team had completed the audits. The pharmacist had checked the patients prescribed the products and found no eligible patients. The information leaflets and the warning cards were in the pharmacy. But took some time to find. This may mean that people were not always supplied with the appropriate information.

MHRA alerts were received via email and an internal communication system. The alert was printed off, actioned and a record kept. The pharmacist informed the team about any alerts relevant to the stock held.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Equipment required for the delivery of pharmacy services is readily available. The pharmacy stores it appropriately and uses it in a way that protects the privacy and dignity of people.

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 to access PharmOutcomes.

A range of CE quality marked measures were in use which were cleaned after use. There were also a separate range of cylinders retained for measuring methadone only.

The pharmacy also had a range of equipment for counting loose tablets and capsules. Tweezers and gloves were available. There was a first aid kit. The CDs were stored in CD cabinets which were securely bolted in place.

The fridges used to store medicines were 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 was restricted using 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.