

Registered pharmacy inspection report

Pharmacy Name: Whitworth Chemists Ltd, 132-136 Elswick Road,
NEWCASTLE UPON TYNE, Tyne and Wear, NE4 6SL

Pharmacy reference: 1037534

Type of pharmacy: Community

Date of inspection: 20/06/2019

Pharmacy context

The pharmacy is in Newcastle, Tyne and Wear. 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 EHC, minor ailments and a substance misuse service. It also provides travel vaccinations. And does health checks.

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 uses feedback to improve the 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

There was a large retail area with seating to the front. There was a smaller, but adequately sized pharmacy with working areas. The pharmacy had a set of standard operating procedures (SOPs) which had been regularly reviewed and updated. And these were due for review in October 2019. Members of the pharmacy team had signed the training sheet for the SOPs to indicate that they had read and understood. Near misses were picked up at the checking stage and returned to the dispenser responsible to enter onto the electronic log. And to correct. A monthly patient safety review was completed. In May there had been a selection error with allopurinol and atenolol. These had been separated on the shelf, to help to prevent a similar incident happening again. And the pharmacist had discussed the possible consequences if these had been given out. There had been a near miss when patients with similar names were confused. There was a sticker used to highlight that there was a patient with a similar name. And stickers were on some of the multi-compartmental packs. Dispensing incidents were recorded. The reports looked at lacked detail. There had been an error when the wrong strength of fluoxetine was supplied. One of the actions was to flag the error on the patients record. This was found not to have been actioned.

There was a complaints procedure. And there was a patient information leaflet which informed people about how they could raise a concern. The leaflet was not on display. Complaints were initially dealt with in branch. A person had complained that they were hard of hearing and the delivery driver was not waiting long enough. This meant that she was missing some deliveries. It was decided that the branch would ring the person when the driver was on his way. And this was working well.

Professional indemnity insurance was in place valid until 31 October 2019. The responsible pharmacist record was held electronically, and the correct responsible pharmacist sign was displayed. Private prescription records indicated that the reference numbers corresponding to the private prescription entry, were recorded on the private prescriptions. Unlicensed special records including the certificates of conformity were retained, including the patient details. The controlled drug registers were complete. Running balances were maintained in all registers and were audited against the physical stock weekly.

Computer terminals were positioned away from public view and were password protected. Members of the pharmacy team had their own smart card. Prescriptions awaiting collection, were stored in a retrieval system away from public view. Confidential waste was segregated and shredded onsite. Pharmacy team members completed annual training on data protection. And the team were aware of the need to keep people's information private. There was a patient information leaflet. And this stated that the pharmacy complied with the Data Protection Act and the NHS code of practice on confidentiality. Staff were aware of safeguarding issues and said that they would refer to the responsible pharmacy if they had concerns. The driver reported any concerns about patients to the

manager.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy usually has enough trained and skilled 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 have regular performance reviews. But, the pharmacy does not have robust contingency arrangements in place to cope with staff absences.

Inspector's evidence

The pharmacist manager ran the pharmacy. And in addition, there were three dispensers. The team thought that they managed adequately except when members of the pharmacy were on holiday. And then it was sometimes a struggle. Task were done in advance when possible. And members of the team worked extra when possible. The company provided training for the pharmacy team members. And training that was appropriate for individuals needs was completed. The team are required to complete four Continuing professional Development (CPD) cycles. Head office provided recent training on EPOS (electronic point of sale).

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 were up to date. Staff said that the manager was approachable, and they felt encouraged to offer suggestions for improvement and they felt that their opinion was valued. A team member provided an example of a change suggested to the preparation of the multi-compartmental compliance packs. And this was working well. Staff said that concerns could be raised with the manager or with the general 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 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 and tidy. The team separated areas, so they were used for accuracy checking and for the assembly of multi-compartment compliance packs. This prevented these areas from becoming cluttered. And maintained an efficient workflow. The consultation room was suitable for private consultations and counselling. Its location was advertised. There was a door into it from the pharmacy. And another from the shop. No patient confidential information was accessible. The layout of the premises was such that confidential information was not visible from the public areas. The counter and the raised dispensary protected the information of service users. The pharmacy's premises were appropriately safeguarded from unauthorised access. There were shutters to the front. The pharmacy was alarmed. And there was CCTV. There was adequate heating and lighting throughout the premises. And running hot and cold water was available.

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 ramp to the front to assist with entry into the pharmacy. The team had displayed a variety of 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 supplied to patients to help them to take their medicines on time. These were prepared a week in advance. All members of the pharmacy team were trained to help with these. 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. This may mean that people do not have all the information they need to take their medicines safely and effectively.

The pharmacy offered a delivery service to people in their own homes. An electronic system was used. And this could track the times of delivery and failed deliveries. Which was helpful when people contacted the pharmacy about the expected time of delivery. Electronic signatures were received for all deliveries. The pharmacy used coloured 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. There were some co-codamol tablets that had been removed from their blisters in an amber bottle. The date they were removed from the original packing was not noted. These were removed for destruction. There was a date checking procedure in place. And

it was up to date. Short dated stock was marked with a sticker to indicate this. For example, Lipitor was marked as due out of date in September 2019. Liquid medication was not always marked with the date of opening. Oramorph had been opened and not dated. This meant that there was no assurance that the medicine was fit to be supplied to people. This was removed for destruction.

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 and AAH. The RP was aware of the Falsified Medicines Directive (FMD). The company had not yet installed scanners. And he was unsure when this would be implemented. 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. Electronic records were maintained daily and there was a procedure to follow if the temperature deviated from these limits. Controlled drugs were stored in a CD cabinet 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 consultation room and were not routinely supplied with sodium valproate. This may mean that people were not always supplied with the appropriate information. MHRA alerts were received electronically. 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, 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 British National Formulary (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. The pharmacy also had a range of equipment for counting loose tablets and capsules with a separately marked tablet triangle that was used for cytotoxic drugs. Tweezers and gloves were available. There was a first aid kit.

The CDs were stored in a CD cabinet which was 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 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.