

Registered pharmacy inspection report

Pharmacy Name: Well, 2-3 St.Marys Green, Whickham, NEWCASTLE
UPON TYNE, Tyne and Wear, NE16 4DN

Pharmacy reference: 1037565

Type of pharmacy: Community

Date of inspection: 22/11/2022

Pharmacy context

This is a community pharmacy in Whickham, Newcastle-Upon-Tyne. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy offers a medicines delivery service. It supplies some medicines in multi-compartment compliance packs for people living in their own home. And people access winter flu vaccinations from the pharmacy.

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 suitably identifies and manages the risks associated with its services. It has written procedures that the pharmacy team follows. And the pharmacy has appropriate insurance to protect people if things do go wrong. It completes the records it needs to by law. Pharmacy team members openly discuss mistakes they make and they take suitable action to prevent future mistakes. They complete relevant training to help protect vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) held electronically. They included SOPs for the responsible pharmacist (RP) regulations and dispensing. The superintendent pharmacist's (SI) team reviewed each SOP every two years on a rolling cycle. The SI team sent new and updated SOPs to the pharmacy team via the company's electronic training platform. The team members completed a short quiz once they had read the SOP. Once passed, this enabled them to be signed off as having read and understood the contents of the SOP. The pharmacy manager showed the inspector how he was able to see the team's training records on the dashboard.

The company had a procedure for managing errors identified during the dispensing of prescriptions. The pharmacy kept records of these errors known as near misses in a book kept near to the checking bench and the RP entered these onto the electronic near miss reporting system weekly. The team collated this information and the RP shared the outcome from the monthly review with team members. They discussed the changes they could make to prevent future errors. Some of the errors recorded lacked detail. And the action taken section was left blank. And so, they may have missed making changes to prevent a similar error occurring again. There had been an increase in the number of errors relating to the incorrect quantity of medicines dispensed. So, the team made changes to dispensing and marked all sides of boxes to indicate some stock had been removed. The responsible pharmacist (RP) described a recent dispensing error when the error had been identified after the person received it. The wrong medication had been selected and a contributory factor had been the similarity of the names. The medicines had been separated in the pharmacy drawers and a caution label reminded team members to double check the medicine before dispensing. The team kept the labelled box of medication supplied with the incident reference number so they could easily retrieve all the information if needed.

The pharmacy detailed its complaints procedure in the pharmacy information leaflet on display. And team members signposted people to the procedure if they were unhappy with the service they received. A complaint had been raised about the delivery service, this had been investigated and handled by the company delivery team manager. The RP fully recorded the incident on the electronic reporting system.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the name and registration number of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept complete records of private prescription and emergency supplies. The pharmacy kept controlled drugs (CDs) registers. And they were completed correctly. The pharmacy team checked the running balances against physical

stock every week. And they kept complete records of CDs returned by people to the pharmacy. The pharmacy held certificates of conformity for unlicensed medicines and completed these in line with the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA).

Team members were aware of the need to keep people's personal information confidential. And they had all undertaken general data protection regulation (GDPR) training. They held records containing personal identifiable information in areas of the pharmacy that only team members could access. And they displayed a privacy policy for people to read in the retail area. Confidential waste was placed into a separate bin to avoid a mix up with general waste. And periodically destroyed and collected by a third-party contractor. The team members had up-to-date guidance on safeguarding the welfare of vulnerable adults and children available to them. The RP had completed CPPE level three training. The accuracy checking technician had completed level two training and the other team members had completed training via the company's online training system. The RP brought up the NHS safeguarding application on his mobile phone and this provided local contact details and tips and advice on how to raise a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the appropriate qualifications and skills to provide the pharmacy's services safely and effectively. They work well together and mostly manage their workload well. The pharmacy team members complete regular training to keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the responsible pharmacist (RP) was supported by an ACT, four dispensing assistants, a trainee pharmacist and two pharmacy students. The pharmacy prepared team rotas in advance to ensure it had enough team members available during the busiest times. The RP prompted team members to help provide services at the counter when necessary, and so that people received their medication in a timely manner. The RP explained that sometimes they struggled with the workload and had problems recruiting for a part-time dispensing assistant. Team members worked extra hours when necessary. Annual leave was requested at least four weeks in advance.

The team members had access to the company the online training system to help them keep their knowledge and skills up to date. They received training modules to complete, usually monthly. Many of the modules were mandatory. The team members could choose a module if they felt the need to learn about a specific healthcare related topic or needed help carrying out a certain process. The team members did not receive set time during the day to allow them to complete the modules and completed training at quieter times. The manager monitored the team's progress with their mandatory training to ensure all were up to date. The pharmacy had an annual appraisal process and these gave people an opportunity to discuss their roles and any areas they wanted to improve in. Due to work pressures these had not been completed this year but there were plans to re-instate them in the new year. The RP gave regular verbal feedback to team members. The team had informal meetings and discussed topics such as company news, targets, and patient safety, when the pharmacy was quieter. And team members felt comfortable to give feedback or raise concerns with the RP. The trainee pharmacist confirmed the RP had been supportive in their training. The pharmacy had a whistleblowing policy and had access to information about how to raise a concern. The pharmacy had various targets to achieve. These included the number of prescription items they dispensed and the number of services they provided. The team worked hard to try to achieve these but reported that sometimes they struggled with the workload.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and is adequately maintained. The premises are suitable for the services the pharmacy provides. It has a good-sized sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy team kept the pharmacy clean, tidy, professional in appearance and well maintained. They had dedicated working areas and kept their work areas tidy and clutter free. The pharmacy team kept floor spaces tidy to minimise the risk of trips and falls. They had access to a staff rest room and toilet with hand washing facilities. The pharmacy had a sink with hot and cold water for preparing liquid medicines and a good-sized soundproofed consultation room accessed from the retail area and signposted by a sign on the door. The team kept the room locked when not in use. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can easily access. And it has working practices which promote safe and effective delivery of its services. The pharmacy gets its medicines from reputable sources. And it manages and stores them properly.

Inspector's evidence

People accessed the pharmacy from the street through double automatic doors. The pharmacy counter prevented unauthorised access from the retail area to the dispensary. The team had an established workflow with separate areas for dispensing and checking. The pharmacist checked the prescriptions on a bench to the front where he had good visibility and could hear conversations with people and intervene when necessary. The pharmacy advertised its services and opening hours on the door, and on the pharmacy's website. The pharmacy had a generously sized dispensary with a well laid out retail area. There was a good selection of healthcare related leaflets available for people to select and take away with them.

The team members used various stickers as an alert before they handed out medicines to people. For example, to highlight the presence of a fridge line or a controlled drug that needed handing out at the same time. The team members signed the dispensing labels to indicate who had dispensed and checked the medication. And so, they had a robust audit trail in place. Pharmacy team members used baskets to hold prescriptions and medicines. This helped people's prescriptions from getting mixed up. The pharmacy provided owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed.

The pharmacy had a system for dispensing many of the prescriptions it received at the company's offsite dispensing hub. The system helped to reduce the team's dispensing workload and allow the team members more time to deliver services. The team firstly assessed the suitability of the prescription for dispensing at the hub. CDs, fridge lines and more urgent items such as antibiotics were not dispensed at the hub. A team member entered the prescription data and then the pharmacist completed an accuracy and clinical check before sending the prescription information to the hub. It took around two days for medicines to be dispensed and received back from the hub. The pharmacy received the medicines that had been dispensed at the hub in sealed bags and these were then coupled with the relevant prescription, scanned on the shelves in the prescription retrieval area, ready for collection. As part of a quality assurance process, the pharmacist checked one prescription that had been partly dispensed at the hub, one prescription that had been wholly dispensed at the hub and one prescription prepared in the pharmacy each day. And the pharmacy kept quality assurance records of these checks.

Team members knew about the pregnancy prevention programme for people prescribed valproate and of the risks. And they had access to literature about the programme that they provided to people to help them take their medicines safely. The team had completed a check to see if any of its regular patients were prescribed valproate. And met the requirements of the programme. The RP brought up the care records of people who had been counselled.

Team members stored pharmacy medicines (P) behind the pharmacy counter. So, the pharmacist could

supervise sales appropriately. And they stored medicines in the dispensary in a tidy organised way. Team members checked the expiry dates of medicines and they used alert stickers to help identify medicines that were due to expire within the next 12 months. No out-of-date medicines were found in four areas checked in the pharmacy. Pharmacy team members recorded the date liquid medicines were opened on the pack. So, they could check they were in date and safe to supply. The pharmacy had a robust procedure in place to appropriately store and then destroy medicines that had been returned by people. And the team had access to CD destruction kits.

The pharmacy checked and recorded the fridge temperature ranges every day. And a sample checked were within the correct ranges of between 2 and 8 degrees Celsius. The pharmacy received drug alerts electronically, these were printed out, marked with the date and any actions taken and they retained these for future reference.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it makes sure its equipment is clean and protects people's confidentiality.

Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children for the team to use. And the team had access to the electronic medicine's compendium. They could also access the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. And it had equipment for counting loose tablets and capsules. Members of the team made sure they cleaned the equipment they used to measure out or count medicines before they used it. Both fridges used to store medicines were of an appropriate size. And the medicines inside were organised in an orderly manner. Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't seen by people. The computers were password protected to prevent any unauthorised access.

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.