

Registered pharmacy inspection report

Pharmacy Name: Newburn Pharmacy, 1 Newburn Road, Newburn,
NEWCASTLE UPON TYNE, Tyne and Wear, NE15 8LX

Pharmacy reference: 1037570

Type of pharmacy: Community

Date of inspection: 23/09/2022

Pharmacy context

This community pharmacy is in Newcastle. The pharmacy dispenses NHS prescriptions and private prescriptions. It offers a medicines delivery service. The pharmacy team advises on minor ailments and medicines use. And it supplies a range of over-the-counter medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.3	Standard not met	The pharmacy does not store all its medicines appropriately. It has not got suitable safeguards in place for the safe storage of its obsolete medicines.
5. Equipment and facilities	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. It has written procedures that pharmacy team members follow. They openly discuss mistakes that happen and they take suitable action to prevent future mistakes. The pharmacy has appropriate insurance to protect people if things go wrong. It completes all the records it needs to by law.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs). The SOPs provided the team with information to perform tasks supporting the delivery of services. These had last been reviewed in 2019. The SI was in the process of updating these. All members of the pharmacy team had signed the SOPs appropriate to their level of training and expertise. And signed training sheets were attached at the back of each SOP. The newer member of the team had signed the SOPs in 2021.

The pharmacy had a procedure for managing errors identified during the dispensing of prescriptions. The pharmacist when spotting an error, returned the prescription to the dispenser to correct and record. The team discussed the error at the time. Most of the entries lacked details such as how the error had occurred and what actions had been taken to prevent a similar error occurring again. The pharmacist reviewed the near misses and shared the outcome from the review with pharmacy team. And they discussed the changes they could make to prevent future errors. Medicines with similar names such as ropinirole and risperidone had been separated in the drawers following a picking error. The pharmacy had a procedure for managing errors that reached the person known as dispensing incidents. The procedure included the team completing the dispensing incident report form. The pharmacy had a procedure for handling complaints raised by people using the pharmacy services and they displayed the complaints policy in the retail area. Reportedly, some people hadn't been happy during the Covid-19 pandemic when medicines were out of stock but they appreciated the team trying to source stock through various suppliers.

The pharmacy had up-to-date NPA 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 team checked CD balances monthly. A stock check of two CDs in the CD cabinet tallied with the balances in the register. The team recorded CDs returned by people for destruction. A sample of records for the receipt and supply of unlicensed products were checked and found to be in order. The team members completed training about the General Data Protection Regulations (GDPR). They separated confidential waste for shredding on-site.

The pharmacy kept safeguarding details in the signposting file and the team members knew where to find them and when to use them. The pharmacist had completed level 2 training on protecting children and vulnerable adults. The team had not had an occasion to report a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support its services. Team members work well together, and they support each other to manage the workload. They complete ongoing training to keep their knowledge up to date.

Inspector's evidence

The pharmacist manager had left the previous month and the pharmacy was running on regular locums. On the day of the inspection the pharmacist was supported by four dispensing assistants, a counter assistant, and the driver. Team members reported that they had been busy during the Covid-19 pandemic but had coped. Most people had been appreciative of the service they received. The team had worked together and worked extra hours when required. Sometimes they struggled to manage the workload, at busy times or when team members were on holiday. The previous manager had discussed with the SI the possibility of employing another member of staff to assist the team but no decision had been made. The team assisted during the inspection by offering evidence and providing information.

Team members hadn't had a formal appraisal although the previous manager had printed the paperwork in readiness. They confirmed that they previously had informal discussions with the manager. The pharmacy team members discussed tasks that needed to be completed. And they discussed any near miss errors as they occurred. Team members found the SI approachable and they felt comfortable sharing ideas to improve the pharmacy's services, such changing the flow of the dispensing process and allocating bench space for dispensing multi-compartment compliance packs. The pharmacy team knew to speak to the pharmacist or SI if they had any concerns. Team members did some ongoing learning by reading training material provided by manufacturers of medicines. And they had completed electronic training modules. The team had completed training to provide services such as blood pressure monitoring, stop smoking services and flu vaccinations amongst others. The pharmacy had an up-to-date training file with a section for each member of the pharmacy team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for people to receive healthcare. It has an appropriately soundproofed room where people can have private conversations with members of the pharmacy team. Its premises are suitable for the workload, but it does not keep some areas well maintained.

Inspector's evidence

The pharmacy was situated on a corner and people using the pharmacy had access through a wide door on the same level into the pharmacy. The pharmacy was well laid out but the fixtures and fittings in the retail area and in the dispensary looked old and tired. The dispensary had long drawers that held most of the pharmacy stock. Some of these didn't open smoothly and caused difficulties while dispensing by jamming, they extended a good distance into the space available for dispensing making establishing a smooth workflow difficult.

The flooring in the working areas to the rear were mostly bare uneven concreted which made working more difficult. The team had previously discussed these issues with the SI previously but so far, no improvements had been made. The pharmacy had a consultation room which the pharmacy used to deliver services and as a private area if people needed to speak to a team member in private. The team have access to a sink with a supply of hot and cold water in the dispensary. The staff toilet and the kitchen area both had hand washing facilities. The team kept the pharmacy premises clean and tidy.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not store all its medicines appropriately. It does not assess all the risks with where it stores some obsolete medicines. The pharmacy's working practices are generally safe and effective. And members of the pharmacy team carry out checks to make sure the pharmacy's medicines are safe and fit for purpose. They make sure people taking some higher risk medicines receive appropriate advice and information to take their medicines safely.

Inspector's evidence

People using the pharmacy had direct access from the street. The pharmacy had a range of healthcare information leaflets for people to read or take away. And a health promotion stand displayed information to help people to stop smoking. The pharmacy displayed opening hours and pharmacy services in the pharmacy window. The pharmacy offered a free delivery service to people who couldn't attend its premises in person. And the driver obtained signatures from people on receipt of their medication. So, the pharmacy had an audit trail to show that the right medicine was delivered to the right person. The pharmacy dispensed medicines in multi-compartment compliance packs to around one hundred and forty people to help them take their medicines correctly. And it had written processes that the team followed to manage the service. Most members of the pharmacy team had been trained to prepare these. Team members assembled four weeks' packs at a time, usually one week before the first pack was due to be supplied. They followed a robust process, from ordering prescriptions through to the supply. And they kept records of all stages and kept records of changes to people's medication. The team member wrote tablet descriptions onto the labels when assembling the packs so that people could identify their medication. The team supplied Patient Information leaflets (PILs) with the first pack each month. Other services the pharmacy provided included blood pressure monitoring, stop smoking, flu vaccinations and emergency hormonal contraception.

The pharmacy had separate areas for labelling, dispensing, and checking of prescriptions. The team used colour-coded baskets to prioritise the workload and to separate different people's medicines to help prevent them becoming mixed up. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. The pharmacy team used 'delivery' stickers to highlight prescriptions that needed to be segregated for delivery. Pharmacy team members knew that people in the at-risk group, mustn't take valproate unless there was a pregnancy prevention programme in place. And they knew of the importance of counselling people in this at-risk group prescribed valproate. The team had information they provided on each dispensing. And the computer printed out warnings at the labelling stage.

The pharmacy used a range of recognised wholesalers to obtain its pharmaceutical stock. Team members marked containers of liquid medicines with the date they were opened. The pharmacy team checked the expiry dates of medicines regularly and the team highlighted short-dated medicines so they could be easily identified and removed from the shelf before expiry. The team had an up-to-date matrix for documenting when they had date checked stock. A random sample of medicines taken from three areas in the pharmacy found no out-of-date stock. The pharmacy stored pharmacy (P) medicines behind the pharmacy counter so people were not able to self-select them and so sales were supervised. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

The pharmacy had CD cabinets with enough space to safely segregate stock items. It had two fridges to store items at the recommended temperature, where necessary. Team members monitored and documented the temperatures daily. They provided evidence that they had been operating within the accepted range of 2 and 8 degrees Celsius. The team received drug alerts electronically, printed them off, and actioned them when appropriate.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of crown-stamped glass measures to measure out liquids. It had equipment for counting loose tablets and capsules. Members of the pharmacy team made sure they cleaned the equipment they used to measure out or count medicines before they used it. The pharmacy team had access to up-to-date reference sources. The pharmacy team positioned its computer screens so they could only be seen by a member of the pharmacy team. It restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. Team members used their own NHS smart cards to access computer records.

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.