

Registered pharmacy inspection report

Pharmacy Name: J & J Whittaker (Chemist) Ltd, 32 Wansbeck Road South, NEWCASTLE UPON TYNE, Tyne and Wear, NE3 3HQ

Pharmacy reference: 1037600

Type of pharmacy: Community

Date of inspection: 24/05/2022

Pharmacy context

This is a community pharmacy in Wansbeck, Newcastle. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. And it delivers medicines for some people to their homes. The pharmacy supplies some people with their medicines in multi-compartment compliance packs to help them take their medicines. The inspection was completed during the COVID-19 pandemic.

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 mostly identifies and manages risks with its services. But sometimes mistakes made while dispensing are not always recorded. So, they may miss the chance to learn from them and help to prevent similar mistakes from happening again. It effectively manages the risks with infection control during the pandemic to help keep members of the public and team members safe. It maintains the records it needs to by law and correctly secures people's private information. Team members are equipped to appropriately help safeguard vulnerable adults and children.

Inspector's evidence

The pharmacy had some procedures in place to help manage the risks of the services it offered during the COVID-19 pandemic. The pharmacy displayed a poster in the window reminding people to wear a face covering in the pharmacy. Team members wore face coverings in line with current guidance for those working in health care settings. The pharmacy had a set of written standard operating procedures (SOPs). The SI had handwritten some changes on the SOPs. But it was unclear when the various changes had been made. And some of the amendments were difficult to read. The SI had initialled that the SOPs had been reviewed in September 2021. Some were not an accurate reflection of current practice. For example, the error reporting system. The SI couldn't provide evidence that members of the current pharmacy team had read the SOPs relevant to their roles. So, the team may not be working consistently.

The team members used a lined sheet of paper to record near misses but the team members only recorded the type of error and not the specific drug. So, the records didn't provide enough detail so they could do an effective review. They had only recorded eight near misses this year to date and those were in February. The SI advised that the team members didn't always have the chance to record each near miss errors as they had been too busy managing the workload. But they discussed them when they happened and made changes they thought appropriate. For example, the team had recently separated ramipril capsules and ramipril tablets. And had moved the higher strength digoxin to the top shelf following a picking error, to prevent a similar mistake happening again. The SI recorded dispensing errors electronically and then printed out the report. The team kept the reports together in a file so they could refer to them if they needed to. The second pharmacist wasn't sure how to record dispensing errors so would report any error to the SI to enter. People who used the pharmacy could make a complaint or raise a concern by speaking with a team member. The team escalated any concerns it could not resolve to the SI. The pharmacy displayed the complaints policy in the retail area so people could access the information if they wanted to raise a concern. The SI kept records of formal complaints in a folder. The last reported complaint had been resolved to the satisfaction of the complainant and the SI had made a detailed account of the incident and the changes they had made to avoid a similar complaint in the future.

The pharmacy displayed a valid indemnity insurance certificate. The pharmacy wasn't displaying a responsible pharmacist sign. The SI explained this was an oversight and promptly displayed the appropriate sign. Entries in the RP record were made consistently every day to comply with legal requirements. The pharmacy kept its controlled drugs (CD) registers according to requirements. During the inspection, the balances of four randomly selected CDs were checked and were correct. The team

verified stock balances when a CD was dispensed. The pharmacy held accurate records of CDs returned by people and destroyed these promptly. The pharmacy kept appropriate records of supplies of private prescriptions. And kept records of unlicensed medicines with invoices, certificates of conformity in a file in the pharmacy for future reference.

The pharmacy held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team members placed confidential waste into a separate container to avoid a mix up with general waste and periodically destroyed it. The pharmacy had a folder containing documents about data protection and security including the NPA guidance. Both pharmacists had completed level 2 training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. The pharmacy had a folder with the NHS England and NHS Improvement (NHSE & I) guidance and advice about looking for hidden harms during the pandemic.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the necessary qualifications and skills to provide the pharmacy's services. They manage the workload and support each other as they work. The pharmacy provides opportunities for its team members to complete ongoing training. They feel comfortable raising concerns and suggesting improvements to provide a more effective service.

Inspector's evidence

The superintendent pharmacist (SI) and regular pharmacist covered the opening hours. On the day of the inspection the SI was supported by a second pharmacist, two dispensary assistants, one medicines counter assistant and a driver. Team members were observed working efficiently and discussing tasks that needed to be completed. The pharmacists oversaw the supply of medicines and advice given by team members. The SI had advertised for a part time dispenser to replace a member of the team who had left. The team usually managed the workload and team members were flexible and worked extra hours to cover each other's holidays.

Team members interacted with the inspector offering pieces of evidence during the inspection. The team didn't have regular documented appraisals. The SI gave the team informal feedback on their performance when necessary. The team held regular informal discussions where they could give feedback, raise concerns, and suggest ideas on ways to improve the pharmacy's processes. A team member had suggested preparing four multi-compartment compliance packs together rather than one each week. The pharmacy had a whistle blowing policy and all members had signed it and were aware of who to approach if they had a concern.

The pharmacy didn't provide its team members with a formal training programme. Team members usually completed training in their own time by reading training material they received in the pharmacy press or provided by manufactures of medicines. Team members had completed training to provide smoking cessation services. And a member of the team had completed health champion training. The SI had completed training to provide EHC and to provide flu vaccinations. All the team had recently completed training so they could provide people with advice about the use of vitamins.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean and secure. The team works well to keep the areas where it dispenses medicines tidy. The pharmacy has a separate consultation room where people can have private conversations with the pharmacy team members.

Inspector's evidence

The dispensary was generally clean and tidy. The dispensary was small but the team made the best use of the space available. They had a small area to the rear with filling cabinets and shelves where compliance packs were stored. There was an adequately sized consultation room with a computer, desk, and chairs that the team used to have private conversations with people. The room was cluttered with various boxes and some stock so didn't portray a professional environment. There was a sink in the dispensary for professional use. The team had toilet facilities with hot water for hand washing. Lighting was bright throughout the premises and the temperature was comfortable. Team members completed regular cleaning of the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to people. And manages its services to help people look after their health. The pharmacy correctly sources, stores, and manages its medicines properly.

Inspector's evidence

People accessed the pharmacy using a small step. The pharmacy had a portable ramp available to help wheelchair users and those with mobility issues to access the pharmacy. The pharmacy also had a well signed working bell near the pharmacy door so people who needed support entering the pharmacy could gain the attention of the team members. The pharmacy advertised its services and opening hours in the pharmacy.

Team members used various stickers and annotated bags containing people's dispensed medicines to use as an alert before they handed out medicines to people. For example, to highlight if a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. Team members gave owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. They gave one slip to the person and kept one with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a delivery record of the delivery of medicines to people. The driver didn't get signatures of the person accepting the medication. And the pharmacy didn't have an audit trail of CD deliveries. The SI demonstrated their understanding of the pregnancy prevention programme for people who were prescribed valproate. The team had the leaflets and cards available. The SI explained that some local GP practices made a note on the prescription when the patient had been counselled and received information as part of the pregnancy prevention program (PPP). The dispensing team used warfarin stickers to alert the person handing out the prescription to alert the pharmacist so that they could discuss the dose and the frequency of INR testing. The pharmacist didn't routinely make notes on the patients records when such conversations had taken place.

The pharmacy stored its Pharmacy (P) medicines behind the counter to monitor sales. Team members were heard asking people who wanted to purchase P medicines, appropriate questions to make sure the medicine they wished to buy was suitable for the symptoms they were describing. A team member was heard providing appropriate advice to a person requesting codeine linctus. The pharmacy had a process for the team to follow to check the expiry dates of its medicines. And each team member took responsibility for date checking part of the dispensary. The date checking tracker had not been completed since December 2021 because of other priorities. Short, dated items had stickers indicating this. All medicines selected randomly from five different areas in the pharmacy were in date.

The pharmacy had a domestic grade fridge which it used to store medicines that needed cold storage. Some food items had been stored in the fridge. The team monitored fridge temperatures daily and temperatures were within the acceptable range. The pharmacy received regular alerts about medicines and medical devices through NHS mail. The team members printed these out and noted the actions taken and noted the date. The team filed these chronologically in a marked file in the cabinet. The last alert recorded was for a product recall of Zovirax IV earlier in the month.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services. And it uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It had suitable equipment for counting capsules and tablets and a separate marked counter for counting cytotoxic tablets. It positioned the computer screens so unauthorised people did not see any confidential information. The computers were password protected to prevent any unauthorised access. Team members had access to personal protective equipment including face masks and gloves.

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.