

# Registered pharmacy inspection report

**Pharmacy Name:** New York Pharmacy, 143 Brookland Terrace, New York, NORTH SHIELDS, Tyne and Wear, NE29 8EA

**Pharmacy reference:** 1037617

**Type of pharmacy:** Community

**Date of inspection:** 15/08/2022

## Pharmacy context

This community pharmacy is situated in New York, North Shields. The pharmacy dispenses NHS prescriptions and it dispenses private prescriptions. It offers a medicines delivery service. And people can get a winter flu vaccination from the pharmacy. It sells a range of over-the-counter medicines.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy adequately identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. And the pharmacy has appropriate insurance to protect people if things do go wrong. It completes most of the records it needs to by law. Pharmacy team members openly discuss mistakes they make and they take suitable action to prevent future mistakes.

### Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs). The SOPs provided the team with information to perform tasks supporting the delivery of services. These had been updated in April 2022. The manager had amended some of the company SOPs to reflect current practice in the branch, for example the pharmacy poured methadone the day before supply was due, and not in batches as stated in the company SOPs. The manager found this worked better for them and saved confusion at hand out. Team members had signed the SOPs relevant to their roles and worked within the scope of their role.

The pharmacy had a procedure for managing errors identified during the dispensing of prescriptions. The pharmacy kept records of these errors known as near misses. The team members recorded details of the error such as wrong medicine selected but they didn't always capture the circumstances surrounding the error or complete the 'action taken' section. The team collated near misses and completed a monthly review. The manager shared the outcome from the review with team members and discussed the changes they could make to prevent future errors. Look-alike sound-alike medicines had been separated on the shelf. And boxes of different strengths of spironolactone had been separated 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 an electronic dispensing incident report. The manager advised that there hadn't been a dispensing error that he was aware of since he came to post in 2019. The pharmacy had an SOP for handling complaints raised by people using the pharmacy services. The manager explained that the team tried to offer a good service and they had received no complaints during the Covid pandemic.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. CD balances were audited three monthly. And the manager advised that he usually checked the balance on each dispensing. The team recorded CDs returned by people for destruction. A sample of records for the receipt and supply of unlicensed products were in order. The team members completed General Data Protection Regulations (GDPR) training. And the manager retained training records for team members. They separated confidential waste and regularly shredded it onsite.

The pharmacy had safeguarding procedures and guidance for the team to follow. The team members had access to contact numbers for local safeguarding teams and they had completed training on protecting children and vulnerable adults. The team reported they hadn't had the occasion to report a serious 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 support each other in their day-to-day work. They openly discuss errors so everyone can learn from them and improve their skills. The team members receive on-the-spot feedback. But they do not have regular documented performance reviews so they may not identify any gaps in their knowledge and skills.

### Inspector's evidence

The pharmacist manager usually covered the opening hours but on occasions had second pharmacist cover. The manager was supported by a pharmacy technician and two dispensary assistants on the day of the inspection. He explained that they had struggled during the pandemic with the workload and because of sickness. Some team members had left and the pharmacy had a new team in place. The team worked well together and were supportive of each other and the manager. Team members worked extra hours and pulled together to provide a safe and effective service. They had discussions about the tasks that needed to be completed. And they reported that the turnaround time for prescriptions was around a day. Team members felt able to offer suggestions to improve services. For example, they had advised the manager that sometimes people asked for over-the-counter items that they didn't routinely stock and that some of the retail items didn't sell well. So, team members consulted with people about what they wanted the pharmacy to stock and changes were made accordingly.

The team members used online training modules to keep their knowledge up to date. They had some protected time at work to complete the training. Recent examples of training completed included infection control, adult and childhood obesity, weight management and safeguarding. Team members hadn't had a formal appraisal since 2019. The manager had informal discussions with team members when the need arose. These discussions hadn't been documented. The team openly discussed dispensing incidents when they occurred and at the monthly review meeting. A team member explained that they would speak to the manager if they had a concern and would then contact one of the directors if they needed to escalate a concern.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare. Its premises are suitable for the workload and services it provides. And they are bright and tidy. The pharmacy has a small room where people can have private conversations with members of the pharmacy team.

### Inspector's evidence

The pharmacy had been re-fitted since the last inspection. It was air-conditioned, bright, secure, and professionally presented. The pharmacy had limited workbench and storage space. But team members made best use of the space available. And they kept most areas reasonably clean and tidy. But the pharmacy had some stock permanently stored in dispensing baskets on the floor in front of the shelves. The pharmacy had a small consultation room for the services it offered and if people needed to speak to a team member in private. The pharmacy had a sink in the area to the rear of the dispensary that the team used for tea breaks and to measure liquids. The area was clean and hygienic. And it had a supply of hot and cold water. The pharmacy had toilet facilities with a sink. Members of the pharmacy team were responsible for keeping the premises clean and tidy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services that people can easily access. Its working practices promote safe and effective delivery of its services. The pharmacy delivers medicines to people's homes and keeps some records to show that it delivers the right medicine to the right person. Team members highlight prescriptions for high-risk medicines to make sure people receive appropriate advice and information to take their medicines safely. The pharmacy gets its medicines from reputable sources. And it adequately manages them and stores them properly. But it doesn't have an audit trail to check that it actions drug alerts appropriately.

### Inspector's evidence

The team displayed the pharmacy's opening hours and details of the services it provided in the window. The pharmacy offered services including seasonal flu vaccinations. The pharmacy offered a delivery service to people who couldn't attend its premises in person. And it had a carbonated book to which people signed on receipt of their CDs. So, they had an audit trail for each delivery to show that the right medicine was delivered to the right person. The pharmacy also provided multi-compartment compliance packs to people to help them to take their medication as intended by the prescriber. The pharmacy used a bespoke patient medication records (PMR) system when assembling multi-compartment compliance packs. The team scanned the prescriptions and the medication to produce a backing sheet with dosage instructions and tablet descriptions and pictures of each tablet. They reported to have had very few errors.

The pharmacy had separate areas for labelling, dispensing, and checking of prescriptions. Pharmacy team members referred to prescriptions when labelling and picking medicines. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist. Team members used colour-coded baskets during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. Patient information leaflets were routinely supplied. So, people had the information they needed to make sure they took their medicines safely. The team used fridge stickers to indicate that a fridge line needed to be added at the handout stage. The manager explained that when dispensing warfarin, the PMR printed out an alert to remind the team to check that the person's blood results were regularly monitored. Details of interventions weren't usually recorded on the PMR. Team members knew that people in the at-risk group mustn't take valproate unless there was a pregnancy prevention programme in place. The pharmacy team members knew that people in this at-risk group who were prescribed valproate needed to be counselled.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Team members marked containers of liquid medicines with the date they were opened. A bottle of metformin had been marked as opened on 14 December 2021, once opened it had a shelf life of 60 days so wasn't fit to supply and was removed from the shelf for destruction. The pharmacy team members didn't have a robust date checking process, they checked the expiry dates of medicines when time allowed. They had fallen behind with this during the pandemic. The team made a note of excess stock that they were unlikely to use and circulated the details to other pharmacies in the chain. A random sample of medicines was checked and no out-of-date medicines were found. The pharmacy

had medical waste bags and CD denaturing kits available to support the team in managing pharmaceutical waste.

Team members used controlled drug cabinets that had adequate space to safely segregate stock items.

The pharmacy had fridges to store items at the recommended temperature, where necessary. Team members monitored and documented the temperatures daily. They were able to evidence they had been operating within the accepted range of 2 and 8 degrees Celsius. The team members received drug alerts electronically, the manager advised that they actioned them if they had stock. But they didn't have an audit trail so there was no assurance that all alerts had been received and actioned.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had a range of glass measures to measure out liquids. 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. They had access to up-to-date reference sources. The pharmacy had two refrigerators to store pharmaceutical stock requiring refrigeration. It positioned its computer screens so they could only be seen by members 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 patient 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.