

Registered pharmacy inspection report

Pharmacy Name: Coast Road Pharmacy, 11 Coast Road, WALLSEND,
Tyne and Wear, NE28 9HP

Pharmacy reference: 1037719

Type of pharmacy: Community

Date of inspection: 18/05/2023

Pharmacy context

This is a busy community pharmacy in Wallsend. Its main activities are dispensing NHS prescriptions and providing medicines to people in multi-compartment compliance packs to help them take their medicines effectively. It also provides a range of NHS services to people, such as the community pharmacy consultation service and influenza vaccines. The pharmacy runs a clinic two days a week providing people with covid vaccinations. And it delivers medicines to people in their homes.

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	4.2	Standard not met	The pharmacy stores its multi-compartment compliance packs unsealed while awaiting an accuracy check from the pharmacist meaning medicines are exposed to the air and may begin to deteriorate.
		4.3	Standard not met	The pharmacy does not monitor fridge temperatures for all fridges used and so cannot provide assurance that cold storage items are always stored appropriately. Medicines are not always kept in original manufacturers containers or labelled appropriately.
5. Equipment and facilities	Standards not all met	5.2	Standard not met	Measuring equipment used in the dispensary is not always clean and hygienic

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has appropriate written procedures to help its team to work safely and effectively. It keeps most of the records that are needed by law. And members of the team record their mistakes so that they can learn from them. But error records are not regularly reviewed so some learning opportunities may be missed.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to help guide team members to work safely and effectively. And they had been reviewed by the superintendent (SI) pharmacist and responsible pharmacist (RP) in May 2022 to confirm they were up-to-date and continued to reflect the pharmacy's activities.

Pharmacy team members recorded near miss errors that were identified during the dispensing process. The pharmacist explained he would discuss the error with the team member involved so that they could learn from it. But the error records were not reviewed to identify any trends. Dispensing errors that reached people were also recorded and discussed by the team, and the record was sent to the SI. The pharmacist gave an example of a recent error when a medicine had been out of stock so a lower strength had been supplied with the intention that two tablets should be taken instead of one. Unfortunately, the dispenser had not informed the pharmacist about the substitution, so the wrong information had been put on the label. The team had discussed the importance of good communication and a warning sticker had been put on the shelf where the medication involved in the error was kept.

The RP notice was on display in the retail area of the pharmacy. But it was displayed high up on the wall and had faded so it was difficult to identify the RP on duty. The pharmacy had a SOP that detailed team members roles and responsibilities. When questioned, team members did not fully understand which activities could and could not be carried out in the absence of the RP. They admitted that on occasions when the pharmacist was late arriving, they sometimes prepared medicines against prescriptions. But they knew medicines could not be handed out until the pharmacist arrived.

The pharmacy had a complaints procedure which was described in a practice leaflet. The pharmacist explained that he would initially deal with any complaints or suggestions, but would escalate to the SI if necessary. Team members remembered receiving a suggestion that the pharmacy should provide people with information about diabetes. In response they had obtained leaflets about diabetes which they could put on display. A certificate of current professional indemnity insurance was provided after the inspection.

The RP record was contemporaneous and captured the required information of the RP on duty. The CD register appeared to be up to date and running balances were recorded. Weekly balance checks had been carried out until March 2023, but since then the checks had become less frequent, and one medicine hadn't been balanced at all. This was not in accordance with the SOPs, which stipulated weekly checks. However, random sampling of two medications confirmed the stock held reflected the register running balance. Records of patient returned controlled drugs were in order. But they did not always destroy returned medicines promptly, which could increase the risk of something going wrong. The pharmacy kept certificates of conformity for unlicensed medicines it had supplied, but did not

record details of who had received them. So, they would not have a complete audit trail in the event of any concerns or queries. Private prescription records were appropriately maintained.

The pharmacy had a folder provided by a third-party company containing information pertaining to Data Protection, but this appeared to be from 2019/2020 and there were no signatures to show that team members had read the information. The pharmacist confirmed that confidential information was disposed of separately from general waste. Some was shredded on site, but some was being stored in totes in one of the consultation rooms. The pharmacist had made sure the room was kept secure and had asked the SI to arrange for the material to be securely shredded by a specialist company.

The pharmacy team members were aware of their responsibilities to safeguard children and vulnerable adults and had completed level one safeguarding training. A team member explained that if there were any concerns, she would report them to the RP in the first instance. But the team had not needed to report any safeguarding concerns to date.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload safely and has effective contingency arrangements in place to cover absences or holidays. Team members are appropriately supervised by the RP and the pharmacy manager. And they receive regular performance reviews to help them improve.

Inspector's evidence

The pharmacy team had a RP, two trainee dispensers and two apprentices working at the time of the inspection. All team members worked full time. And one of the trainee dispensers was also the pharmacy manager. The apprentices were working as medicines counter assistants (MCA). Team members were observed to be working well together to manage the workload, both within the dispensary and at the medicines counter. The pharmacist confirmed that team members from other pharmacies within the company could provide general support and for absences or holidays. A dispenser from another branch was present at the beginning of the inspection. The two apprentices had been employed since March and April respectively and were enrolled on an apprenticeship provided by a third-party company. The manager conducted weekly reviews with both apprentices, and bi-monthly reviews with other team members. The reviews were recorded and sent to the company's human resources (HR) team. The pharmacist explained the SI sometimes visited the pharmacy and helped to develop team members by asking them questions to test their knowledge. The pharmacy manager held informal monthly team meetings, during which she encouraged team members to make suggestions for improvements. Pharmacy managers from all branches had recently attended a meeting to discuss ways in which the pharmacies could be improved. And the meeting had included a third-party company who were going to be providing new SOPs and GDPR training for staff.

When questioned, an apprentice was aware of the need to be vigilant to repeated request for medicines liable to misuse. And she would only sell one pack of these types of medicine. Team members knew that they should refer repeated requests to the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy. And it provides a suitable environment for healthcare. But the consultation rooms are untidy and cluttered, which makes them more difficult to use. And the presence of an unprotected sharps bin may increase the risk of a needle stick injury.

Inspector's evidence

The pharmacy premises were generally clean and tidy. The dispensary, although small, had suitable bench space where different team members could complete different tasks. There was a bench in the middle of the dispensary but there was space to move freely around it. There were two consultation rooms where people could have private conversations with team members and access other services. The room nearest the dispensary had been used as the main room for this purpose and the other was where the covid vaccination clinics were provided. However, the main consultation room was currently out of order, so all services and private conversations were being delivered from the other room. This room was small and rectangular in size and made smaller with the inclusion of a doctor's bed. The room was cluttered, with some items kept on the floor and not much space to move around. There was a sink in the corner of the room but access to it was difficult because there were boxes in the way. The room was kept unlocked and there was a sharps bin on display within easy reach of people.

There were various sinks within the dispensary, staff room and toilets which provided hot and cold water for hand washing. The sink within the dispensary was used for hand washing and professional use. There was a cleaning rota in place which covered both the retail area and dispensary. And although it was not routinely filled in, team members were completing cleaning tasks. However, it was unclear if regular cleaning of the consultation rooms took place. There was a physical barrier to the dispensary which prevented access to unauthorised people. And the pharmacist's checking bench was situated within the dispensary so that he could intervene in conversations at the medicines counter if necessary. The pharmacy had suitable lighting and the temperature was appropriate throughout.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy provides a range of services, and they are easy to access. But it does not ensure that the service for supplying people with multi-compartment compliance packs is well organised and safe. It does not store all its medicines in original manufacturers containers, and it does not ensure that temperature-controlled medicines are always stored appropriately. Team members are aware of their additional responsibilities when dispensing high risk medicines and they know how to action drug alerts and recalls.

Inspector's evidence

The pharmacy had a step free access from the street which allowed ease of access to those with limited mobility and with push chairs. And it had practice leaflets which included information about its services. The pharmacy provided a range of services including the hypertension case finding service, community pharmacy consultation service (CPCS), supervised administration of medicine and supplied medicines in multi-compartment compliance packs to help people take their medicine safely and effectively.

The pharmacy provided medicines in multi-compartment compliance packs for approximately 160 people. The pharmacist explained packs were made up one week in advance, before prescriptions were received, using information from previous supplies. The packs were stored unsealed and stacked on top of one another while awaiting an accuracy check from the pharmacist. This meant that medicines were exposed to the air and therefore may begin to deteriorate. The number of packs being stored in this way was substantial. And packs for different people were stored together which may increase the risk of different people's medicines becoming mixed or falling out of the trays. Once the pack was checked by the pharmacist it was then sealed. There was not enough space to store compliance packs in the controlled drugs cabinet. So, if a controlled drug was prescribed, the pharmacist added it to the pack on the day it was supplied by unsealing the pack, adding the controlled drug, and resealing the pack. The pharmacy team used a communication book to record any changes to medicines or dosages that they were informed of. But this meant the team members needed to remember to check the book when they were filling the packs, so there was a risk that the changes could be overlooked.

When the pharmacist accuracy checked the compliance packs, he checked them against the original packs that the team had used to fill them. However, it was noted that the pharmacist was sometimes only given a tab from the box which detailed the medicine, its form and its strength, and the original pack itself was discarded. This meant the pharmacist was not always able to check the expiry date. Nine amber bottles containing loose tablets were found present on the dispensary shelves and the pharmacy manager confirmed that they were to be used for filling compliance packs. She explained that they were generated when there were medication changes before the packs had been supplied, and the medicines had been removed from the packs. Of the 9 medicines found, only one was labelled with the expiry date. One medicine had a reduced expiry date of 30 days once removed from its original foil and it was unclear when this had been removed. The pharmacist said he did not accept these amber bottles when checking the compliance packs and only accepted being given the original packs. Compliance packs were labelled with descriptions of the individual medicines so they could easily be identified. And patient information leaflets were provided at the beginning of each cycle, so people had up to date information.

The pharmacy team used baskets during the dispensing process to keep people's prescriptions and items together and reduce the risk of mix up. It also used stickers to highlight whether a fridge line or controlled drug needed to be added before the medicines were handed out to people. There were audit trails in place so that the dispenser and checker could be identified. The pharmacy provided a delivery service. The driver used a paper log with individual bag labels of people he was delivering to and ticked the log to keep a record of each delivery. Team members were aware of their responsibilities around dispensing high risk medicines such as valproate and lithium. They had undertaken an audit of valproate patients two months previously and confirmed they had no people in the at-risk category. They were aware that warning cards needed to be supplied when valproate was dispensed and highlighted all high-risk medications on prescriptions to draw attention to them.

The pharmacy had a date checking template which had been filled in up to March. The pharmacist explained that they checked the stock and identified any medicines that were going out of date within six months and marked them accordingly. The pharmacy had three fridges that were being used to store medicines. But only two of the fridges were equipped with maximum/minimum thermometers and only one of those was regularly checked and recorded. This meant the pharmacy could not provide assurance that the medicines were always stored appropriately. Patient returned medicines were disposed of in dedicated bins. If they were not immediately dealt with, they were quarantined under a sink in the staffing area pending disposal. Drug alerts and recalls were received by email. They were printed off, stamped, and retained as a record that they had been actioned.

Principle 5 - Equipment and facilities Standards not all met

Summary findings

The pharmacy has the equipment it needs for the services it provides. But liquid measures and triangles used to count tablets are not kept appropriately clean, which is unhygienic.

Inspector's evidence

The pharmacy had paper copies of the British National Formulary (BNF) and BNFc (for children) and had access to the electronic copies which provided the most up to date information. The pharmacy had a blood pressure monitor but it was unclear when this was last calibrated. A replacement monitor was available that had not yet been used. The pharmacist agreed to mark on the new monitor when it was first used so team members would know when it required either calibration or replacement. The pharmacy had an in date adrenaline pen for the provision of the covid vaccination service. The pharmacist explained that the doctors administering the vaccination would have adrenaline ampoules, but these could not be produced during the inspection.

There were measuring cylinders and conical measures that were used to measure liquids during dispensing. And they were marked to indicate which were used for liquid medicines and which were for water. But the basket in which they were kept contained a dirty paper towel on which the conical measures and measuring cylinders were laid. The pharmacy had triangles used to count tablets. There was a separate triangle used for medicines that were cytotoxic which was clean. But the triangles used for other tablets were dirty, which indicated that they were not cleaned after use. The pharmacy computer screens were positioned so they could not be seen by unauthorised people. And the systems were password protected and smartcards were in use. The pharmacy had a cordless phone so that conversations with people could be kept 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.