

# 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:** 13/02/2024

## Pharmacy context

This is a pharmacy in Wallsend in Newcastle. Its main activities are dispensing NHS prescriptions and providing some people with their medicines in multi-compartment compliance packs to help them take their medicines correctly. It provides a range of NHS services to people, including the NHS Pharmacy First service and it supervises the administration of medicine to some people. The pharmacy 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
<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 not all met	4.2	Standard not met	The pharmacy doesn't have a documented process or sufficient safeguards in place to ensure that potentially vulnerable people who receive their medicines through their letterbox do so safely. It doesn't have risk assessments available for the process and the team doesn't regularly review each person's circumstances to ensure these practices remain safe.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has written procedures which help guide its team members to work safely and effectively. Team members record errors they make during the dispensing process and take appropriate action to help prevent a recurrence of a similar error. They mostly keep the records required by law complete and they keep people's private information secure. Team members know how to suitably respond to concerns raised by people accessing the pharmacy's services.

### Inspector's evidence

The pharmacy had current standard operating procedures (SOPs) which included dispensing, controlled drug (CD), responsible pharmacist (RP) and date checking SOPs. The SOPs were signed by most team members to confirm they had read them. There were some minor deviations from the SOPs which included for date checking. And the delivery SOP did not detail the option for delivery through a letterbox, but this was being done.

The pharmacy recorded errors identified during the dispensing process known as near misses. The pharmacist recorded the details of the error and had informal discussions with the team member who made the error. Details identifying the type of error and medicine involved were captured. And some entries included the potential causes of the error. The pharmacy manager confirmed that monthly reviews of the data produced from near misses were analysed to identify trends, but these were unavailable to be seen during the inspection. There were various annotations on the shelves where medicines were kept indicating caution to be taken when selecting medicines. Team members followed a process whereby one team member labelled prescriptions, another selected the required medicines and the final check completed by the pharmacist. This had helped identify errors during the dispensing process before they reached the final check. The pharmacy had a complaints procedure which was detailed in the practice leaflet. Team members aimed to resolve any complaints or concerns locally. If they were unable to resolve complaints, they escalated these to the superintendent (SI) pharmacist.

The pharmacy had current professional indemnity insurance. Team members were observed working within the scope of their roles. And they discussed tasks needing to be completed daily and agreed who was responsible for their completion. They knew what activities could and could not take place in the absence of the RP. The RP notice was prominently displayed in the retail area of the pharmacy and reflected the details of the RP on duty. The RP record was compliant. The pharmacy kept CD registers. The entries checked were in order, with some minor omissions in the wholesaler address for received medicines. Team members maintained a record of the running balance of CDs and checked the physical stock levels matched those in the register on a weekly basis. And they recorded details of CD medicines returned by people who no longer needed them. Records showed that destruction of these medicines was up to date. The pharmacy kept certificates of conformity for unlicensed medicines. Some of the certificates did not capture the details of who the medicine was supplied to so there was not a full audit trail in case of queries. The pharmacy kept records of its supplies of private prescriptions and associated prescriptions.

The pharmacy had a data security and protection folder which contained a SOP that staff were required to read as part of their induction. The SOP had information pertaining to information governance (IG) and general data protection regulations (GDPR) and team members had signed to confirm their understanding of the SOP. Team members, including the delivery driver, were aware of their

responsibility to keep people’s private information secure. Team members shredded confidential information on site. They were aware of their responsibilities to safeguard vulnerable adults and children and would report any concerns they had to the RP. The RP had recently completed their Centre for Pharmacy Postgraduate Education (CPPE) level three safeguarding training. The pharmacy displayed a chaperone policy on one of its consultation rooms, however this consultation room was no longer used for consultations.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has suitably skilled and qualified team members to support the delivery of services and manage the workload. Team members receive opportunities to develop their knowledge and skills. And those who are in training receive time to complete their qualification training to develop in their roles. Team members ask suitable questions when selling medicines and give people appropriate advice so they can take their medicines effectively.

### Inspector's evidence

There was a locum pharmacist working as RP at the time of the inspection. The pharmacy employed a regular pharmacist who was on annual leave. Other team members included a trainee pharmacist, a dispenser who was the manager, and two further dispensers, one of whom was a trainee. The pharmacy had a new team in place from the last inspection. The trainee dispenser was completing accredited training for their role. The trainee pharmacist received protected learning time and had progressed to shadowing consultations and taking people's blood pressure. The locum pharmacist had completed training to deliver the NHS Pharmacy First service. And they had signed the patient group directions (PGDs) applicable to the services they were providing. Team members received ongoing training to help develop their skills and knowledge. Recent training was delivered by the SI and involved learning to help team members understand the new Pharmacy First service. Team members attended a quarterly meeting with the SI and other teams from pharmacies in the company where they could share learnings with each other.

Team members were observed working well together to manage the workload. Requests for annual leave were planned in advance so the pharmacy was able to arrange contingency for absence. The pharmacy used team members from other pharmacies in the company to help support periods of absence. Team members felt comfortable to make suggestions for change and raise concerns if needed. And the pharmacy had a whistleblowing policy. They asked appropriate questions and were observed giving people suitable advice when selling medicines over the counter. They knew to be vigilant to repeated requests for medicines liable to misuse, such as codeine-based products. The pharmacy did not set its team members targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, secure and suitable for the services it provides. It has adequate facilities to provide privacy for people accessing pharmacy services.

### Inspector's evidence

The pharmacy had a retail area to the front of the premises which portrayed a professional appearance and a dispensary to the rear. There was a barrier at the medicines counter which restricted unauthorised access to the dispensary, and it was elevated so there was privacy for dispensing activities. The dispensary, although small, had different bench spaces where different team members could complete different tasks. And team members managed the limited space well and kept the dispensary tidy. Medicines were generally stored neatly on the shelves. The pharmacist's checking bench was free from clutter and positioned so they could intervene in conversations at the medicine counter if necessary.

The pharmacy had two consultation rooms. Team members explained that only one was now being used for people to have private conversations with team members and to access services from the pharmacist. This consultation room had limited space, although this had been improved with the removal of a doctor's bed. There were some consumables stored in boxes which detracted somewhat from the overall professional image and reduced the usable space. There was enough space for the pharmacist to complete a consultation. The room had chairs, a desk and a sink. There were various sinks within the dispensary, staff area and toilet which provided hot and cold water for hand washing. The sink within the dispensary was used for hand washing and professional use. The pharmacy had suitable lighting throughout and the temperature was comfortable. There was a rear fire exit which was blocked at the time of the inspection with medicines being stored in front of it. Ensuring this was rectified was discussed during the inspection.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy generally manages the delivery of its services safely. But it has not considered all the risks associated with posting potentially vulnerable people's medicines through letterboxes. Team members complete checks to ensure medicines are suitable to supply. And they respond appropriately when they receive alerts about the safety of medicines.

### Inspector's evidence

The pharmacy had level access from the street which provided ease of access to those with limited mobility and pushchairs. It had a range of healthcare leaflets for people to read or take away. The pharmacy provided services including NHS Pharmacy First; supervised administration of medicine and supplied medicines to some people in multi-compartment compliance packs to help them take their medicines correctly. The NHS Pharmacy First service was underpinned by PGDs which were kept in a dedicated folder for easy referencing. The pharmacist confirmed the service was popular. Any consultations were recorded on an electronic platform and the information shared with the person's GP. Team members managed the supervision service by preparing the doses the day before they were required. The pharmacist confirmed the accuracy of the volume poured was double checked by a second person.

The pharmacy provided some people with their medicines in multi-compartment compliance packs. Team members organised the workload and ordered prescriptions for the packs one week in advance. On occasions, they prepared the packs before prescriptions were received from the GP surgery, using information from previous supplies. This was to ensure the packs were ready for when people needed their medicines. The packs were stored on a bench awaiting the prescriptions, away from packs that were checked and ready to be handed out. This helped mitigate the risk of people receiving packs that had not been checked against a prescription. The manager confirmed the pharmacist did not check the packs until the prescriptions were received so they had the most up-to-date and correct information. The pharmacist checked packs against the original manufacturers' packs used for dispensing, so they had all the necessary information required. Some medicines, used to dispense into packs, were stored in amber bottles. These had been annotated with the batch number and expiry date of the medicine. As seen in the last inspection, once dispensed, the packs were left unsealed awaiting the pharmacist's check. The manager confirmed these were not left unsealed overnight. The number of packs left unsealed had decreased since the last inspection and were stored neatly on the bench. Packs which contained CDs were kept secure in the CD cabinet. The pharmacy provided descriptions of the medicines on the backing sheets on the pack so they could be easily identified. The backing sheets detailed the labelling requirements of the medicine, dose, form and directions of when to take them. The mandatory warnings were not always printed on these sheets. The pharmacy confirmed patient information leaflets (PILs) were supplied for new medication but not routinely for regular medicines. The SI subsequently confirmed PILs were supplied monthly and the SOP would be updated.

Team members were aware of the pregnancy prevention programme for people taking valproate in the at-risk category. They were aware of recent legislation for supplying valproate in the manufacturers' original pack. Team members knew to supply the patient cards, embedded in the packs, at each supply. The pharmacist annotated prescriptions with "ask the pharmacist" stickers if additional counselling was required. Team members completed appropriate checks with people when handing out medicines to ensure they had been supplied to the correct person.

The pharmacy provided a delivery service, taking medicines to people in their homes. The driver had a sheet listing people's names and addresses to whom they were to deliver to. And they obtained signatures on the sheet from some people. There was a separate form for people to sign to accept CDs. The manager confirmed that approximately 10-15 compliance packs were posted through letterboxes per day. This practice had started prior to the manager being in role and had not been reviewed recently. So, it was unknown if there had been changes in people's health or circumstances. The pharmacy's SOP for the delivery of compliance packs indicated that any undelivered packs were to be returned to the pharmacy. The manager explained verbal consent had been sought from people to post their compliance packs, but there were no records available in the pharmacy of this and who had their packs posted. And there were no records or risk assessments available to show the vulnerability of the person receiving the packs had been considered.

Team members used baskets during the dispensing process to keep people's prescriptions and medicines together and reduce the risk of mix up. They used stickers to highlight the inclusion of a fridge line or CD. Team members signed labels to confirm who had dispensed an item and who had checked it so there was an audit trail in place to identify who was involved in the process. Team members provided people with owing slips if they could not be supplied the full quantity prescribed. And they would arrange an alternative medicine where possible with a person's GP if it was not available.

Team members followed a process for checking the expiry dates of medicines in the dispensary. The manager confirmed all sections of the dispensary were checked once a month. Medicines that were going out of date in six months were highlighted for use first and there were various examples of this having been done. And medicines with a shortened expiry date on opening were marked with the date of first opening. Records confirming when date checking had been completed were unavailable during the inspection, but team members confirmed it had last been completed two weeks ago. And they were observed checking the expiry dates of medicines as part of the dispensing process. The pharmacy had two fridges. It had two different records for capturing the fridge temperatures and the temperatures recorded in the separate logs did not match each other. The fridges had internal and external thermometers. This made the records confusing. The fridges were seen to be operating at a current required temperature of between 2 and 8 degrees Celsius.

The pharmacy received safety alerts and drug recalls about medicines via email. There were three team members who were responsible for ensuring the alerts had been actioned. Team members did not annotate the alerts to show they had been actioned but communicated with each other to confirm their completion.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy mostly has the equipment it needs for the services it provides. Team members used the equipment in a way that protects people's private information.

### Inspector's evidence

The pharmacy had paper copies of the British National Formulary (BNF) and British National Formulary for children (BNFc) and had access to the electronic copies which provided the most up to date information. As part of the NHS Pharmacy First service, the pharmacy had equipment to provide the service including a blood pressure monitor and otoscope. It did not yet have a thermometer. The blood pressure monitor was not annotated to say when it had been in use since or whether it had been recently calibrated.

The pharmacy had both glass cylinders and plastic measures used to measure liquid medicines and water. These were clean and marked to indicate which were for water and which were for liquid medicines. The plastic measures were not stamped to confirm the accuracy of the volume measured and this was highlighted during the inspection. The pharmacy had triangles used to count tablets. It stored medicines awaiting collection so that people's private information could not be seen by unauthorised people. And it had a cordless telephone so that conversations could be kept private. The pharmacy computer screens were positioned in staff only areas so they could not be seen by unauthorised people. And the systems were password protected and smartcards were in use.

### 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.