

# Registered pharmacy inspection report

**Pharmacy Name:** Beacon View Pharmacy, Beacon View Health Centre, Beacon Lough Road, Beacon Lough, GATESHEAD, Tyne and Wear, NE9 6YS

**Pharmacy reference:** 1074173

**Type of pharmacy:** Community

**Date of inspection:** 23/05/2019

## Pharmacy context

This is a small community pharmacy in a Health Centre in Gateshead, Tyne and Wear. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides NHS services such as EHC and a minor ailments scheme.

## 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 generally identifies and manages the risks associated with its services. The pharmacy has not reviewed its written procedures for over two years. And some of the pharmacy team have not read them. This increases the risks of tasks being undertaken in ways that are not good practice. The pharmacy asks people for their views. And it deals with complaints and uses feedback to improve the services. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. The pharmacy looks after people's private information. And the pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The retail area was small. The pharmacy was adequately sized. The workspace was also allocated for certain tasks. And a designated area was used to manage the multi-compartment compliance aid service.

Standard Operating Procedures (SOPs) were in place. But these were out of date and had not been reviewed since 1 November 2017. The manager advised that he was in the process of reviewing these. But because of the workload progress on these was slow. And some of them did not reflect current practice. Some members of the pharmacy team had read these. But not all. This may mean that the pharmacy team may not be working in a consistent way.

There was a near miss log. But this had not been used since 2016. The manager said that near misses were picked up at the checking stage. And these were always discussed with the pharmacy team members when they occurred. And any changes such as separating items on the shelf. And putting warning on common errors was actioned straight away. He said that they were very busy. And this worked well for them. Various examples of change were provided. For example, colchicine and cyclizine had been confused. And there was a near miss due to a picking error. The items had been separated on the shelf. There was also a warning label on the items. There was a look alike sound alike poster on display to alert the pharmacy team members about common selection errors. Warnings were seen on the quinine and quinine bisulphate. And the prochlorperazine and the procyclidine.

The manager confirmed that there had been no dispensing errors that he was aware of since he came into post. He described the actions he would take if there had been an error. The manager would complete an incident report form. And also, a national patient safety alert (NPSA) form if the error had resulted in harm to the patient.

Valid professional indemnity insurance was in place. A complaints policy ensured that staff handled complaints in a consistent manner. There was a complaints file with letter templates. There was a copy of the patient information leaflet which advised people how they could complain. And how to provide feedback. This was also displayed in the shop area. The manager explained that they received very few complaints. There had been a complaint from a customer about a none delivery of their medication. The customer also complained about a member of the team's attitude. The manager had apologised and discussed the incident with the member of staff concerned.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the electronic responsible pharmacist record up to date. The correct responsible sign was prominently displayed. The pharmacy recorded controlled drugs that people returned for destruction. A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. And the pharmacy team recorded the name of the person who had received the medication. The pharmacy checked CD balances infrequently.

The pharmacy team completed data protection training using the PSNC guidance. And the pharmacy team had received training on General Data Protection regulation (GDPR). The pharmacy stored prescriptions for collection out of view of the waiting area. And computer screens were not visible. Confidential waste was segregated and shredded on site. The pharmacy team used a password and smart cards to restrict access to patient medication records.

The pharmacy team were aware that there was a procedure in place to protect children and vulnerable adults. And were aware of vulnerable groups. And key contact details were available should a referral be necessary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough trained team members to provide its services safely. The pharmacy team members work within their skills and qualifications. The pharmacy team members work well together and shares information. The pharmacy's team members do not have regular performance reviews. This could mean that gaps in their skills and knowledge are not identified and supported.

### Inspector's evidence

At the time of the inspection, there was the manager who was also the Superintendent (SI). There was one Technician, one Dispenser and one Health Care Assistant. Certificates of qualification, and of training were displayed in the pharmacy. The manager said that part time members of the pharmacy team were flexible and worked extra if necessary. But sometimes they struggled when staff were on holiday. The manager had discussed the situation with the owner and they were in the process of recruiting an additional part timer.

The pharmacy team had completed appropriate qualifications to work in the dispensary and on the medicines counter. The company provided no specific training. But the manager did some on the job training with the pharmacy team. For example, he had spoken to the team about the gabapentin and pregabalin Schedule 3 changes. The pharmacy team also had done training as part of the Healthy Living Pharmacy programme.

Team members worked well together. And would refer to each other with queries. The team members felt able to make suggestions to improve the level of service offered to people. The pharmacy team members had suggested changes to the procedure for assembling trays. It had been suggested that for tray patients a check box should be put on the medication sheet to indicate that the gabapentin prescription has been ordered. This process was adopted and was working well. There wasn't a formal performance review process in place. Team members had daily catch ups. And they discussed the day ahead.

Targets for services were not set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are suitable to provide its services safely. The pharmacy's team appropriately manages the available space. There are systems in place to protect the pharmacy when it is closed.

### Inspector's evidence

The pharmacy was tidy and well organised. And the pharmacy team made the best use of the space available. The working areas were free of clutter. And this helped to maintain an efficient workflow. There was a central double-sided working bench. And multi compartmental compliance packs were prepared on a separate bench.

The consultation room was suitable for private consultations and counselling. And had a desk, chairs and a sink with hot and cold running water. The door was locked at the time of the inspection. There was no patient identifiable information on display.

The pharmacy's premises were appropriately safeguarded from unauthorised access. There were external shutters. Maintenance issue were referred to the GP practice.

There was adequate heating and lighting throughout the premises. And running hot and cold water was available.

## Principle 4 - Services ✓ Standards met

### Summary findings

People with a range of needs can access the pharmacy's services. The services are generally well managed. The pharmacy may not always record advice given to people who get higher-risk medicines. So, it may not be able to refer to this information in the future if it needed to. The pharmacy gets its medicines from reputable suppliers. And it makes sure that its medicines and devices are safe to use. It adequately sources and manages its medicines, so they are safe for people to use.

### Inspector's evidence

Access to the pharmacy was via a ramp. And there was a handrail to assist those with walking difficulties. It was possible for wheelchairs to access the pharmacy.

The pharmacy supplied medicines in multi-compartment compliance packs to people. This helped them to take their medication at the right time. The pharmacy-maintained records of medicines, administration times, and changes to medicines. Prescriptions were ordered in enough time to make sure they could be received promptly. Descriptions were supplied which allowed individual medicines to be identified. Patient information leaflets were supplied with the packs.

A delivery service was offered. The driver had a delivery sheet which people signed when they received their CDs. medicine. These were retained in the pharmacy.

The pharmacy ran promotions to help the local population improve their health and wellbeing. Practice leaflets were openly available and listed the pharmacy's services.

A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers.

Stock requiring refrigeration was stored at appropriate temperatures. Records were maintained to ensure temperatures were within the appropriate ranges. There was a procedure to follow if the temperatures went out of the accepted range.

A controlled drugs cabinet was available for the safe custody of controlled drugs. The cabinet was appropriately secured. The contact details for the accountable officer (AO) were in the files. There were no out of date or patient returned CDs.

The pharmacy had a process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. But the team had fallen behind with this. Medicines were checked at random. And no out of date items were found. There were some short-dated items which had been stickered. For example, treclin was marked as out of date in November 2019.

Liquid medication was marked with the date of opening. This meant that checks could be made to check if they were still fit to supply to people. For example, sytron was marked as opened on 1 May 2019.

The pharmacy team members were observed using baskets to ensure prescriptions were prioritised and assembled medication remained organised. Computer generated labels were initialled by the pharmacist and dispenser which allowed an audit trail to be produced. The pharmacy team members dispensed from the prescription and not the labels.

The shelving system enabled enough storage and retrieval of dispensed medication for collection. People collecting were routinely asked to confirm the name and address of the patient to ensure that medication was supplied to the correct patient safely. Medicines were arranged mostly alphabetically on the shelves.

The RP described updated guidance that was provided to women who received sodium valproate. The pharmacy had completed an audit. And there were two eligible patients. Both patients were counselled. And were given the information leaflet and the sodium valproate card. The manager was unsure if this had been recorded on the individuals records. This may mean that new patients are not provided with the information. The pharmacy team were unsure where the sodium valproate information leaflets and cards were.

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication.

The pharmacy had not yet adjusted to meet the Falsified Medicines Directive. The pharmacy had the scanners. But these had not been set up yet. There were no SOPs in place. And members of the pharmacy team had not received training. This may have reduced the ability of the pharmacy to verify the authenticity of its medicines.

The pharmacy team received alerts electronically to the pharmacy when drug recalls of medicines or medical devices were necessary. The manager said that these were actioned. But there was no audit trail to support this.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy's equipment and facilities are suitable for its advertised services.

### Inspector's evidence

Up to date reference sources were available and included the BNF and BNF for Children. There was access to the internet which was used for a range of uses including leaflets for patients and PharmOutcomes.

A range of CE quality marked measures were in use which were cleaned after use. The pharmacy also had a range of equipment for counting loose tablets and capsules with a separately marked tablet triangle that was used for cytotoxic drugs. Tweezers and gloves were available. There was a first aid and spills kit on site.

The CDs were stored in CD a cabinet which was securely bolted in place.

The LEC pharmacy fridge used to store medicines was from a recognised supplier and an appropriate size for the volume of medicines requiring storage at such temperatures.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Access to patients' records restricted by Smart cards.

Medication awaiting collection was stored out of view and no confidential details could be observed by customers. prescriptions were filed in boxes out of view of patients keeping details 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.