

# Registered pharmacy inspection report

**Pharmacy Name:** Teesside Pharmacy, 1-3 Newton Mall, Cleveland Centre, Middlesbrough, Cleveland, TS1 2NW

**Pharmacy reference:** 1089451

**Type of pharmacy:** Community

**Date of inspection:** 19/03/2024

## Pharmacy context

The pharmacy is in a large shopping centre in the heart of Middlesbrough. It has recently changed ownership. It mainly dispenses NHS prescriptions and sells a range of over-the-counter medicines. The pharmacy provides services such as the NHS New Medicines Service and repeat dispensing. And it delivers medicines to people's homes.

## 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 suitably identifies and manages risks. It has the written procedures it needs relevant to its services and team members follow these to help them provide services safely. Pharmacy team members understand their role to protect people's confidential information. And they know how to identify situations where vulnerable people need help. They keep most of the records required by law.

### Inspector's evidence

The pharmacy had changed ownership from a large pharmacy chain to an independent contractor just over two weeks prior to the inspection. The pharmacy had a set of standard operating procedures (SOPs) to help pharmacy team members manage risk. The superintendent pharmacist (SI), who was also the responsible pharmacist (RP) during the inspection, had recently reviewed the SOPs in preparation for the takeover of the pharmacy. Team members had begun to read and sign the SOPs in a sequence that meant they were covering the most relevant ones first. This supported the pharmacy team in managing the risks for the services it was currently delivering. There was a plan to support team members in expanding their learning as the pharmacy increased its services.

Pharmacy team members identified errors at different stages of the dispensing process. To rectify these errors, known as near miss errors, they gave the dispensed prescription back to the team member who had originally dispensed it. This gave the team member the opportunity to spot the error for themselves and learn from it. The pharmacy had a log for recording such errors. But the team had not yet started recording in this. They had an awareness of medicines that may look and/or sound similar and the increased risk of selection errors with these medicines. And they knew how the recording of near miss errors would help them to make changes to avoid recurrences. The pharmacy had a process for recording mistakes made and identified following a person receiving a medicine, known as dispensing errors. There were no reported dispensing errors since the new ownership commenced.

The pharmacy had a documented procedure for handling complaints and feedback from people. The procedure called for any complaints to be referred to the SI to deal with. There was information available for people in the retail area about how to provide the pharmacy with feedback. The pharmacy had current professional indemnity insurance.

A sample of legally required records were checked during the inspection. The responsible pharmacist log was recorded electronically within the dispensing system. The log had entries for every day that the pharmacy was open. But it regularly lacked sign-out times. This meant the record did not show when the RP had relinquished responsibility of the pharmacy. The pharmacy kept its private prescriptions records on an online platform and the records checked met legal requirements. During the inspection, there were no formal CD registers in place. A temporary record was being used to record entries while the pharmacy was arranging access to its electronic CD register. The SI acted after the inspection to provide evidence that a formal CD register was in place and had been brought up to date. A random balance check was undertaken during the inspection and was correct. The pharmacy kept a register of CDs returned by people for destruction. The RP clearly displayed their RP notice, so people knew details of the pharmacist on duty. Team members knew what activities could and could not take place in the absence of the RP.

The pharmacy had a documented procedure to help team members manage confidential information and it kept sensitive information in restricted areas. Team members shredded confidential waste regularly. They explained how important it was to protect people's privacy and how they would protect confidentiality.

Pharmacy team members gave some examples of signs that would raise concerns about vulnerable children and adults. And they knew to discuss their concerns with the pharmacist and other key safeguarding organisations. Team members knew how to find information about local safeguarding contacts by using the internet. The RP explained they had completed the required safeguarding training. But the pharmacy had not yet provided team members with formal safeguarding training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a new team, and it has enrolled its team members on suitable courses to obtain the qualifications and skills for their roles and the services they provide. Pharmacy team members feel comfortable raising concerns and discussing ways to improve services.

### Inspector's evidence

At the time of the inspection, the pharmacy team members present were the SI and a trainee dispenser. The pharmacy also employed another trainee pharmacy assistant who was completing their initial induction training. The trainee dispenser was enrolled on a GPhC accredited dispensing assistant course. The pharmacy team had taken the opportunity to explore what progression and development would look like upon completion of the initial training courses being undertaken. There was no delivery driver employed at the time of inspection. The SI was managing the delivery service and undertaking deliveries when the pharmacy had closed for the day. The staffing levels and skills appeared appropriate for the nature of the business as the team was managing the workload adequately in addition to the initial set-up activities that were underway for the new business.

Pharmacy team members explained how they would raise professional concerns with the SI if necessary. They felt comfortable sharing ideas to improve the way the pharmacy operated and in raising a concern. And they were confident that their concerns would be considered, and changes would be made where they were needed. A team member provided an example of a suggestion that had been adopted. This was the addition of alphabetical labels to the newly organised shelves, with the rationale for this being to support safety and efficiency of the dispensing process.

Pharmacy team members communicated with an open working dialogue. And they gave examples of their limitations when they would involve other team members to help. They explained how they would assess requests for over-the-counter medication and at what point they would refer to the RP. The pharmacy owners did not ask team members to meet any performance related targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean, secure and provide a suitable environment for the services provided. And the pharmacy has a consultation room and other suitable spaces to meet the needs of people requiring privacy when using its services.

### Inspector's evidence

The pharmacy premises were a substantial size and the team kept them tidy and hygienic. The pharmacy had a clean, well-maintained sink in the area where medicines were prepared. It had toilets upstairs, with a sink which provided hot and cold running water and there were other facilities for hand washing. The pharmacy mostly maintained its heating and lighting to acceptable levels. The lighting was particularly dim in a single area away from the main part of the dispensary, where some medicines were stored. This was discussed with the SI during the inspection. Team members kept the work surfaces in the dispensary tidy and they kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had sufficient storage space for stock, assembled medicines and medical devices. It was evident that all stock and shelves had been reorganised since the recent takeover.

The pharmacy had a defined professional area and items for sale in this area were healthcare related. There was a soundproof consultation room which the team used for private conversations with people and when providing services. And it had a screened area at the medicines counter for more brief discussions and advice. The layout of the pharmacy supported the supervision of staff and pharmacy services. There was a physical barrier in use to prevent unauthorised access to the dispensary and other restricted areas.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy sources its medicines from recognised suppliers. And it stores and manages its medicines appropriately. The pharmacy suitably manages its dispensing services. And pharmacy team members provide people with relevant advice and information about taking higher-risk medicines to help them take their medicines safely.

### Inspector's evidence

The pharmacy had level access from the shopping centre. And the pharmacy kept its entrance door open to avoid people having any difficulty opening it. The retail area had good clearance between aisles allowing for adequate access and there were dropped counters to support people using a wheelchair with activities such as completing prescription exemption declarations. But the placement of a fridge within the consultation room may compromise access for people using a wheelchair. This was discussed with the SI during the inspection, who agreed to look at having it moved to avoid any issues with access.

The pharmacy had a documented procedure for managing the checking of expiry dates of medicines. Team members highlighted short-dated medicines with red stickers when they carried out date-checking tasks. And they had removed loose strips of medicines from the shelves and segregated these for safe destruction following the transfer of ownership of the pharmacy. But the team had not made any records of the checks it had completed to date. The pharmacy kept medicines returned by people in a segregated area, while waiting for collection for disposal.

The pharmacy team dispensed prescriptions to a procedure that used baskets. These dispensing baskets kept prescriptions and their corresponding stock separate from others. This process made use of assorted coloured baskets for different urgencies of prescription. This helped the team to prioritise its workload. Pharmacy team members signed the spaces on dispensing labels during dispensing. This maintained an audit trail of the people involved in the dispensing process. The team used stickers to highlight if a prescription contained a fridge item or if the pharmacist needed to speak to the person collecting the medicine before handing it out.

The RP counselled people receiving prescriptions for valproate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They checked if people were on a pregnancy prevention programme and taking regular effective contraception. And team members were aware of the requirements to dispense valproate in the manufacturer's original packs.

When the pharmacy could not entirely fulfil a prescription first time, pharmacy team members created an owing. This involved giving people a reminder note and making an electronic record on the pharmacy system. This meant the team could keep a track of what was outstanding to people and what stock was needed. The pharmacy provided a prescription delivery service to some people. There were no specific delivery records kept. This means it could be difficult for the team members to answer a query about a deliver, should one arise. The pharmacy had a documented procedure for responding to drug safety alerts and recalls. There had been no new alerts received at the time of inspection. But pharmacy team members explained how they would act when receiving a drug alert or manufacturer's recall. The SI was signed up to receive alerts from the Central Alerting System.

Pharmacy team members monitored and recorded fridge temperatures in the four fridges in use within the pharmacy. These records showed consistent monitoring and storage of cold chain medicines at appropriate temperatures. A check of the thermometers showed temperatures within permitted ranges. The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for unwanted medicines, including CDs.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it uses its equipment and facilities appropriately to protect people's confidential information.

### Inspector's evidence

Pharmacy team members had a range of hard-copy and electronic reference materials available to them, via the internet. There was equipment available for the services provided which included an otoscope, blood pressure monitor and a set of clean, well-maintained CE-marked measures available for liquid medicines preparation. There were four fridges in operation.

The pharmacy's computers were password protected and access to people's records were restricted by the NHS smart card system. The pharmacy stored completed prescriptions and assembled bags of medicines away from public view in a restricted area, which protected people's confidential information on the prescriptions and labels on the bags.

### 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.