

# Registered pharmacy inspection report

**Pharmacy Name:** Tuschem Ltd, Workington Community Hospital,  
Park Lane, WORKINGTON, Cumbria, CA14 2RW

**Pharmacy reference:** 1089889

**Type of pharmacy:** Community

**Date of inspection:** 14/09/2022

## Pharmacy context

This is a community pharmacy inside a community hospital in the town of Workington, Cumbria. The pharmacy sells over-the-counter medicines, dispenses NHS and private prescriptions. It supplies some people with their medicines in multi-compartment compliance packs to help them take their 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 has up-to-date processes in place to help the pharmacy team effectively and safely manage the risks to the services it provides to people. Team members keep the records they need to, and they generally keep people's private information safe. The team has the knowledge to help protect vulnerable people who use the pharmacy. Team members discuss the mistakes they make while dispensing. And they make changes to the way they work to improve patient safety.

### Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). These provided information to help team members carry out various tasks, including dispensing and record keeping. Team members described their roles within the pharmacy and the processes they were involved in. Team members had read and understood the SOPs relevant to their roles. Team members signed a document to confirm they had read and understood an SOP. The SOPs were scheduled to be reviewed every two years. This was to make sure they were up to date and accurately reflected the pharmacy's current practices. But they had not been reviewed since 2018. The pharmacy's superintendent pharmacist (SI) explained they were planning to complete a full review of the SOPs within the next few weeks.

The pharmacy had a process to report mistakes made by team members during the dispensing process. These were known as near misses. Each near miss was immediately brought to the dispenser's attention, and all team members present discussed why the mistake might have happened. And they discussed how they could make changes to the way they worked to improve patient safety. Recently, the team agreed to clearly mark shelf edges where different strengths of calcium tablets were stored in the dispensary. Team members explained this was to prevent them storing different strengths on top of each other which was contributing to the near misses. The team didn't have a process in place to record details of near misses. And so, there was a risk that the team missed the opportunity to identify any trends or patterns. The pharmacy used an electronic reporting system to record any dispensing errors that had reached people. A copy of each report was retained for future reference. The pharmacy had a concerns and complaints procedure. People initially raised any complaints or concerns verbally with a team member. If the team member could not resolve the complaint, it was escalated to the SI.

The pharmacy had up-to-date professional indemnity insurance. It was clearly displaying a responsible pharmacist (RP) notice which displayed the RPs full name and GPhC registration number. Entries in the RP record were kept in line with legal requirements. The pharmacy kept records of supplies against private prescriptions. It kept controlled drug (CD) registers, and to make sure they were accurate, each month the pharmacy audited CD registers against physical stock. During the inspection, the balance of a randomly selected CD was checked. The balance was correct. The pharmacy kept up-to-date records of the destruction of out-of-date CDs and CDs that had been returned to the pharmacy by people.

The team held most records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate bag to avoid a mix up with general waste. The waste was periodically destroyed via a third-party contractor. The pharmacy had a procedure to help the team raise any concerns team members may have about the safeguarding of vulnerable adults and children. And team members described hypothetical safeguarding situations that they would feel the need to report. The RP completed training on

safeguarding via the Centre for Pharmacy Postgraduate Education.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members have the skills to effectively provide the pharmacy's services. The pharmacy supports its team members in keeping their knowledge and skills up to date. And it supports them to make changes to improve the way the pharmacy operates. Team members feel comfortable in raising professional concerns and giving feedback.

### Inspector's evidence

At the time of the inspection the RP was the pharmacy's SI and worked at the pharmacy full-time. During the inspection, the SI was supported by a full-time accuracy checking technician (ACT) and a part-time pharmacy assistant. The pharmacy also employed two other part-time pharmacy assistants. The pharmacy used locum pharmacists to cover the days the RP didn't work. Team members covered each other's absences. Team members were working well together, and they were seen dispensing prescriptions without any significant time pressures. Several team members had been working at the pharmacy for several years and had developed a good rapport with many people who visited the pharmacy, and they were seen effectively helping them manage their healthcare needs. Team members were supervised by the RP while they worked. They were observed asking appropriate questions when selling over-the-counter medicines to people and they were aware of what could and could not happen in the RP's absence.

Team members were encouraged to improve their skills and further their professional development. This was done through protected training time which was authorised on an ad-hoc basis. They used pharmacy related workbooks and an online training tool to learn about new over-the-counter medicines and how to treat various minor ailments. Team members were invited to attend team meetings during which they discussed workload and how they could improve the way they worked to improve patient safety. They had recently discussed a series of near misses involving sildenafil and sertraline. They decided to make sure the two medicines were properly separated and talked about being aware they are often produced in similar looking packaging which can increase the risk of them being selected in error. Team members were encouraged to provide feedback on the delivery of the services the pharmacy provided to people. They explained that they would generally provide feedback to the SI through open, informal conversations. The pharmacy didn't have a whistleblowing policy in place. No specific targets were set for the team to meet.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and secure. And its premises are suitable for the services it provides. It has a small consultation room where people can have private conversations with team members.

### Inspector's evidence

The pharmacy was clean, well maintained, and professional in appearance. Benches were kept tidy and well organised. The pharmacy's floor space was mostly clear from obstruction. There were clearly defined areas used for the dispensing process and there was a separate bench used by the SI to complete the final checking process. The pharmacy had plenty of space to store its medicines. There was a private, soundproofed consultation room available for people to have private conversations with team members.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled public access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy team manages and delivers the pharmacy's services well. And it makes its services easily accessible to people. The pharmacy sources its medicines from recognised suppliers, and it completes regular checks of its medicines to make sure they are suitable to supply. But it doesn't always keep records of the checks it makes to help show it is appropriately managing its medicines.

### Inspector's evidence

People had level access into the pharmacy through the main entrance door of the hospital premises and a separate door which led to the pharmacy. This made it easy for people with wheelchairs or pushchairs to enter the pharmacy. There was a car park directly outside the pharmacy for people to use. And it had several disabled spaces. The pharmacy clearly advertised its opening hours. The pharmacy provided large print labels to people with a visual impairment. One team member described how they used Google translate to help some who didn't speak fluent English. Team members had access to the internet which they used to signpost people requiring services the pharmacy didn't offer. The pharmacy had a 'healthy living' display in the retail area. It was advertising information on support for suicide prevention. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation, including checking people were enrolled on a pregnancy prevention programme if they fit the inclusion criteria. and ensuring such people used appropriate contraception.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, 'speak to pharmacist' stickers to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The team dispensed the packs in a segregated part of the dispensary. This helped team members dispense the packs away from the retail area to reduce the risk of distractions. They spread the workload over a four-week cycle. This helped the team manage the workload more evenly. Each person who received a pack was assigned a week number. Team members used master sheets which contained a list of the person's current medication and dose times. And they checked prescriptions against the master sheets before the dispensing process started to make sure they were accurate. Team members discussed any queries with the relevant prescriber. They recorded details of any changes such as dosage increases or decreases on the person's master sheet and their electronic medication record. The pharmacy supplied people receiving the packs with patient information leaflets. The packs were supplied with descriptions of the medicines to help people identify them. For example, 'orange, round, tablet'.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter. It stored other medicines in their original packaging on shelves and in drawers. The pharmacy had a process in place for the team

to check the expiry date of the pharmacy's medicines. Team members highlighted any medicines that would expire within six months by writing the date of expiry on a small sticker and attaching the sticker to the most visible part of the packaging. But the pharmacy didn't keep any records of the completion of the process. And so, there wasn't an audit trail in place. No out-of-date medicines were found after a random check of around 30 randomly selected medicines. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It used two domestic grade fridges to store medicines that needed cold storage. The team recorded the temperature ranges of the fridge. And a sample of the records showed the fridge was operating within the correct ranges. But the team didn't record the ranges for two weeks in August 2022. And so, there was a risk these medicines may not have been suitable for supply. The pharmacy received regular updates via email of any drug alerts. Team members didn't always record the action they took following an alert. And so, an audit trail was not in place.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment that it needs to provide its services. And it uses its equipment properly to help protect people's confidentiality.

### Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It stored dispensed medicines awaiting collection in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in a private area. Team members had access to personal protective equipment including face masks and gloves.

### 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.