

Registered pharmacy inspection report

Pharmacy Name: West View Pharmacy, 7 Brus Corner, HARTLEPOOL, Cleveland, TS24 9LA

Pharmacy reference: 1091585

Type of pharmacy: Community

Date of inspection: 25/02/2020

Pharmacy context

This is a community pharmacy in Hartlepool, Cleveland. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy team offers advice to people about minor illnesses and over the counter medicines. It provides NHS services; such as medicines use reviews. It supplies some medicines in multi-compartment compliance packs to people living in their own homes. And it provides a home delivery service.

Overall inspection outcome

✓ **Standards 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 met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy identifies and manages risks associated with the services it provides to people. It keeps the records it must have by law. And it keeps people's private information secure. It acts on the feedback it receives from people who use the pharmacy to improve services. The team members discuss and usually record mistakes they make when dispensing. But not all the details are recorded so the team may not have all the information needed to identify patterns and learn from them.

Inspector's evidence

The retail area and the dispensary were adequately sized. But the layout made it difficult to establish an effective workflow. The workflow was also restricted because there was clutter on the benches. The checking bench was to the side and was overflowing with baskets waiting to be checked. There was a methamphetamine near to the checking bench and a hatch where people collected their daily pick-ups. The pharmacist was being constantly interrupted to dispense methadone and supervise consumption. The superintendent said that he had taken the standard operating procedures (SOPs) home to update. So, they weren't available in the pharmacy on the day of the inspection. The SI later provided evidence that the pharmacy had a set of SOPs which were in date.

The SI described the system for recording near miss errors made by the team when dispensing. He advised that on spotting an error he highlighted the mistake to the member of the team responsible. The pharmacy team members corrected the error and entered the details onto the near miss log. The records demonstrated regular recording. But some sections such as the contributory factors section and the actions taken section were blank or had "changed". The lack of detail made it difficult to understand how the error had occurred. And so, the pharmacy team may not be making effective changes to prevent the error happening again. The SI provided no documented evidence that a monthly review was taking place. But the manager gave examples of the changes made to prevent a similar error happening again. For example, atenolol and amitriptyline were separated on the shelf following a selection error. There was a laminated sheet on the wall with the common look alike sound alike drugs. And the team were aware of these. And took extra care when selecting from the shelves. The SI explained that dispensing errors were recorded electronically. And these printed off and retained in a file. A recent error was looked at in detail. Mirtazapine had been supplied to a person. The dose requested was one to be taken each day. The medicine had been labelled as one to be taken twice a day. The SI had investigated the error. He noted that it was a green prescription and the dose had been manually entered or probably repeated from a previous dispensing. It was likely that the dispenser had then dispensed from the label. The actions taken to prevent a similar error were around team training. And the SI reinforced the need to dispense only from the prescription. And then to do a three way check before handing it over to the pharmacist for the final check.

The pharmacy had a complaints procedure in place. And there was a laminated copy of the procedure on display in the retail area. So that people could easily see the details if they wanted to raise a concern. No official complaints had been made. But some people had expressed their dissatisfaction at the waiting times when they called back to collect their medication. The pharmacy had introduced a texting service which had been very effective in reducing the number of queries and the waiting times.

The pharmacy had up-to-date NPA professional indemnity insurance in place valid until 31 August 2020.

The correct responsible pharmacist sign was on display. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept complete paper records of private prescription and emergency supplies. The pharmacy kept CD registers. The pharmacy team checked the running balances against physical stock, but this was not done regularly. The pharmacy kept complete records of CDs returned by people to the pharmacy. The pharmacy held certificates of conformity for unlicensed medicines and they were completed in line with the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA). The file holding the records was untidy. But all the necessary details were recorded.

The team was aware of the need to keep people's personal information confidential. There was a notice in the retail area which told people how their data was protected. There was an information governance file with a training booklet. The SI said that the team had read and understood the contents. But no recent team signatures were found to confirm this. The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was segregated to avoid a mix up with general waste. The confidential waste was periodically shredded off site.

When asked about safeguarding, the SI confirmed that he had spoken to the pharmacy team and they would come to him in the first instance if they had a concern about a child or a vulnerable adult. There were local contact details in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the appropriate qualifications and skills to provide the pharmacy's services safely and effectively. Some members of the pharmacy team receive external training, but there are no annual appraisals so learning needs may be missed.

Inspector's evidence

At the time of the inspection the responsible pharmacist was the manager and SI. He was supported on the day by three dispensing assistants and two apprentice trainees. The SI thought that they managed with the current level of staff. But other members of the team were concerned that they would be short staffed when the apprentices leave. Holidays were planned in advance. And the SI advised that usually only one member of the team was allowed holiday at a time. The dispensing assistant serving on the counter at the time of the inspection was very knowledgeable and was very helpful to people. And they were acknowledged as soon as entered the pharmacy. And most were addressed by name. He was taking time to speak with them if they had any queries. He explained that the pharmacy was a healthy living pharmacy. And he showed the inspector his training file. And pictures of the promotional stands he had done. The current display was an eye catching healthy heart display. There was also an information stand on mental health. And he had got literature and information from MIND. He said that he had won the "innovative champion" award from the LPC. He advised that he was attending an external training course to be a cancer champion. Other members of the he team had also received healthy living pharmacy training. And the SI said that people appreciated the healthy living advice given to them. The team were heard being helpful to people. The SI was heard querying why a person did not want their salbutamol.

The pharmacy team members received on the spot feedback. But not regular appraisals. The pharmacy team members discussed tasks that needed to be completed. And they discussed any dispensing incidents as they occurred. No notes were taken of meetings or discussions. The pharmacy team were unsure if there was a whistle blowing policy. And said that if they had any concerns then they would speak to the SI. But some members of the team thought that he was not approachable. There were no targets set. The SI said that they served the local community and tried their best to provide the best service they could.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is kept secure and is adequately maintained. The premises are suitable for the services the pharmacy provides. It has a sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The retail area was clean. But there was some clutter on the benches and stock on the floor in the dispensary. The robot had been removed since the last inspection. So, there was more workable space in the dispensary. There was a sink in the dispensary for medicines preparation and staff use. This was untidy. There was a toilet with a sink with hot and cold running water. There was a staff area upstairs. And a well-equipped room for assembling the multicompartmental compliance packs. The pharmacy had a small sound-proofed consultation room with seats where people could sit down with the team member. The room was professional in appearance and was signposted by a sign on the door. There was also a computer and a desk. The room was locked when not in use. The team directed people to the consultation room if they wanted a quiet word with the pharmacist.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible to people. The pharmacy manages its services appropriately and delivers them safely. It provides medicines to some people in multi-compartment packs to help them take them correctly. And it suitably manages the risks associated with this service. The pharmacy sources its medicines from licenced suppliers. The pharmacy may not always give advice to people taking high risk medication. And when they do this is not routinely recorded. So, it may not be able to refer to this information in the future if it needs to.

Inspector's evidence

There was direct access into the pharmacy from the street. And the door was wide enough to allow wheelchairs to enter the pharmacy. It advertised its services and opening hours in the retail area. It stocked a good range of healthcare related leaflets which people could select and take away with them.

The team members signed the dispensing labels when the dispensing and checking processes were complete. And so, a robust audit trail of the process was in place. They used baskets to hold prescriptions and medicines. For example, red baskets were used for waiters. This helped the team members stop people's prescriptions from getting mixed up. And to prioritise the workload. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy delivered medicines to people in their homes. This was a free service. The pharmacy got signatures from people who they delivered all drugs including CDs. And so, an audit trail was in place that could be used to solve any queries.

The pharmacy supplied medicines in multi-compartment compliance packs for around two hundred people living in their own homes. Three members of the pharmacy team were trained to prepare these. Team members recorded details of conversations they had with people's GPs on the persons record sheet. They supplied the packs with information which listed the medicines in the packs and the directions. And information to help people visually identify the medicines. For example, the colour or shape of the tablet or capsule. It also provided patient information leaflets with the packs it supplies to people. Each patient had their own marked magazine file. The room was tidy and well organised.

The pharmacy dispensed high-risk medicines for people such as warfarin. The SI said that he usually puts a sticker on the bag containing the high-risk medicine when he bags the prescription after checking. The person handing it out to the customer alerts the SI. And he said he would usually ask about the dose. And if they were taking the medicine as prescribed. The SI said that details of conversations were not always recorded onto the patient record. The SI was aware of the pregnancy prevention programme (PPP) for people who were prescribed valproate, and of the risks. The SI confirmed that they had one eligible person receiving valproate. And she had been given all the information.

Pharmacy medicines (P) were stored behind the pharmacy counter to prevent people self-selecting them. The pharmacy shelves were reasonably tidy. The team members checked the expiry dates. And a

section was last date checked in February. And the team members marked short dated stock with a highlighter pen to help identify medicines that were expiring within the next six months. They recorded the date on some liquid medicines when they were opened, but not always. So, checks could not be done to see if they were fit to supply. The pharmacy had procedures in place to appropriately store and then destroy medicines that had been returned by people. And the team had access to CD destruction kits.

The team was not currently scanning products or undertaking routine manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). The SI was considering the options to put procedures in place to meet the directive.

Drug alerts were received electronically to the pharmacy printed off and actioned. There was an audit trail for this. The pharmacy checked and recorded the fridge temperature ranges daily. And a sample checked were within the correct ranges. The CD cabinets were secured and of an appropriate size. The medicines inside the fridges and CD cabinets were well organised.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is adequately maintained and appropriate for the services it provides. The pharmacy uses its equipment to protect people's confidentiality.

Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children for the team to use. And the team had access to the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. There were separate marked cylinders for measuring methadone. There was a methameasure used for pumping methadone. This was cleaned and calibrated daily. The team members used tweezers and gloves to help dispense multi-compartment compliance packs. The fridges used to store medicines were of an appropriate size. The electrical equipment looked to be in good working order. Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't seen by unauthorised people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the team members could have conversations with people in 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.