

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: 08/09/2021

Pharmacy context

This is a community pharmacy in Hartlepool, a coastal town in 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 new medicines scheme (NMS). 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 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
1. Governance	Standards not all met	1.2	Standard not met	The pharmacy lacks systems to review and manage the safety and quality of services it provides.
		1.6	Standard not met	CD records are not accurate and transactions are not entered in a timely manner.
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 not all met

Summary findings

The pharmacy has some written procedures for the services it provides. But most of these are out of date so they may not accurately reflect its current practise. This could mean that patient safety is compromised. The pharmacy does not sufficiently manage the risks in relation to CD management. So, there is a risk that CD discrepancies may go undetected for a prolonged period. People using the pharmacy can raise concerns and provide feedback.

Inspector's evidence

The pharmacy had risk assessed its services due to covid 19. Signs in the pharmacy advised people to wear a face covering. Markers on the floor continued to support people with social distancing. And the pharmacy had plastic screening fitted around the medicine counter. This helped to reduce the risks associated with contracting COVID-19. Most team members continued to wear type IIR face coverings whilst working. And they had access to other personal protective equipment (PPE) if needed.

The pharmacy had standard some operating procedures (SOPs) for the services it provided to support the safe running of the pharmacy. The superintendent (SI) advised that he had updated some of the SOPs such as the Responsible Pharmacist SOP at the beginning of September 2021. However, most of the SOPs in the file had been written and authorised for use by the previous owner and in any event were out of date in 2020.

The Superintendent (SI) advised that the pharmacist picked up near miss errors at the checking stage of the dispensing process, then informed the dispenser of the error and they then entered the error into the near miss NPA book. Some of the records had details of possible causes others lacked all the relevant detail to make a robust analysis so the team may be missing opportunities to identify the cause of the error and make changes appropriately. The team recorded on average twelve near misses each month. The SI discussed any errors with individuals when they occurred and shared the learning with the team. The team had made changes in the positioning of commonly confused medicines on the shelves and used selection warning labels. SI advised that dispensing errors had been recorded electronically. And discussed the process followed when an error had been identified. SI supplied evidence of how a recent error had been handled.

The pharmacy had a complaints procedure in place. And there was a copy in the retail area. So that people could easily see the details if they wanted to raise a concern. Some people had expressed their dissatisfaction at the waiting times during the pandemic. The team had tried their hardest to provide the best service they could under the circumstances. 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 professional indemnity insurance in place. The pharmacy displayed the correct responsible pharmacist name and registration number. So, people could easily know the responsible pharmacist (RA) on duty. Entries in the responsible pharmacist electronic record complied with legal requirements. The SI had signed in that morning as RP. The pharmacy kept records of private prescriptions and emergency supplies. The pharmacy kept electronic CD registers. There had been discrepancies in the CD register previously and the SI had provided assurances that CD balances would

be checked regularly and at least monthly. This was found not to be the case, and a random balance check of Zomorph 60mg in the CD cabinet did not tally with the balance in the CD register. The SI showed the inspector a basket with CD prescriptions, and he advised that he had not entered these into the CD register within the specified time scale. SI advised that he was aware of the regulations, but he had been busy, and it was a case of priorities. The pharmacy kept 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 SI demonstrated their understanding of the need to keep people's personal information confidential. The pharmacy team had a notice in the retail area which told people how their data was protected. They had an information governance file with a training booklet. The SI advised that the team had read and understood the contents. 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 pharmacy had two shredders, but the bulk of 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. The team had local contact details if needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload. The lack of proper training on the pharmacies procedures means that the team may not be working effectively as they could. Also, 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, one trainee and the delivery driver. The SI thought that they managed with the current level of staff, but sometimes it was hard. He had been working when the pharmacy had been closed just to keep up. The SI staggered team members holidays. So that usually only one member of the team took holidays at one time. The team worked overtime when necessary. The SI had registered the trainee onto the Buttercups course. The team member advised that they enjoyed the course so far. She was supported by the SI and felt able to ask questions about sections she found hard. The pharmacy continued to be very busy so most of the course work was done at home. The team completed refresher courses on visual outcomes. The dispensing assistant serving on the counter at the time of the inspection acknowledged people as soon as they entered the pharmacy, and this put people at their ease. And addressed most by name. He took time to speak with them if they had any queries. People responded in kind. 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. Team members had signed the SOPs but demonstrated a lack of knowledge about their contents. The SI had not set targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable and secure environment for people to receive healthcare. And its premises are clean and well equipped. The pharmacy team members take appropriate steps to reduce the risk of Covid 19 infection.

Inspector's evidence

The retail area was clean. But was there was some clutter on the benches and stock on the floor in the dispensary. The pharmacy had efficient lighting and had air conditioning which helped to keep the team cool during the warm weather. The dispensary had a good-sized sink with hot and cold running water for medicines preparation and for staff use. The pharmacy had staff toilets with a sink with hot and cold running water. The pharmacy had a staff area with facilities upstairs. And a well-equipped room for assembling the multi-compartment compliance packs. The pharmacy had a small sound-proofed consultation room with seats where people could sit down with the team member and small portable sink. The room was professional in appearance and was signposted by a sign on the door. There was also a computer, chairs, 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. 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 receives its medicines from reputable sources. But there is an inconsistent approach to date checking and documenting this. This may increase the risk of dispensing medicines that are not suitable for supply.

Inspector's evidence

People had direct access into the pharmacy from the street. And the door was wide enough to allow wheelchairs to enter the pharmacy. The pharmacy advertised its services and opening hours in the retail area. It stocked a range of healthcare related leaflets which people could select and take away with them. The pharmacy had a separate private area where supervised patients could take their medication. Following demand, the SI had completed clear ear training so that he could provide an ear wax removal service.

A check on a selection of bagged and sealed medicines in the walk-in retrieval shelf indicated that team members signed the dispensing labels when dispensing and checking processes had been completed. 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. Team members used various stickers within the dispensing process as an alert before they handed out medicines to people. For example, they used fridge stickers to highlight that a fridge line needed added to the prescription before handing out. The team used owing slips 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 and the numbers had increased significantly during pandemic and had remained so. The pharmacy got signatures from people who they delivered CDs to. The deliver sheet provided a record of delivery of other medicines. And so, the team had an audit trail that could be used to solve any queries.

The pharmacy supplied medicines in multi-compartment compliance packs for around three hundred people living in their own homes. The team prepared these in a fully equipped dispensary upstairs. Three members of the pharmacy team were trained to prepare these. 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 and shape of the tablet or capsule. It also provided patient information leaflets with the packs it supplies to people monthly. Each patient had their own marked magazine file.

The SI was aware of the pregnancy prevention programme (PPP) for people prescribed valproate, and of the risks. The inspector reminded the SI about the updated guidance from MHRA. The SI confirmed he aware of the guidance and the pharmacies obligations. Currently they had no eligible patients prescribed sodium valproate. Team members on questioning had limited understanding of the guidance and pointed out that the current boxes of sodium valproate all had warnings on them.

The pharmacy stored pharmacy medicines behind the pharmacy counter to prevent people self-selecting them. The medicines on the pharmacy shelves in the retail area were tidy. The dispensing assistant checked the expiry dates and marked short dated stock with a highlighter pen or dot to help identify medicines that were expiring within the next six months. And recorded the date of the checks and short dated items. So, these could be removed before expiry. The dispensary team had a similar process for date checking but they did not use a matrix and date checked when time allowed. So, they had no record of the when and which medicines had been date checked. Stock in four areas of the dispensary checked, was in date. The pharmacy team recorded the date on some liquid medicines when they had been opened, but not always. So, checks could not be done to see if they were fit to supply. The inspector found Metformin liquid on the shelf which was out of date so not fit to supply. And removed it for destruction. 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 pharmacy obtained medicines from licensed wholesalers. The pharmacy team received drug alerts electronically and printed these off and actioned them . The SI had an up-to date file for alerts so there was an audit trail for this. The pharmacy team checked and recorded the fridge temperature ranges for both fridges daily. And a sample checked were within the correct ranges. The pharmacy had two CD cabinets bolted in place and of appropriate size to accommodate CDs. The medicines inside the fridges and CD cabinets were well organised.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

Team members had access to up-to-date reference sources. The team stored medicines waiting to be collected in a way that prevented people's confidential information being seen by members of the public. The pharmacy used a Methameasure to measure methadone. And cleaned this daily. The pharmacy used a range of CE quality marked measuring cylinders. The pharmacy team members stored these near to the sink for easy access. Members of the pharmacy team cleaned the equipment they used to measure, or count, medicines before they used it. The pharmacy had two pharmacy grade refrigerators to store pharmaceutical stock requiring refrigeration. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. The phone was positioned so its team could have confidential conversations with people when necessary without being overheard. Some of the team members responsible for the dispensing process had their own NHS smartcard.

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.