

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: 21/04/2022

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. 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	1.1	Standard not met	The pharmacy manages risks poorly as it does not follow standard operating procedures for all activities. Aspects of record keeping are insufficiently controlled which risks poor accountability of medicines stock.
		1.6	Standard not met	Required records for high risk medicines are not accurate and transactions are not entered in a timely manner as required by law.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy doesn't have enough suitably trained and skilled team members to manage its workload, and to deliver all its services safely and effectively.
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy is untidy, cluttered and disorganised and does not present a professional image. It risks internal dispensing errors due to the clutter.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	Insufficient attention is paid to the processes for the recording and destruction of high risk drugs. These include out of date stock and high risk medicines such as patient returned medication and sharps.
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 but the team doesn't always follow these. This could mean that patient safety is compromised. The pharmacy does not sufficiently manage the risks in relation to controlled drugs (CDs) 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. And the team had access to information to safeguard people.

Inspector's evidence

Signs in the pharmacy advised people to wear a face covering. The pharmacy had plastic screening fitted around part of 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 gloves and sanitising hand gel if required. 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 meeting the requirements of the Responsible Pharmacist (RP) legislation. The Superintendent (SI) had updated these SOPs in September 2021. All team members, apart from a new employee, had signed a document which confirmed they had read and understood the SOPs that were relevant to their role. But some tasks referred to in the SOPs such as checking running CD balances monthly and entering controlled drugs in the register within 24 hours of supply had not been adhered to.

The Superintendent (SI) advised that the checker picked up near miss errors at the checking stage of the dispensing process, then informed the dispenser of the error who then entered the error onto the near miss log and rectified the mistake. Sampling of the records indicated that a few near misses had been recorded each month. Team members had recorded some details, but sections such as the action taken to prevent recurrence and the possible root causes of the error had not been completed. So, the team may have missed the opportunity to learn from mistakes and make changes to the way it worked to improve patient safety. The SI had referred to a monthly documented review of errors but could not provide these on the day. The team members discussed errors when they occurred. The SI advised that dispensing errors had been recorded electronically, although these had not been seen on the day. He described a recent error when the wrong inhaler device had been supplied, and to avoid a similar error occurring notes had been placed on the patient record to alert team members to take extra care when dispensing this item. Team members provided generic examples of steps they had taken to prevent selection errors, such as separating medicines that looked or sounded alike.

The pharmacy had a complaints procedure in place. And the team displayed 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 for prescriptions. A team member explained that during the pandemic they were days behind with prescriptions. And so, people's medicines were not always ready when people came to collect them. The situation had improved and things had settled down.

The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy displayed the correct responsible pharmacist's name and registration number. So, people could easily know the responsible pharmacist (RA) on duty. Entries in the responsible pharmacist electronic record mostly complied with legal requirements. There had been a few occasions when the RP had forgotten to sign

out, but these had been oversights and not the norm. 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 an action plan had been issued. The SI had provided assurances that CD balances would be checked regularly and at least monthly and that CD prescriptions would be entered within 24 hours of supply. This was found not to be the case. The last CD entries and balance check had last been completed on 26 January 2022. So, nothing had been entered in the register since then. Two random balance checks of CDs in the cabinet did not tally with the balance in the CD register. The SI showed the inspector more than 40 prescriptions which had not be entered into the register. So, this meant that any CD discrepancies would go undetected. The SI confirmed that he was aware of the regulations, but he had been busy, and it was a case of priorities. He advised that they had enough members of staff but he did not like to delegate. 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 pharmacy team had a notice in the retail area which told people how their data was protected. The team held records containing personal identifiable information in the consultation room. But this had been unlocked and unattended for periods of time during the inspection. The SI advised that the team were aware of the need to keep people's personal information confidential but had no training records. During the inspection, a customer at the counter had been loudly asked personal medical information in front of others in the retail area. The team segregated confidential waste for shredding later. 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 not all met

Summary findings

The pharmacy doesn't have staff members with the correct skill mix and training to safely provide the services offered. Newer members of the pharmacy team lack proper training on the pharmacy's procedures. And the lack of effective direction and management means that the team members may not be working as effectively as they could. Also, there are no regular documented appraisals so learning needs may be missed.

Inspector's evidence

At the time of the inspection the team consisted of the SI, one Accuracy Checking Technician (ACT), three dispensing assistants, one trainee and the delivery driver. The pharmacy director sometimes provided second cover for 5 hours a week. The SI thought that they generally managed with the current level of staff but sometimes struggled at busy times. He had been working on an evening when the pharmacy had been closed just to keep up with the workload. On the day, the SI spent time in the consultation room doing Covid 19 vaccinations and other services while the ACT checked some prescriptions. Baskets of prescriptions waiting to be checked littered the floor and checking bench. The inspector counted 60 in total. The SI staggered team members holidays when he could. But this had been difficult because people had accrued holidays while working through the pandemic. People had childcare commitments. So, they had not always been able to work extra hours to cover holidays. The pharmacy had two trainees who started with the company in February the SI intended to enrol both onto the Buttercups course. One of the trainees advised that other team members helped and supported her.

The team had access to training on Virtual Outcomes but hadn't completed any recent training they could recall. Team members log in details weren't available on the day. The pharmacy team members received on the spot feedback. But not regular documented appraisals. The pharmacy team members discussed tasks that needed to be completed. And they discussed any dispensing incidents as they occurred. The team members felt able to make suggestions for better ways of working but felt these had sometimes been dismissed without proper consideration. The team didn't have clear responsibilities and during the inspection it was clear that nobody was taking control of the day to day running of the pharmacy. The SI had been reluctant to delegate tasks. So, this meant that important tasks such as CD balance checks had not been completed and this affected the safe operation of the pharmacy. The team had targets such as completing ten blood pressure measurements each week. The SI had trained the team on how to check BP and they had practiced on each other.

Principle 3 - Premises Standards not all met

Summary findings

The dispensary and retail area are not adequately clean and tidy. The pharmacy team members take appropriate steps to reduce the risk of Covid 19 infection.

Inspector's evidence

The pharmacy had a small retail area. And the team kept pharmacy medicines on shelving behind the counter. The shelves were very dusty. Some prescriptions waiting collection had been stored on the floor behind the counter. And the dispensary was untidy with clutter on the benches and stock in totes and baskets on the floor. The pharmacy had adequate lighting and had air conditioning which helped to keep the team cool during the warm weather. The dispensary had a 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 consultation room with seats where people could sit down with the team member and small portable sink. The room was signposted by a sign on the door. The room contained a computer, chairs, and a desk.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy doesn't have a robust procedure for the recording and disposal of patient returned CDs. So this may mean that patient returned CDs are not recorded and disposed of appropriately. Also patient returned medicines and sharps bins are not disposed of in a timely manner. The pharmacy provides a range of services that are accessible to people. It provides medicines to some people in multi-compartment compliance packs to help them take them correctly.

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 window to the front. 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 and had appointments booked in on Mondays.

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 together. Team members used various stickers during 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 the pandemic and had remained at around seventy a day. A sample of delivery sheets demonstrated that the driver recorded the name of the person accepting the delivery. The same procedure applied to CD deliveries. And so, the team had an audit trail that medicines had been delivered should a query arise.

The pharmacy supplied medicines in multi-compartment compliance packs for 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 demonstrated his understanding of the pregnancy prevention programme (PPP) for people prescribed valproate. The inspector reminded the SI about the updated guidance from MHRA. The SI confirmed that he was aware of the guidance and the pharmacies obligations. Currently they had no eligible patients prescribed sodium valproate.

The dispensary team date checked when time allowed. The team had a matrix to record what had been

date checked and when. Team members confirmed that they don't always complete this. A sample of the stock in the pharmacy drawers and on two shelving areas in the dispensary were found to be in date. The pharmacy team recorded the date on liquid medicines when they had been opened. So, checks could be done to see if they were fit to supply. The pharmacy stored obsolete medicines and those returned to the pharmacy in disposal bags in a stock room upstairs. During the inspection medicines had been returned in a carrier bag and these had been placed in a disposal bag without checking the contents for CDs. The SI advised that they followed this procedure during Covid. But they usually asked people if the bag contained CDs. A stock room upstairs contained around 30 sharps bins and other obsolete medicines that had been there for over a year. The CD cabinet had a shelf full of patient returned CDs that had not been recorded.

The pharmacy obtained medicines from licensed wholesalers. The pharmacy team received drug alerts electronically and printed these off and actioned them. The SI had a file for alerts. The electronic records showed that the pharmacy team checked and recorded the fridge temperature ranges for both fridges daily.

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 range of CE quality marked measuring cylinders. And used a Methameasure to measure methadone. Team members 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.