

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: 24/07/2023

Pharmacy context

This is a community pharmacy in the town of Hartlepool. It dispenses NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy provides a home delivery service, a substance misuse service and dispenses some medicines in multi-compartment compliance packs to people who need support in taking their medicine correctly.

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
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 team follows a comprehensive set of written procedures to help them manage the pharmacy's services. The pharmacy mostly keeps the records it needs to by law. It is suitably equipped to support the safeguarding of vulnerable adults and children and team members help protect people's private information. They record mistakes made during the dispensing process and they make changes to the way they work to help improve patient safety.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). These were instructions designed to support the team in safely undertaking various processes. For example, the dispensing of prescriptions and complying with responsible pharmacist (RP) legislation. Team members were required to sign a sheet to confirm they had read and understood the SOPs which were relevant to their role and each team member had signed the sheet. The SOPs were not stored in any order, which made it difficult to find a specific SOP. The SOPs were reviewed at least every two years.

The pharmacy used a log to record details of mistakes made during the dispensing process but were spotted during the final checking stage. These mistakes were known as near misses. Team members were responsible for recording their own near misses. Records from 2022 showed team members made regular records, but the details recorded were vague. For example, they didn't always record the reason why a near miss might have happened or the action taken to prevent a similar mistake happening again. However, since 2023, team members had made significant improvements and now recorded near misses in more detail. They recorded the reasons a near miss might have happened, which helped them respond to any identified trends or patterns. For example, team members recognised some near miss errors involved quetiapine and quinine due to the two medicines having similar sounding names. To help prevent this error from recurring, the team agreed to separate them into different sections of the drawer they were stored in. However, on inspection, the medicines were being stored together which reintroduced the risk of mistakes being made in the dispensing process. The pharmacy had access to a digital system to record details of dispensing incidents that had reached people. But the team was unable to access the system during the inspection to demonstrate any examples. Team members described a recent incident where the pharmacy had supplied some medicines to the wrong person. The team identified this was due to a team member not confirming the address of the patient with the person collecting the medicines. To improve, team members agreed to make sure they always asked people to confirm addresses before they left the pharmacy with their medicines.

The pharmacy had a formal complaints procedure that was displayed via a notice in the retail area. Team members typically received verbal feedback from people who used the pharmacy. Team members explained how they would always look to resolve complaints themselves but if they were unable to do so, they would refer the complaint to the RP or the pharmacy's superintendent pharmacist (SI).

The pharmacy had professional indemnity insurance. It was displaying a responsible pharmacist (RP) notice, but it was displaying the registration number of another pharmacist, not the RP. The RP record was mostly completed correctly but, on some occasions, the RP had not recorded the time their RP duties had ended. The importance of completing the record each day was discussed with the RP. The

team completed a balance check of controlled drugs (CDs) regularly. The inspector checked the balances of three randomly selected CDs which all balanced correctly. The pharmacy kept records of CDs that people had returned to it for destruction. It kept records of private prescriptions dispensed, and they were mostly completed correctly. However, on some occasions, team members had not recorded the date the prescription was issued.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team separated confidential waste from general waste, and it was periodically destroyed via a third-party contractor. Team members understood the importance of securing people's private information. The team was aware of its responsibilities in raising safeguarding concerns about vulnerable adults and children. The RP had completed a training course on safeguarding via the Centre for Pharmacy Postgraduate Education up to level 2. The pharmacy had a written procedure to support team members to report concerns. It contained the contact details of the local safeguarding team. Team members described some hypothetical situations that they would report.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team has the necessary skills and experience to safely manage the pharmacy's services. Pharmacy team members work well together and support each other to help provide the pharmacy's services. The pharmacy supports team members enrolled in training courses to work through their courses via protected training time.

Inspector's evidence

The RP was a locum pharmacist who had been working three to five days a week at the pharmacy since October 2022. The RP was supported by a full-time trainee pharmacy assistant, a part-time qualified pharmacy assistant and two full-time pharmacy assistants. The pharmacy also employed a deliver driver and another two full-time qualified pharmacy assistants. Team members occasionally worked additional hours to cover each other's absences. They felt they had enough team members to manage the dispensing workload. Team members were observed working well together and helping each other to complete various tasks. They were observed involving the RP when selling some higher-risk Pharmacy medicines (P). Team members explained they felt comfortable working with the RP and the pharmacy benefited from good leadership.

The pharmacy provided team members with access to an online training programme. Each team member had their own login details and could track their own progress through a series of mandatory modules. They could also voluntarily select a module to work through in response to their own identified learning needs. The trainee pharmacy assistant was provided with protected training time to support them in completing their course. The pharmacy didn't provide team members with a formal appraisal process. However, team members discussed their development and career progression with the SI when they felt the need to do so. Two team members had recently discussed their desire to train towards becoming qualified accuracy checkers.

Team members attended team meetings where they could give feedback on ways the pharmacy could improve. They discussed how they could better manage the workload and talked about improving patient safety. Recently the team had improved dispensing accuracy by reorganising the dispensary shelves to ensure medicines were better organised. Team members explained they were making fewer mistakes during the dispensing process because of this change. Team members were not set any targets to achieve. They explained they were focused on providing an efficient and effective service for the local community.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and organised. People can have a conversation with a team member in a private consultation room.

Inspector's evidence

The pharmacy premises were spread over three floors. They were generally hygienic and well maintained. The dispensary was spacious with ample room for team members to dispense medicines in an organised manner. Dispensing benches were kept organised throughout the inspection. Floor spaces were kept clear to prevent a trip hazard. The upper floors of the dispensary had several storerooms and a staff area. The pharmacy had a suitably sized, soundproofed, consultation room for people to use to have private conversations with team members. There was a separate area for people to use for supervised interactions within the substance misuse service.

The pharmacy had separate sinks available for hand washing and for preparing medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout most of the premises. However, the stairwell to the first floor didn't have any lighting, which could increase the risk of a trip or a fall.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy effectively manages a range of services that it makes accessible to people. The pharmacy team regularly checks the expiry dates of its medicines to reduce the risk of out-of-date medicines being supplied to people. And the pharmacy stores its medicines correctly.

Inspector's evidence

The pharmacy was accessible via a small step from the street to the main entrance door. Team members explained they often served people at the door if they had difficulty entering the premises. For example, if they used a wheelchair or had a pram. The pharmacy had a selection of healthcare-related information leaflets for people to take away with them. The pharmacy had a facility to supply large-print labels to people with a visual impairment. One team member spoke basic sign language and helped some people who had a hearing impairment. The RP spoke Arabic and helped some people who felt more comfortable communicating in Arabic than English. Team members had knowledge of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to apply dispensing labels to valproate packs in a way that prevented any written warnings being covered up and ensured they always supplied valproate in original packs. The team had completed an audit to check if any people who used the pharmacy regularly were eligible to be enrolled in the programme. The pharmacy had a supply of steroid cards to supply to people who were dispensed a steroidal medicine.

Team members used dispensing baskets to safely store medicines and prescriptions throughout the dispensing process. This helped manage the risk of medicines becoming mixed-up. Team members signed dispensing labels when they completed the dispensing and final checking processes to maintain an audit trail. Team members attached alert stickers to bags containing people's dispensed medicines. They used these as a prompt before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. The pharmacy provided a substance misuse service to several people. The team dispensed instalments at the beginning of each working day and stored them in a separate section of a CD cabinet. The pharmacy supplied some people with their medicines dispensed into multi-compartment compliance packs. These packs were designed to help people take their medicines at the right times. There were 'master-sheets' which team members used to cross-reference with prescriptions to make sure prescriptions were accurate before the dispensing process began. If they spotted a discrepancy, for example, if a medicine was missing from the prescription, they made enquires with the prescriber. Team members recorded details of authorised changes to people's treatment on their electronic medical record. The packs were annotated with descriptions of the medicines supplied.

The pharmacy stored P medicines directly behind the pharmacy counter. Team members followed the pharmacy's process to check the expiry dates of its medicines every three months. But they didn't keep records of the process. So, they could not confirm when the process had been last completed. Medicines that were short dated were highlighted using coloured dot stickers. The pharmacy had a fridge to store medicines that required cold storage. And the team kept keep records of the fridge's minimum and maximum temperature ranges. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste.

The pharmacy received medicine alerts through email. The team actioned alerts and kept a record of the action taken. During the inspection, the inspector found several amber bottles containing medicines that had been removed from their original packs. These medicines were labelled with the name and strength of the medicine, but not with their expiry dates or batch number. This increased the risk of an expired medicine being supplied to people and made it difficult for the team to identify medicines that may have been subject of a recall. These medicines were brought to the attention of the RP who immediately removed them to be destroyed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Team members had access to reference sources including electronic and hard copies of the British National Formulary (BNF) and the BNF for children. The pharmacy used a range of measuring cylinders. There were separate cylinders to be used only for dispensing water. This helped reduce the risk of contamination. There was a pump used to dispense medicines used for the substance misuse service. The pump was cleaned and calibrated each day. The pharmacy stored dispensed medicines 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 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.