

Registered pharmacy inspection report

Pharmacy Name: Morpeth Pharmacy, The Surgery, Wellway,
MORPETH, Northumberland, NE61 1BJ

Pharmacy reference: 1091883

Type of pharmacy: Community

Date of inspection: 28/09/2022

Pharmacy context

This community pharmacy is situated inside a surgery in Morpeth, Northumberland. The pharmacy dispenses NHS prescriptions and private prescriptions. It offers a medicine delivery service. The pharmacy team advises on minor ailments and medicines' use. And it supplies a range of over-the-counter medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 appropriately identifies and manages the risks associated with its services. It has written procedures that pharmacy team members follow. They openly discuss mistakes that happen and they take suitable action to prevent future mistakes. The pharmacy has appropriate insurance to protect people if things go wrong. It completes most of the records it needs to by law.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs). The SOPs provided the team with information to perform tasks supporting the delivery of services. These had last been reviewed in July 2020. All members of the pharmacy team had signed the SOPs appropriate to their level of training and expertise. And signed training sheets were attached at the back of each SOP.

The pharmacy had a procedure for managing errors identified during the dispensing of prescriptions, known as near misses. The pharmacist or accuracy checking technician (ACT), when spotting an error, returned the prescription to the dispenser to correct. The person checking the prescription usually recorded the error. It was noted that the learning points and action taken sections in the records didn't provide details of any changes made to prevent a reoccurrence of the error. The team discussed the error at the time. The ACT reviewed the near misses and completed a monthly patient safety review and shared the outcome from the review with the pharmacy team. The August review had highlighted a selection error that had occurred with carbamazepine and carbocisteine and following discussion the items had been separated onto different shelves to prevent future errors. Medicines with similar names such as rosuvastatin and rivaroxaban had selection warnings near them on the shelf edges. The pharmacy had a procedure for managing errors that reached the person known as dispensing incidents. The procedure included the team completing a dispensing incident report. The superintendent usually completed the incident report form. The team kept the labels, boxes, and copies of the prescription with the incident report in a marked file so they could refer to them later if they needed to. The pharmacy had an SOP for handling complaints raised by people using the pharmacy services. The supervisor explained that they hadn't received any complaints that they were aware of and people using the pharmacy appreciated the level of service they received.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and electronic controlled drug (CD) registers met legal requirements. The team checked CD balances monthly. A balance check of two CDs in the CD cabinet tallied with the balances in the register. The team recorded CDs returned by people for destruction. The pharmacy team used a book to record the details of unlicensed medicines supplied. The certificates of conformity with patient details were filed in the book. The team members completed training about the General Data Protection Regulation (GDPR). And all registrants had completed level 2 CPPE training. They separated confidential waste for shredding off-site.

The pharmacy had a safeguarding file with guidance for the team to follow. All registrants had completed level 2 training on protecting children and vulnerable adults. The team had not had an occasion to report a serious safeguarding concern. Concerns about vulnerable people not taking their medication as prescribed were reported to the GP. The team were unable to locate local contact details

for local safeguarding agencies on the day.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support its services. Team members work well together, and they support each other to manage the workload. They complete ongoing training to keep their knowledge up to date.

Inspector's evidence

One of the regular pharmacists was the RP on the day of inspection, two ACTs and three dispensing assistants assisted. Team members reported that they had been busy during the Covid pandemic and the team had made every effort to make sure that people had the medication they needed. Fortunately, the collection robot had been fitted at the start of the pandemic and this had eased the congestion in the pharmacy. The supervisor advised that they were recruiting a new team member and in the meantime the team worked together working extra hours when necessary.

Two team members recently had a documented appraisal and the supervisor was planning dates for the rest of the team. Team members had regular discussions with the supervisor and the superintendent (SI) about how they were managing. The supervisor explained that the team worked well together, they discussed tasks that needed to be completed and near miss errors as they occurred. The team discussed the errors in more detail at the monthly review meetings. Team members found the SI and both regular pharmacists approachable and they felt comfortable sharing ideas to improve the pharmacy's services. The team had discussed dividing deliveries into geographical areas and had also suggested dividing the workforce into two teams during the pandemic to reduce the risk of cross infection. The pharmacy team knew to speak to the pharmacist or SI if they had any concerns. Team members did some ongoing training by reading training material provided by manufacturers of medicines. And they had completed electronic training on topics such as remote consultation and hospital discharge. The team had set up an electronic messaging group which they used to share information about out of stocks for example.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare. Its premises are suitable for the workload and services it provides. And they are bright and tidy. The pharmacy has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was situated inside a GP surgery. The pharmacy was bright, secure, and professionally presented. The pharmacy was compact but it was organised so that the team had enough workbench space and storage space it needed for its current workload. And the team kept all areas clean and tidy. The pharmacy had a consultation room which the pharmacy used to deliver services and had access to one of the GP rooms if the consultation room was in use. The team had access to a sink with a supply of hot and cold water in the dispensary. The pharmacy team used the GP surgery toilet and kitchen both of which had hand washing facilities. Members of the pharmacy team were responsible for keeping the premises clean and tidy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can easily access. Its working practices are safe and effective. It gets its medicines from reputable sources. And members of the pharmacy team carry out checks to make sure the pharmacy's medicines are safe and fit for purpose. They dispose of people's unwanted medicines properly.

Inspector's evidence

People accessed the pharmacy through the double automatic doors at the entrance to the surgery. People using the pharmacy had direct access from the street. The pharmacy had a range of healthcare information leaflets for people to read or take away. And the pharmacy displayed opening hours and pharmacy services in the pharmacy. It offered a free delivery service to people who couldn't attend its premises in person. The driver obtained signatures from people on receipt of their medication, and for CD deliveries, the team photocopied the prescription and got a signature on the back of the prescription from the recipient at the point of delivery. This was retained in the pharmacy so the pharmacy had an audit trail to show that the right medicine was delivered to the right person.

The pharmacy dispensed medicines in multi-compartment compliance packs to help people take their medicines correctly. And it had written processes that the team followed to manage the service. Most members of the pharmacy team had been trained to prepare the packs. The team wrote tablet descriptions on the labels so that people could identify each medicine in the pack. The pharmacy supplied patient information with the first dispensing only so people might not be getting all the information they need to take their medication appropriately.

The pharmacy installed a 24-hour collection robot just at the start of the Covid pandemic and this had been well received by people especially the elderly which the team found surprising. The robot was loaded several times during the day. The team texted people to let them know when their medicines were ready for collection. The pharmacy had an SOP for the robot and all team members were trained in its use.

The pharmacy was accredited to provide a Covid vaccination service which was running on the day of the inspection. The team had completed all the training to provide the service. Two ACTs checked prescriptions when the pharmacist administered the vaccinations. The process ran smoothly alongside the pharmacy's core services.

The pharmacy had separate areas for labelling, dispensing, and checking of prescriptions. The team used baskets to isolate people's medicines and to help prevent them becoming mixed up. The team used white baskets for prescriptions that were to be collected from the collection robot. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. The pharmacy team highlighted prescriptions that had been identified as requiring additional counselling. Pharmacy team members knew that people in the at-risk group, mustn't take valproate unless the Pregnancy Prevention Programme was in place. And that people in this at-risk group prescribed valproate needed to be counselled. The team had information leaflets and cards but they didn't always provide these on each dispensing. The pharmacy currently

didn't have people prescribed valproate who were in the at-risk group.

The pharmacy used a range of recognised wholesalers to obtain its pharmaceutical stock. It mostly stored medicines within their original manufacturer's packaging. But there were a small number of amber bottles containing medication that had been removed from the original packaging and these had been marked with all the relevant details. So, there was less assurance that the medication was fit to supply. Team members marked containers of liquid medicines with the date they were opened. The pharmacy team checked the expiry dates of medicines regularly and the team highlighted short-dated medicines so they could be easily identified and removed from the shelf before expiry. A random sample of medicines checked from three areas in the pharmacy found no out-of-date stock. The pharmacy stored pharmacy (P) medicines behind the pharmacy counter so people were not able to self-select them and so sales were supervised. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

Team members used a CD cabinet that had adequate space to safely segregate stock items. The pharmacy had fridges to store items at the recommended temperature, where necessary. Team members monitored and documented the temperatures daily. They provided evidence that they had been operating within the accepted range of 2 and 8 degrees Celsius. The team received drug alerts electronically, printed them off, and actioned them when appropriate.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of crown-stamped glass measures to measure out liquids. It had equipment for counting loose tablets and capsules. Members of the pharmacy team made sure they cleaned the equipment they used to measure out or count medicines before they used it. The pharmacy team had access to up-to-date reference sources and the internet. The pharmacy had three refrigerators to store pharmaceutical stock requiring refrigeration. Two were used for pharmacy stock and other for vaccinations. The pharmacy team positioned its computer screens so they could only be seen by a member of the pharmacy team. It restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. Team members used their own NHS smart cards to access computer records.

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.