

Registered pharmacy inspection report

Pharmacy Name: Haydon Bridge Pharmacy Ltd, 5 Church Street,
Haydon Bridge, HEXHAM, Northumberland, NE47 6JG

Pharmacy reference: 1095023

Type of pharmacy: Community

Date of inspection: 14/04/2023

Pharmacy context

This is a community pharmacy located in the village of Haydon Bridge in the town of Hexham. It dispenses NHS and private prescriptions. Pharmacy team members advise on minor ailments and medicines use. The pharmacy previously dispensed medicines in multi-compartment compliance packs to several care homes and for people living in their own homes. But this area is now a separately registered pharmacy premises and so the packs are dispensed there. Both pharmacies have the same owner.

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 has a set of written procedures to help the pharmacy team manage the risks associated with delivering its services. And it generally manages its risks appropriately. The pharmacy keeps the records it needs to by law and team members are suitably equipped to help protect the welfare of vulnerable people. The pharmacy generally protects people's personal information well. However, it does not always make it fully clear to people when it makes changes to its services where people's prescriptions are dispensed.

Inspector's evidence

The pharmacy had a set of online standard operating procedures (SOPs) to help the safe and effective running of the pharmacy. The SOPs provided the team with information to help them complete various tasks. They covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensing processes, and services. The SOPs were created in July 2022, and they were due for a review in July 2023. The pharmacy kept records of which SOP each team member had read and understood.

In March 2023, the pharmacy undertook a significant change to its business model. The pharmacy had registered a first-floor area, which had a separate external entrance, as a different registered pharmacy premises. All prescriptions for care homes and for people who received their medicines in multi-compartment compliance packs were dispensed from the newly registered pharmacy upstairs. Supplies were being made directly from this newly registered premises. There was no evidence available that people and care home staff had been informed of the change. The pharmacy had not updated its SOPs.

The pharmacy had a process to record any mistakes made during the dispensing process. These mistakes were known as near misses. The pharmacy used a third-party electronic system to record any near misses. Once a near miss was identified by the RP, the dispenser was asked to rectify the mistake. Following this process, using their smart phone, the RP scanned a QR code that was displayed on a notice in the dispensary. The RP used their smartphone to complete a form to record the details of the near miss. The details recorded included the date and time the near occurred, the details of the team members who made the mistake, and the action taken to reduce the risk of a similar mistake happening again. Team members spoke briefly amongst each other to discuss why the near miss might have happened and how they could prevent a similar mistake from happening again. A recent analysis of the near misses identified a significant number of near misses where team members had dispensed the incorrect type of an inhaler used for asthma. Team members collectively decided to separate the two different types of inhalers to prevent them being selected by mistake during the dispensing process. The pharmacy used a similar system to record and report any dispensing incidents that had reached a person. But no examples were available for inspection. The pharmacy had a process for people to follow if they wished to raise a concern or make a complaint about the pharmacy. But the process was not outlined for people to see. Team members explained they usually aimed to resolve any complaints informally. If they were unable to successfully resolve the complaint, they brought the complaint to the attention of the RP.

The pharmacy had current professional indemnity insurance. It was displaying the correct RP notice. The RP register had been completed correctly. The pharmacy kept records of supplies against private prescriptions, but the team could not locate the physical prescriptions. And so, it was not possible for

the inspector to confirm the records were correctly made and may make it difficult for team members to resolve queries. The pharmacy retained complete controlled drug (CD) registers. And the team kept them in line with legal requirements. The team completed regular balance checks of the CDs. The pharmacy kept records of CDs returned to the pharmacy for destruction.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate bag to avoid a mix up with general waste. The waste was periodically destroyed. Team members understood the importance of securing people's private information and they recalled completing training about the General Data Protection Regulation (GDPR). The pharmacy didn't have a documented procedure to help the team raise concerns about safeguarding vulnerable adults and children. Team members had completed some basic training on the subject. The RP had completed training via the Centre for Pharmacy Postgraduate Education. Team members described hypothetical safeguarding situations that they would feel the need to report. Team members explained they would use the internet to find the contact details of the local safeguarding teams.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a suitably trained team to help manage its workload. Team members are supported to refresh and update their knowledge and skills. They work well together to provide an efficient service. And they can provide feedback and raise professional concerns where necessary.

Inspector's evidence

The RP on the day of the inspection was also the pharmacy's owner and superintendent pharmacist (SI). During the inspection the RP was supported by three full-time trainee dispensers and a full-time qualified dispenser. The pharmacy also employed another trainee dispenser who worked only on Saturdays. Team members covered each other's absences and worked additional hours when required. They were seen being supported by the RP as they worked and were observed providing appropriate advice to people who were purchasing Pharmacy (P) medicines. The RP was seen giving people advice on how to best take their medicines. Team members worked efficiently throughout the inspection and were managing the dispensing workload well. The pharmacy dispensed relatively few prescriptions for people wishing to wait in the pharmacy. And so, this meant they could dispense most prescriptions without any significant time pressures.

The pharmacy didn't provide the team with a structured training programme to help them update their knowledge and skills. But the team was supported to complete pharmacy related training modules on an ad-hoc basis. Team members had recently completed training on dementia and safeguarding vulnerable adults and children. Team members were given protected training time during their working hours to complete any training. This meant they could do so without being distracted by the pharmacy's workload. Team members were not provided with a formal appraisal process, but they felt supported by the RP if they wished to complete training to further their development. For example, one team member had been enrolled on to a course to qualify as an accuracy checker.

Team members attended informal team meetings where they could discuss any professional concerns and give feedback on ways the pharmacy could improve. One dispenser who was the most experienced team member allocated tasks for each team member once in the morning and once in the afternoon. This helped team members focus on a particular task and better manage the workload. Team member were not set any specific targets to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are generally suitable for the services it provides and are appropriately maintained. The pharmacy has a suitable consultation room where people can have private conversations with team members.

Inspector's evidence

During the inspection the pharmacy appeared clean, well maintained, and portrayed a professional appearance. The main dispensary area was small for the number of prescriptions the pharmacy dispensed. There were several team members working in the dispensary at any one time and this made it difficult for people to move around each other or find suitable bench space to work from. Throughout the inspection, baskets containing medicines and prescriptions were stored on dispensary benches. The benches were occasionally cluttered, but this improved as the RP completed the final checking process. The RP used a separate bench to complete this process. Some baskets were stored on areas of the floor space. But they were generally kept away from where team members walked to help minimise the risk of a trip or fall.

The pharmacy had a signposted consultation room to help people have private conversations with team members. The room was professional, sound-proofed, contained two seats and was large enough for two people to appropriately socially distance from each other. The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its range of services accessible for people. It generally manages them safely and effectively. The pharmacy follows a process to identify which of its medicines are close to expiry or out of date. And it correctly sources and properly stores its medicines.

Inspector's evidence

People had level access into the pharmacy through the main entrance door. The pharmacy advertised some of its services on a front window. The pharmacy held a range of healthcare related leaflets for people to select and take away with them. The team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert 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. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. Baskets were generally kept organised to minimise the risk of them being knocked over. The pharmacy had a significant number of baskets that contained prescriptions that were not able to be fully dispensed. This was due to stock availability. The team made a note of the medicines that were outstanding and attached these notes to the front of the basket. This helped the team easily see which medicines needed to be added to the baskets. The pharmacy offered a service delivering people's medicines to their homes. The team estimated that over 90% of the people who used the pharmacy had their medicines delivered. The pharmacy kept comprehensive records of the delivery process so an audit trail was in place of completed deliveries and occasions where the delivery could not be completed. For example, if a person was not at home. 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. The pharmacy supplied patient information leaflets and patient cards with every supply and had recently completed an audit of people taking valproate confirming that they supplied two people with valproate who were in the at-risk group.

The pharmacy sourced its medicines from licenced wholesalers. It stored P medicines directly behind the pharmacy counter. The pharmacy had a process for the team to check the expiry dates of medicines. The team demonstrated that it was up to date with the process. No out-of-date medicines were found by the inspector following a check of approximately 30 randomly selected medicines. The pharmacy had three fridges to store medicines that required cold storage. One fridge was used to store dispensed medicines, one held insulin medicines and the third held creams. The pharmacy kept records of the fridges' minimum and maximum temperature ranges. The records showed one of the fridges had been operating slightly outside of the accepted temperature ranges for two days. The RP gave assurances that the fridge would be monitored closely for the next few days. 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. Several containers filled with returned medicines were stored in

the pharmacy's toilet. This created some risk of unauthorised access. The pharmacy received medicine alerts electronically through email. The team actioned the alert and kept a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the 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 up-to-date reference sources including electronic copies of the British National Formulary (BNF) and the BNF for children. The pharmacy used a range of CE marked measuring cylinders. There were separate cylinders to be used only for dispensing water. This helped reduce the risk of contamination. The pharmacy had a new blood pressure monitor. There was no record of when it was scheduled to be replaced or calibrated.

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.