

Registered pharmacy inspection report

Pharmacy Name: Norton Glebe Pharmacy, Unit 6 Hanover Parade,
The Glebe, STOCKTON-ON-TEES, Cleveland, TS20 1RF

Pharmacy reference: 1104027

Type of pharmacy: Community

Date of inspection: 15/03/2024

Pharmacy context

This is a community pharmacy in a shopping precinct in the town of Stockton-On-Tees, Cleveland. Its main services include selling over-the-counter medicines, dispensing NHS prescriptions, providing the NHS Pharmacy First and NHS Hypertension Case Finding services. It delivers medicines for some people to their homes.

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	1.2	Good practice	The pharmacy team are good at recording and analysing any mistakes made during the dispensing process. The team implement changes to the way the pharmacy functions to help improve patient safety.
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 suitably manages the risks with its services and provides them safely and efficiently. Team members record mistakes they make during the dispensing process. Then they use the records to identify trends or patterns and make changes to the way they work to reduce the risk of similar mistakes recurring. The pharmacy keeps people's sensitive information secure, and team members know how to safeguard vulnerable adults and children.

Inspector's evidence

The pharmacy had a set of digital standard operating procedures (SOPs). They were provided by an external contractor. The SOPs covered various processes such as dispensing, the management of controlled drugs (CDs) and responsible pharmacist (RP) requirements. Each team member had their own individual login to the online portal where the SOPs were held. Within the portal, team members could see which SOPs they had read and which they were due to read. The SOPs were due to be reviewed periodically but there was no documented date for the next review.

If the responsible pharmacist (RP) identified any errors made during the dispensing process, known as near misses, they informed the person responsible for the error and asked them to rectify the mistake. The pharmacy had a near miss log for team members to use to record details of each near miss. The log had sections to record details such as the type of near miss and the reason it might have happened. The records were analysed each month by a team member for any trends or patterns. The findings of the analysis were documented into a monthly patient safety report which each team member was required to read. Team members explained how this helped them to learn from each other's mistakes and improve patient safety. Team members were required to attend a monthly patient safety meeting. During the meeting they discussed ways to improve patient safety by making changes to the way they worked. Recently, team members had changed the way they marked 'split' packs of medicines by marking the packaging using a marker. This helped to identify them more easily and reduced the risk of a person being supplied the incorrect quantity of their medicine. The pharmacy kept records of any dispensing errors that had reached people. A form was completed which contained details of the error, reasons the error might have happened, and the actions taken to prevent a similar error recurring. Details of each dispensing error was shared with the pharmacy's superintendent pharmacist (SI) and a copy was retained for future reference. The pharmacy had a concerns and complaints procedure in place. However, it was not clearly advertised for people to see. Any complaints or concerns were required to be raised verbally with a team member. If the matter could not be resolved by the team member, it was escalated to the SI.

The pharmacy had current professional indemnity insurance. The RP notice displayed the name and registration number of the RP on duty. But, the notice was some distance from the retail area and therefore was not clearly visible to people who used the pharmacy. Entries in the RP record mostly complied with legal requirements. However, on several occasions the RP had not recorded the time their RP duties had ended. The pharmacy kept records of private prescriptions. Most of the records were complete, however on some occasions the details of the prescriber were not recorded. CD registers were appropriately maintained and there were separate records of CDs returned to the pharmacy for destruction. Running balances were regularly audited against physical stock. A random CD was checked against the running balance in the CD register and found to be correct. Records of supplies

of unlicensed specials were in order.

Records containing personal identifiable information were kept in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bag to avoid being mixed with general waste. Then it was periodically destroyed using a shredder. Team members understood the importance of keeping people's private information secure and they had all completed information governance training as part of their employment induction process. The retail area was small and was crowded with people throughout the inspection. Team members explained they would offer the use of the pharmacy's consultation room if people wished to discuss their health and there was a risk of the conversation being overheard. The RP had completed training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. Other team members had completed internal training and were aware of their responsibilities and when they should escalate any concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team has the skills and experience it needs to effectively manage the workload. Team members are adequately supported to update their knowledge and skills.

Inspector's evidence

At the time of the inspection, the RP was a locum pharmacist. The RP was supported by another pharmacist who was a company director, three qualified dispensers, one of whom was the pharmacy's supervisor, and two trainee dispensers. One of the dispensers was training to be a pharmacy technician and also completing additional training to be able to work as an accuracy checker. Team members who were not present during the inspection included three part-time qualified dispensers and two part-time delivery drivers. The pharmacy had a busy dispensing workload. Throughout the inspection, team members were observed working well and dispensing medicines under no significant pressure. They supported each other in completing various tasks and requested the support of the RP when needed for sales of medicines. There was a staff rota displayed on a wall in the dispensary. The supervisor explained how they organised the staff rotas a month in advance. Team members did not take time off during the month of December as this was the pharmacy's busiest period of business.

The pharmacy provided some training material for team members to use. The material was provided on an ad-hoc basis. Team members enrolled on a training course were provided with protected training time to support them in completing their course. A trainee team member described how they felt well supported by the pharmacy's owners and the team and was encouraged to ask questions while they worked to help them train. For example, the trainee explained they had recently discussed the sale of medicines containing codeine and the risks of addiction with long term use. Team members were part of a group chat which could be accessed via their smart phones. They used the chat to discuss workload, near misses or dispensing incidents and other work-related news. The pharmacy had an appraisal process for its team members. Appraisals were completed annually and were in the form of a one-to-one conversation between the team member and one of the pharmacy's owners. Team members discussed the parts of their role they felt they were doing well in, and parts where they needed additional support. The pharmacy's owners did not set any targets for the team to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services the pharmacy provides to people. And the premises are maintained to a high standard. There is a private consultation room available for people to use to have confidential conversations with a pharmacy team member.

Inspector's evidence

The pharmacy was clean, highly professional in appearance and well maintained. The dispensary was tidy and well organised with designated areas for team members to dispense medicines and for the RP to complete final checks of prescriptions. Floor spaces were mostly kept clear to prevent the risk of a trip or a fall. The pharmacy had a consultation room for people to have private consultations with team members. It was suitably equipped and soundproofed to prevent conversations being overheard by other people in the retail area.

The pharmacy had a clean sink in the dispensary that was used for the preparation of medicines. There were sinks in both the toilet and staff area which provided hot and cold water and other hand washing facilities. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a wide range of services which are easy for people to access. The pharmacy team manage the services well. Pharmacy team members follow robust processes to make sure the pharmacy stores and manages its medicines correctly.

Inspector's evidence

The pharmacy had level access from the car park to the main entrance door. This helped people with wheelchairs or prams access the premises. There were seats available in the retail area for people to use while they waited for their prescriptions to be dispensed. The pharmacy had recently started providing the NHS Pharmacy First Service. It held the appropriate patient group directions (PGDs) for each part of the service. Team members described how the service had been extremely popular, but this had put some pressure on the RP as they had less time to complete checks of medicines. The trainee technician was expecting to complete their course in a few months. Once qualified to complete the accuracy check, the technician would be able to support the RP in completing final checks of medicines and provide the RP with more time to provide other services.

Team members used various alert stickers to attach to bags of dispensed medicines. The stickers reminded them to complete an action before they handed these medicines to people. For example, to highlight that the bag contained diabetic medication or the presence of a medicine that required cold storage, or a CD that needed handing out at the same time. The team used clear bags to store all dispensed medicines that required cold storage. This was to support team members to complete another final check. Team members signed the dispensing labels to keep an audit trail of who had dispensed and completed a final check of the medicines. They used dispensing baskets to keep prescriptions and medicines together to reduce the risk of them being mixed up. There were separate dispensing and checking areas in the dispensary. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person, and one was kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They explained the advice they would give when valproate was supplied.

Most of the pharmacy (P) medicines were stored behind the pharmacy counter. However, some head lice treatments were stored in the retail area. Team members were not aware these treatments were P medicines and so there was a risk they could be sold to people without team members asking the appropriate screening questions prior to a sale. These medicines were removed from the retail area when they were brought to the attention of the team. Prescription only medicines were kept in restricted areas of the premises, and they were stored tidily on shelves and in drawers. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The CD cabinets were well organised and out-of-date and patient-returned CDs were appropriately segregated. The pharmacy had two medical grade fridges. The team used them to store medicines in that required cold storage. The contents of the fridges were well organised, and the team monitored and recorded the minimum and maximum temperature ranges of both fridges each day. The records seen were within acceptable ranges.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to safely manage its services. The equipment is well maintained to ensure it is fit for purpose.

Inspector's evidence

Team members had access to up-to-date reference sources including access to electronic copies of the British National Formulary (BNF) and BNF for children. The pharmacy used a range measuring cylinders, but some were not crown stamped or CE marked. And so, they may not be accurate. There was a suitable, electronic blood pressure monitor to support the team in taking blood pressure measurements. The monitor was scheduled to be replaced each year. There was an otoscope used to undertake ear examinations. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It 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.