

Registered pharmacy inspection report

Pharmacy Name: Blyth HealthCare Pharmacy, 30 Bowes Street,
BLYTH, Northumberland, NE24 1BD

Pharmacy reference: 1106441

Type of pharmacy: Community

Date of inspection: 16/10/2019

Pharmacy context

The pharmacy is Blyth, Northumberland. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs. These help people remember to take their medicines. And it provides NHS services such as flu vaccinations and a substance misuse service.

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 has adequate processes and written procedures in place to protect the safety and wellbeing of people using its services. It keeps the records it must have by law and keeps people's private information safe. The team is equipped to help protect the welfare of vulnerable adults and children. The pharmacy team members respond when mistakes happen. And they discuss what happened and act to prevent future mistakes. But the reviews are limited so the team does not have all the information to identify patterns and learn from these.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. These provided the team with information on how to perform tasks supporting the delivery of services. The SOPs had been reviewed in January 2018. And these were due to be reviewed in January 2020. All pharmacy team members had signed those relevant to their level of competence. The pharmacy had a process in place to report and record errors that were made while dispensing. The pre-registration student explained the procedure. Each member of the pharmacy team had their own error reporting sheet. The checker having spotted the error let the team member know that they had made an error. The prescription was handed back to the dispensing assistant responsible to correct. And the checker recorded the error. Sometimes there was insufficient information recorded to identify what the error was. And the action taken section was not completed or 'yes' was recorded. The pharmacist discussed the errors as they occurred with the pharmacy team to raise awareness and to share the learning. The pharmacy team members provided examples of changes they had made following an error and these included for example the separation of the nitrofurantoin modified release preparation away from the normal release formulation. And the separation of the amlodipine and amitriptyline onto different shelves. Dispensing errors were recorded on the same error log as the near misses. And there was insufficient space to record all the necessary details. There had been an error with Otomize spray. There were no details recorded of what was requested on the prescription and what was supplied. There was no evidence that a root cause analysis had been done and the learning point was "attention to detail".

The pharmacy had a complaints policy and there were blank complaints sheets explaining procedure in the complaints folder. The pharmacy team members could not recall a complaint. But they said that they always respond to people's preferences whenever possible. For example, there were baskets with branded medicines that had been ordered for people who had requested a certain brand or manufacturer.

Appropriate professional indemnity insurance was in place. The responsible pharmacist (RP) notice displayed the correct details of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. There were two discrepancies in the CD register which the SI was informed about and was investigating. The records demonstrated that running balances were not being completed regularly. The pre-registration pharmacy student said that because the balances were overages it was likely that CDs that had been supplied may not have been entered into the register. The pharmacy retained records of private prescription and emergency supplies. Private prescriptions had a reference number on them which corresponded with the entry in the private prescription book. The pharmacy retained completed certificate of conformities following the

supply of an unlicensed medicine, including patient details.

The team held records containing personal identifiable information in staff only areas of the pharmacy. Confidential waste was placed into a separate bin to avoid a mix up with general waste. The confidential waste was destroyed on site. The pharmacist had done information governance training with the pharmacy team members. And a member of the pharmacy team explained that they had a cordless telephone which allowed them to have private conversations with people without being overheard. The registered team members had completed Level 2 training on safeguarding. The SI had spoken to the rest of the team about safeguarding vulnerable adults and children. A pharmacy team member said that they would discuss any concerns with the SI, who works most days. Or if it was urgent with the pharmacist on the day.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the right qualifications and skills for their roles and the services they provide. The team are supported when training. They work together as a team in an open and honest culture. And they are empowered to offer suggestions for the change for the benefit of people that access the pharmacy services.

Inspector's evidence

At the time of the inspection there was a locum pharmacist who had never worked in the pharmacy before. There was a pre-registration pharmacy student. Five dispensing assistants and one medicines counter assistant. The pharmacy team thought that they managed with the current level of staff. Holidays were planned in advance. And members of the pharmacy team worked extra hours if necessary. The pre-registration pharmacy student had been in post for three months. And he was happy with the training he had received so far. He said that his tutor, the SI, was very supportive. He received one-hour training time each day. And once a month he attended additional days training at Sunderland University. The team told the inspector about training they had completed such as dementia friends, children's health and oral health. The SI had a training file for each member of the pharmacy team.

There was a steady stream of customers waiting at the counter. And these were dealt with in a friendly, efficient manner. The pharmacy team were also very helpful during the inspection and responded enthusiastically when they were asked about the pharmacy processes and how they addressed risk. The pharmacy team members asked appropriate questions when selling medicines that could only be sold under the supervision of a pharmacist. The team had daily discussions about near misses and any current issues. Tasks for the day were allocated during these morning discussions. The pharmacy team thought that the SI was approachable and receptive to any suggestions to improve the service offered to people. The team members said that they shared ideas and aspects of good practice that they had picked up from their experiences when working in other pharmacies. For example, the retrieval process had been changed to make the storage and hand out of completed prescriptions more efficient and safer. The team were aware of the whistle blowing policy, although they had not yet needed to use it. The pharmacy had targets for a range of services. The pharmacy team members identified eligible patients at the labelling stage. They printed out the patient record and put it in the checking basket. There was no pressure to achieve the targets. The pharmacy team members thought that people valued the services offered and they always tried to provide these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure when the pharmacy is closed and adequately maintained. It has a sound-proof room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was on a corner in a busy street near to the town centre. The pharmacy was well maintained and welcoming. The inside of the pharmacy was well maintained and well laid out. There was a comfortable waiting area for patients. Multi-compartmental compliance packs were prepared in a purpose designed dispensary. There were also stock areas upstairs and office space. The pharmacy shelves, benches and flooring were clean. The retrieval area was tidy and there was space for the completed prescription bags to be stored. The pharmacy was fitted out to a good standard. The sink for preparation of medicines was clean. And there was hot and cold running water. The room temperature was comfortable. The pharmacy was well lit. All the team took part in general cleaning. And this was done when time allowed. The pharmacy had an adequately sized, signposted, sound proofed consultation room which the team used. There was a desk, chairs and computer. There were lockable cupboards in the consultation room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides an appropriate range of services to help people meet their health needs. The pharmacy gets its medicines from reputable suppliers. And it stores and manages these safely. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use. The services are generally well managed. But sometimes people do not get all the information they need.

Inspector's evidence

There was a small lip up into the pharmacy. There was a wide door. And people in wheelchairs and those with mobility problems could access the pharmacy. The pharmacy advertised its services in the windows. The opening hours were also displayed. A range of healthcare related leaflets were available for people to select and take away.

People could request multi-compartmental compliance packs. And these were supplied to people to help them take their medicines at the right time. One member of the pharmacy team took overall responsibility for preparing these. Other members of the pharmacy team were trained to prepare them. The room was well laid out with a marked space for each person receiving a tray. The team recorded details of any changes, such as dosage changes, on the patient record. And information which would help people visually identify the medicines. Patient information leaflets were supplied monthly.

The pharmacy kept records and signature of receipt for the delivery of controlled drugs and fridge lines from the pharmacy to people. There was a date checking procedure. And the matrix was up-to-date. And indicated that date checking was completed regularly. The pharmacy team kept a record of the medicines which were coming out of date. So that these could be removed before expiry. The team used stickers to highlight medicines that were expiring in the next six months. For example, Losec 20mg had been marked as going out of date in January 2020. No out of date stock was seen on the sections looked at. The team recorded the date the pack was opened on liquid medicines. For example, Oramorph liquid was marked as opened 10 August 2019. This allowed them to identify medicines that had a short-shelf life once they had been opened. And check that they were fit for purpose and safe to supply to people.

An audit trail was in place for dispensed medication using dispensed by and checked by signatures on labels. The dispensary had a manageable workflow with separate areas for the team members to undertake the dispensing and checking parts of the dispensing process. Baskets were available to hold prescriptions and medicines. This helped the team to stop people's prescriptions from getting mixed up.

The pharmacy did not have a process for routinely identifying and counselling those patients on high risk medication. Discussions with people took place opportunistically. So, the pharmacy could not demonstrate how often these checks took place. The team were aware of the pregnancy prevention programme (PPP) for people who were prescribed valproate. The SI had completed an audit to identify eligible people. He confirmed there was one eligible patient. And all the relevant information was provided to the person. The team were not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). Scanners

and an SOP were available to assist the team to comply with the directive in the future. Fridge temperatures were recorded using a digital thermometer. A sample of the records were looked at. And the temperatures were consistently within the correct range. The pharmacy obtained medicines from several reputable sources such as AAH, Norchem and DE. And invoices were retained. Drug alerts were received electronically these were printed off and actioned. And these were retained to provide an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and safe, and the pharmacy uses it appropriately to protect people's confidentiality.

Inspector's evidence

References sources were in place. And the team had access to the internet as an additional resource. The resources included hard copies of the current issues of the British National Formulary (BNF) and the BNF for Children. The pharmacy used a range of CE quality marked measuring cylinders. There were a range of measuring cylinders used solely to measure methadone. These were marked. Tweezers and gloves were available to assist in the dispensing of multi-compartmental compliance packs. The pharmacy had a first aid kit. Both fridges used to store medicines were of an appropriate size. Medicines were organised in an orderly manner. Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't on view to the public. The computers were password protected. Cordless phones assisted in undertaking confidential conversations. Members of the pharmacy team had their own NHS smart cards. And these were being used appropriately.

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.