

Registered pharmacy inspection report

Pharmacy Name: The Pharmacy, The Abbey Health Centre, Finchale Avenue, BILLINGHAM, Cleveland, TS23 2DG

Pharmacy reference: 1108932

Type of pharmacy: Community

Date of inspection: 21/04/2021

Pharmacy context

This is a community pharmacy in Billingham, Cleveland. It has a drive through facility. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. And it delivers medicines for some people to their homes. The pharmacy offers a substance misuse service to people. The inspection took place during the Covid-19 pandemic. The pharmacy has also applied to provide a Covid 19 vaccination service from the premises. The pharmacy is currently open for 52 hours each week. But is reverting to 100 hours in June.

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 suitably manages the risks associated with the services it provides to people. It acts to help keep members of the public and team members safe during the Covid-19 pandemic. It maintains the records it needs to by law and keeps people's private information secure. Its team members record some details of mistakes they make while dispensing so they can learn from each other and prevent similar mistakes from happening again.

Inspector's evidence

The pharmacy had procedures to help manage the risks and help prevent the spread of coronavirus. These included posters near the entrance door reminding people visiting the pharmacy to wear a face covering as required by law. The pharmacy restricted access to one person at a time. People followed the guidelines. The pharmacy's team members wore masks throughout the inspection. The driver came into the pharmacy to collect delivery items. He also wore face covering and gloves. The dispensary was a good size and the team members could socially distance from each other while they worked.

The pharmacy had a set of electronic standard operating procedures (SOPs). These had been reviewed and updated in January 2021. They covered tasks such as dispensing, responsible pharmacist requirements and controlled drug (CD) management. Team members had read the SOPs relevant to their role and they signed a record sheet to confirm this. The signed sheets had been sent to the superintendent and were not seen on the day. The team demonstrated a good understanding of their contents.

The pharmacist picked up near miss errors at the checking stage of the dispensing process, then informed the dispenser of the error and asked them to identify and then rectify the mistake. The team members kept records of the near miss errors and discussed them when they happened, so they could all learn from each other. Some entries lacked detail and team members didn't always record what action they took to reduce the risk of the near miss errors happening again. And so, the team may have missed the opportunity to learn and make specific changes to the way they work. Sometimes team members recorded near misses in the paper log and sometimes recorded them electronically.

The team demonstrated a good understanding of risk and provided examples of changes made following dispensing incidents. There were warning labels on medicines with similar names that could confuse team members, such as look-alike and sound alike medicines. There were warnings on hydrocortisone to remind the team to check whether they require a cream or an ointment. They separated such preparations on the shelf. The pharmacy kept electronic records of any dispensing errors that left the pharmacy. A recent example was where the pharmacy had supplied the wrong release formulation of Epilim. The team provided the detail to the inspector and showed the changes they had made. But some records did not contain this level of detail. The team discussed errors as they occurred and at their regular team meetings.

The pharmacy had complaints procedure in place. Any complaints or concerns were usually raised verbally with a team member and then referred to the manager if the matter could not be resolved by the team member. If the person making the complaint was still not happy, they were given head offices

email address. The team also emailed head office to let them know the details of the complaint. There had been a lot of complaints about the service received when the pharmacy changed hands. Those issues had been addressed and people were gaining confidence with the level of service offered.

The pharmacy had up-to-date professional indemnity insurance. The correct responsible pharmacist name and registration number was not displayed. So, people may not have been able to easily know who the responsible pharmacist on duty was. The RP explained that this was an oversight and displayed his details straight away. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept up-to-date and accurate paper records of private prescriptions and emergency supplies. It kept CD registers and records of CDs returned by people to the pharmacy. The CD registers were audited against physical stock weekly for commonly used CDs and monthly for those used less often. Physical stock of an item selected at random agreed with recorded balance in the CD register. The pharmacy kept special records for unlicensed medicines with the certificate of conformity. Peoples details were not always recorded on the sheet.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste segregated to avoid a mix up with general waste and was shredded. Members understood the importance of keeping people's private information secure and they had all completed information governance training. The responsible pharmacist (RP) had completed level 2 training on safeguarding vulnerable adults and children. Other team members had completed internal training and were aware of their responsibilities.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the necessary training and skills to provide the pharmacy's services. And they manage the workload well. They support each other and work well together as a team. They can raise concerns, give feedback, and suggest improvements to provide a more efficient service.

Inspector's evidence

At the time of the inspection the pharmacy manager was on a day off, the responsible pharmacist was a provisionally registered pharmacist. He had completed the online exam and waiting for the outcome. The exam had gone well, and he was optimistic for the future. He was supported by four trainee dispensing assistants. All were registered on a Buttercups approved course. And one new starter who was working on the counter. All members of the team had been employed in the last year. Team members were enthusiastic and volunteered pieces of information and evidence during the inspection. They explained that they felt supported and part of a team. The team members shared ideas and thoughts on how to work better and more efficiently. The manager was supportive, and the team felt able to contribute in the Monday team meetings and the morning discussion. Common errors and dispensing incidents were discussed. Covid-19 pandemic had been a challenging time, but they felt they had coped well.

Team members were all in training and were supported by each other and the manager with their units. Two team members had completed all the units and the manager was in the process of completing the paperwork so that they could sit the final exam. The manager provided training for the team. A recent example of training was on OTC hay fever treatments. There were training certificates in the office for modules the group had completed such as suicide awareness and hygiene. Team members had an appraisal a few weeks ago. The manager kept copies of these. The team thought the manager was approachable and open to ideas on how to work more efficiently. The team were keen to tell the inspector about the pharmacy tracking system (PTS) that the manager had recently introduced. The prescription was scanned, and this allowed the team to track prescription through the dispensing process. This meant that prescriptions could be easily located. The system had transformed the dispensing process.

The pharmacy had a whistleblowing policy in place so the team members could raise a concern. The team had been set targets to achieve, for example, NHS prescription items. But team had not been under pressure to meet the targets. They explained that item numbers were increasing significantly after a difficult time when the pharmacy ownership changed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy, secure and is well maintained. It has a sound-proofed room where people can have private conversations with the pharmacy's team members. It has made suitable changes to its premises to help reduce the risk of spreading the coronavirus.

Inspector's evidence

The pharmacy was light and spacious. First impressions were that it was clean and well maintained. It had separate sinks available for hand washing and for the preparation of medicines. The team cleaned the pharmacy regularly to reduce the risk of spreading infection. The pharmacy dispensary was kept tidy and well organised throughout the inspection. Floor spaces were kept clear to prevent the risk of a trip or a fall. The pharmacy had a consultation room which contained adequate seating facilities, a desk and computer. There was an entrance from the dispensary and another from the shop area. The door was locked when not in use. The pharmacy had air conditioning and the temperature was comfortable throughout the inspection. Lights were all working. There was a storage area to the rear, and an area where prescriptions were stored ready for delivery.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services easily accessible to people and it manages them appropriately. It sources and stores its medicines properly and completes regular checks to make sure they are in date. The team members dispense medicines into multi-compartment compliance packs for some people. This helps them take their medicines correctly. And the service is generally well managed.

Inspector's evidence

The pharmacy had level access to the pharmacy's double doors at the front. There was also internal access into the pharmacy from the attached health centre. The shutters were down, and the entrance was currently not used during the pandemic. This made it easier to control access to the pharmacy. The pharmacy advertised its services and opening hours in the main window. There were seats available in the retail area for people to use while they waited for their prescription to be dispensed. There were five computer terminals, three of these had access to patient medication records (PMRs). Team members had access to the internet which they used to signpost people. There were signs on display which had information on coronavirus guidance.

Team members used various stickers within the dispensing process as an alert before they handed out medicines to people. For example, they used fridge stickers to highlight that a fridge line needed added to the prescription before handing out. 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. Team members had initialled some multi-compartment compliance packs in the right-hand side of the pack and others had initials on the labels. This caused confusion because it was unclear which items were checked. They used coloured dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. For example, red baskets were used for ETP token prescriptions and pink for patient packs. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. The pharmacy kept a record of the delivery of medicines to people. The driver explained that during the pandemic he was signing the sheet on the persons behalf for most medicines, except for CD deliveries which still required a signature from the person receiving it. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group prescribed valproate, and of the associated risks. The computer automatically printed out warnings and a reminder to review the patient. A team member explained that the pharmacist would contact the doctor if the person was in the at-risk group. There were currently no people in this category.

The pharmacy supplied medicines in multi-compartment compliance packs to around thirty people. They prepared half of these at the company hub and the rest prepared in branch. They provided the packs either weekly or every four weeks. Two members of the team were responsible for dispensing the packs. Upon receiving packs from the HUB, the pharmacist inspected them prior to transfer into the delivery boxes or the collection shelves. The pharmacist and the dispenser from the HUB signed the backing sheets. Patient information leaflets (PILs) were routinely supplied with the repeat slips in each bag and with bag labels attached to each pack and bag. Compliance packs prepared in pharmacy followed the same procedure. The RP checked and signed them prior to handing them out to patients.

PILs and repeat slips were also provided with each pack. The prescription followed the PTS tracking system. Team members scanned barcodes after each of the three stages of labelling, preparing, and checking. This showed the time the dispenser and pharmacist completed each stage. The team had recently completed training in NOMADs as part of the weekly staff meeting. The pharmacy communicated to hospitals, GPs surgeries and patients, using the NHS email and pharmacy phone. For example, for hospital admission, discharge, medication changes or queries related to compliance packs. It was not possible to look at packs prepared at the hub during the inspection because all had been delivered earlier in the week. So, there were none in the pharmacy to observe.

Pharmacy (P) medicines were stored on shelving behind the counter and inaccessible to people to self-select. The pharmacy had a process to check the expiry dates of its medicines every three months. The team was up to date with the process. No out-of- date medicines were found after a random check of around a dozen randomly selected medicines in three different areas in the pharmacy. The pharmacy used highlighter pen on medicines to indicate that they were short dated. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The team received drug alerts via email and actioned them. A record of the action taken was retained. The team members checked, and recorded fridge temperature ranges daily. A sample of the electronic record was seen, and temperatures were within the correct ranges.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's equipment is clean and suitable for the services it provides. The pharmacy uses its equipment appropriately to protect people's confidentiality. It takes precautions so that people can safely use it. And when accessing its services during the pandemic.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. Medicines waiting to be collected were stored in a way that prevented people's confidential information being seen by members of the public. Computer screens were positioned to ensure confidential information wasn't seen by people. The computers were password protected to prevent any unauthorised access. Team members had access to personal protective equipment including face masks, aprons, and gloves. All equipment was clean and regularly monitored to ensure it was safe to use.

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.