

# 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:** 15/02/2023

## Pharmacy context

This is a community pharmacy in Billingham, Cleveland. It has a drive through facility. The pharmacy sells a limited range of over-the-counter medicines and dispenses NHS prescriptions. It provides a range of services including supplying medicines for people in multi-compartment compliance packs to help them take their medicines correctly. And it delivers medicines for some people to their homes.

## Overall inspection outcome

### Standards not all 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
<b>1. Governance</b>	Standards not all met	1.6	Standard not met	The pharmacy does not keep accurate records in accordance with the law
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy does not effectively review or monitor the cold chain storage procedures. And it also stores some unpackaged medicines without adequate labelling.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy manages some of the risks associated with the services it provides to people. But it does not satisfactorily manage the risks in relation to managing some of its stock. So, there is a risk that discrepancies may go undetected over a period of time. People using the pharmacy can raise concerns and provide feedback.

### Inspector's evidence

The pharmacy had a set of electronic standard operating procedures (SOPs). These had been reviewed and updated in January 2021 so were due for review. The pharmacist manager was on a day off and the pharmacy team members had difficulty accessing them on the day. And could not provide any records to demonstrate that all team members had read and signed the SOPs to confirm that they understand them. The pharmacy team members demonstrated a lack of understanding of their contents, for example, they were unsure about the procedure for recording near misses and dispensing errors. Also, some of the SOPs such as the delivery SOP didn't reflect current practice as described by the driver on the day.

Pharmacy team members advised that the responsible pharmacist (RP) recorded near miss errors, but they were unsure how the records were kept, and no records could be located. They advised that the RP would speak to the individual when a near miss had occurred. Sometimes the RP rectified the error when the pharmacy was busy so the team members may have missed the opportunity to learn and make specific changes to the way they work. There were warning labels on medicines with similar names that could confuse team members, such as look-alike and sound-alike medicines. Warning stickers were also used to alert the dispensing team that the medication was available in different release formulations or that the medicine was available in tablet and capsule form. Team members advised that the manager recorded dispensing errors electronically but were unsure how to access these.

The pharmacy had a complaints procedure in place. Any complaints or concerns were usually raised verbally with a team member and then referred to the manager. If the person making the complaint was still not happy, they were given head office's email address. There had been some complaints about waiting times, but the team members thought that those issues had been addressed and people generally appreciated the level of service they received.

The pharmacy had up-to-date professional indemnity insurance. The correct responsible pharmacist's name and registration number were displayed. So, people could easily know who the responsible pharmacist on duty was. Entries in the responsible pharmacist electronic record complied with legal requirements. The pharmacy kept up-to-date 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 not audited regularly against physical stock. And a count of the physical stock of three CDs selected at random did not tally with the recorded balances in the CD register. CD invoices and CD prescriptions had not always been entered into the CD register in a timely fashion. The pharmacy kept special records for unlicensed medicines with the certificate of conformity, and people's details were usually 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 was segregated to avoid a mix up with general waste and was shredded on-site. Team 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 two 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. 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

One locum dispensary assistant, one trainee dispensary assistant and one apprentice supported the pharmacist on the day. A second-year pharmacy student arrived later. Both trainees reported that they felt well supported in their training by the manager and the rest of the team. Sometimes the trainee was given time to work through her units at work but more usually did most of the work at home. Team members volunteered pieces of information and evidence during the inspection, but had difficulty locating evidence. 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 ideas on the way things could be improved. Team members had appraisals in December. Team members didn't get copies of these. The team thought the manager was approachable and open to ideas on how to work more efficiently. The manager had introduced a prescription tracking system (PTS). The prescription was scanned, and this allowed the team to track prescription through the dispensing process. This meant that prescriptions could be more easily located. The system had transformed the dispensing process and reduced waiting times.

Team members were not provided with a structured training programme but had completed various training to assist the manager when providing services, for example with Covid-19 vaccinations. The pharmacy no longer provided this service due to lack in demand. Team members reported that they worked well together and covered for each other's holidays when necessary.

The pharmacy had a whistleblowing policy in place so the team members could raise a concern with the manager or the area manager depending on the nature of the concern. The team had set targets to achieve, for example for NMS and the minor ailments scheme. But they didn't feel under pressure to meet these.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is basically clean, but its team leaves the dispensing benches and some floor areas too cluttered. It has a suitable private room where people can have private conversations with the pharmacy's team members.

### Inspector's evidence

The pharmacy was light and spacious. It had a large area to the front with plenty of seating. The dispensary and associated store and working areas looked cluttered and untidy. The area looked disorganised and there were totes and various obstructions on the floor representing a trip hazard. It had separate sinks available for hand washing and for the preparation of medicines. 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 not all met

### Summary findings

The pharmacy does not do enough to make sure that medicines it stores in the fridge, and some items it has repackaged, are safe for people to take. But it does source its medicines from recognised suppliers and dispenses medicines into multi-compartment compliance packs for some people. This helps them take their medicines correctly.

### Inspector's evidence

The pharmacy had level access through 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. The pharmacy provided a drive through service, but the opening hours displayed were wrong and misleading for people trying to access the service.

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 to be 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. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The driver explained the process he followed when delivering prescriptions. The bagged medication had barcodes and he scanned these, and the program planned a delivery route. Since Covid-19 the pharmacy only got signatures for CD deliveries. Team members were aware of the Pregnancy Prevention Programme for people and the need to provide information with each dispensing. But were unsure of their obligations under the pregnancy prevention program (PPP). The computer automatically printed out warnings and a reminder to review the patient.

The pharmacy supplied medicines in multi-compartment compliance packs to around twenty people. They provided the packs either weekly or every four weeks. Two team members were trained to dispense these. Patient information leaflets (PILs) were routinely supplied with the repeat slips in each bag and with bag labels attached to each pack and bag. The RP checked and signed them prior to handing them out to patients. Random samples of the packs confirmed that tablet prescriptions had been included on the backing sheet.

No medicines were accessible to people in the waiting area, all general sales list (GSL) and Pharmacy (P) medicines were stored on shelving behind the counter and inaccessible to people to self-select. The pharmacy team members reported that they had a process to check the expiry dates of its medicines but didn't have a matrix to indicate what medicines had been checked and when. The pharmacy sometimes used highlighter pen to indicate that medicines were short dated. A check of medicines in four areas found twelve or more short-dated items unmarked and three out of date medicines which the inspector removed for destruction. Some liquid medicines had been marked with the date of opening but not all. And the team used amber bottles to store medicines that had been removed from their original packaging, these were inadequately labelled and missing detail such as expiry date and manufacturing detail. So there was a risk that stock could be dispensed to people that was not fit for purpose. 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 not located on the day. Records demonstrated that team members had not always checked and recorded fridge temperature daily. The reason given was that sometimes they are too busy.



## 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

### Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. And team members cleaned equipment for counting tablets before use. They used a separate marked counter for cytotoxics. 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.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.