

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: 12/10/2023

Pharmacy context

This community pharmacy is in a medical centre in Billingham, Cleveland. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy has a drive-through hatch for convenience, and it offers a medicine delivery service to people's homes. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. And it supplies a range of medicines to people for the treatment of minor ailments and illnesses.

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 appropriately identifies and manages the risks associated with providing its services. It holds people's confidential information securely and it keeps the records it needs to by law. Pharmacy team members know how to respond to feedback they receive about the pharmacy or its services. They understand how to respond to concerns to protect potentially vulnerable people. And they act openly and honestly by discussing the mistakes they make during the dispensing process.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) to support its safe and effective running. These covered responsible pharmacist (RP) requirements, pharmacy services and the management of controlled drugs (CDs). Most procedures had been reviewed in January 2023. But some procedures such as those outlining whistleblowing arrangements and managing confidential information were last reviewed in January 2021. Training records associated with the SOPs confirmed pharmacy team members had read and signed those relevant to their roles. A team member demonstrated a good understanding of what tasks could and could not take place if the RP took absence from the pharmacy.

Pharmacy team members received feedback following mistakes made and identified during the dispensing process, known as near misses. They demonstrated the actions they took to reduce risk following these types of mistakes, such as reviewing stock locations within the dispensary and adding safety prompts to people's medication records to help prompt extra checks during the dispensing process. The pharmacy had an electronic reporting process for recording near misses and for recording mistakes identified following the supply of a medicine to a person, known as a dispensing error. A sample of records seen clearly identified the learning the team had applied to minimise risk. But reporting of near misses was not consistent. The RP stated they had not had a need to report a dispensing error since working at the pharmacy. They explained how they would manage a dispensing error, including the need to inform the prescriber if the person had taken the medicine and to investigate and report the incident.

The pharmacy had a complaints procedure, but this was not advertised. A team member explained how they would manage feedback and knew to provide details of the pharmacy's head office if a person wished to escalate their concern. A team member was observed managing feedback about the pharmacy's delivery service. They responded politely to the person's query and ensured they checked they had met the person's expectations by prioritising their delivery before ending the call.

Team members engaged in some learning relating to confidentiality and data security. The pharmacy held all personal identifiable information in the staff-only area of the premises and confidential waste was segregated and securely disposed of.

Pharmacy team members knew how to identify and report safeguarding concerns. The RP had completed their level two safeguarding learning through the Centre for Pharmacy Postgraduate Education. Other team members had engaged in some learning and all team members had read safeguarding SOPs. The team kept a record of the interventions made when supporting a vulnerable person. A team member explained the importance of ensuring people knew the pharmacy was a safe

space for them to seek support. But not all team members were familiar with code words promoted by public safety initiatives designed to support people requiring access to a safe space.

The pharmacy had current indemnity insurance. The RP notice on display contained the correct details of the RP on duty. The RP record was kept in accordance with requirements. Entries in the private prescription record were complete but the records were not always made in indelible ink as required. This increased the risk of information being removed or becoming unreadable overtime. The pharmacy held its CD register electronically and records seen complied with legal requirements. It had invested time and effort in training associated with using the register following the last inspection of the pharmacy in February 2023. And locum pharmacists had access to video guides to support them in using the register correctly. Regular balance checks of physical stock against the register were completed. A random physical balance check of a CD conducted during the inspection complied with the running balance in the register. The team recorded patient-returned CDs in a separate register at the point of receipt. And it kept complete records when supplying unlicensed medicines to people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has suitably skilled and knowledgeable people working to provide its services safely and effectively. Pharmacy team members engage in regular learning relevant to their role. They understand how to raise concerns at work. And they regularly share information and ideas through team discussions.

Inspector's evidence

The RP on duty was the regular locum pharmacist. They had been supporting the pharmacy in a full-time role for some time and undertook management responsibilities. Two qualified dispensers and a trainee dispenser were also on duty. The pharmacy also employed an apprentice, a pre-registration pharmacy technician, and another regular locum pharmacist. The pharmacy's delivery driver had recently retired and had made themselves available to support the new driver through their initial induction. The pharmacy had appropriate business contingency plans through working together with another local pharmacy within the company. Staff rotas clearly identified planned leave and cover arrangements. The pharmacy did not have any targets associated with its services which its team members were required to meet.

One dispenser and the trainee dispenser were enrolled on a Master of Pharmacy degree at a local university. Team members engaged in regular learning relevant to their roles. And they demonstrated how they used learning to help inform the way they delivered pharmacy services. For example, they had attended a learning event hosted by the local pharmaceutical committee about providing the Minor Ailments Service (MAS). Following this event, they had created templates to support them in providing an effective consultation process. The RP provided evidence of the learning they had completed ahead of the pharmacy launching a flu and COVID vaccination service. This service was due to commence shortly.

Pharmacy team members felt supported in their roles. But they did not have a structured appraisal process. They regularly shared learning through team meetings. The RP had recently introduced a template designed to capture details of the discussions from these meetings. The pharmacy had a whistleblowing policy and its team members were confident in providing feedback at work. They demonstrated how their feedback had informed changes to workflow in the dispensary.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are secure, and appropriately maintained. Overall, the premises are suitably clean and tidy. People using the pharmacy can speak with a member of the pharmacy team in a private consultation room.

Inspector's evidence

The pharmacy was secure and maintained well. It was generally clean and tidy. There were, however, some cobwebs between the ceiling and wall in the consultation room. Pharmacy team members had access to handwashing facilities to support them in working hygienically. Air conditioning helped to maintain an appropriate room temperature and lighting throughout the premises was bright.

The pharmacy consisted of a large open-plan public area with plenty of seats situated around the outside walls. Gates deterred access behind the medicine counter. Access to a private consultation room was available from the public area. A separate staff entrance into the room was provided from the dispensary. The room offered a suitable private space for delivering consultation services. The dispensary was a considerable size and workflow was efficient. Rooms leading off the dispensary provided access to staff facilities and an area for holding bags of assembled medicines waiting to be delivered.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy's services are accessible to people. It obtains its medicines from licensed sources. And it stores its medicines safely and securely. Pharmacy team members work effectively to manage the pharmacy's services. And they carry out regular checks to ensure medicines are safe and fit to supply.

Inspector's evidence

People accessed the pharmacy from either the medical centre, a door from the onsite carpark or by pulling up to the drive-through hatch. Team members were vigilant about monitoring all access points and served people in a timely manner. The pharmacy advertised its opening times on various signs and notices. But the opening times on each were different, and when checking the pharmacy's opening times on the NHS website they were different again. This meant people could potentially attend the pharmacy to access a service, not realising it was closed. The RP explained the company had reviewed and reduced the pharmacy's opening hours recently. A discussion took place about the need to advertise current opening hours to reduce the risk of confusing people. The pharmacy team had put together a health promotion board which displayed helpful information about common illnesses and pharmacy services. This was waiting to be fitted to the wall.

The pharmacy protected all medicines from self-selection as it displayed them behind the medicine counter. And the RP had good supervision of the counter and drive-through hatch. And they made themselves available when a person requested to speak to the pharmacist. The RP was aware of the requirements of the valproate Pregnancy Prevention Programme. Including recent changes requiring valproate to be supplied in original packs. They demonstrated labels that team members attached to bags to prompt safety checks when handing out and delivering medicines. For example, penicillin allergy stickers. Labels on medicine bottles containing prepared doses of a higher-risk medicine were clearly highlighted to support appropriate safety checks during the dispensing process. This included the need to inform the prescriber if a person did not attend for their medicine for three consecutive days. The RP provided verbal counselling for a number of medicines. For example, they were observed providing counselling to a person taking an iron supplement for the first time. But they acknowledged they did not routinely record these interventions on patient medication records (PMRs) to support them in delivering continual care.

Pharmacy team members used baskets during the dispensing process to keep each person's prescription and medicines separate from others. The pharmacy team used some audit trails throughout the dispensing process. This was done through barcode scanning and was an effective way for team members to locate medicines and prescriptions during the dispensing process. It also helped to keep an accurate record of the deliveries the pharmacy made. The RP signed medicine labels as part of their accuracy check of a medicine. But team members did not always sign the 'dispensed by' box on medicine labels. This meant it may be more difficult to know who had been involved in the dispensing process should a query arise. The team retained prescriptions for owed medicines and dispensed using the prescription when later supplying these medicines. Information to support the delivery of the pharmacy's consultation services was readily available for team members to refer to. For example, current versions of the MAS formulary and service specification. The RP was in the midst of preparing

for the launch of the vaccination services, and some documents relating to the service were available for inspection. They discussed how they assessed risks as part of this preparation.

The pharmacy had an effective schedule to support it in managing work when supplying medicines in multi-compartment compliance packs. Team members used the PMR system to support it in supplying medicines in this way. They printed a copy of the previous months backing sheet and checked this against new prescriptions to identify any changes. Team members either accessed a person's summary care record (where consent was provided) or contacted a surgery to confirm changes to medicines regimens. A team member used prescriptions to pick the medicines for assembly inside a compliance pack and these medicines were checked by a pharmacist prior to compliance packs being assembled. Pharmacists used the prescription and current backing sheet to carry out full accuracy checks of the compliance packs once they were assembled. Backing sheets attached to compliance packs contained good descriptions of the medicines inside. But they did not include adverse warnings about the medicines inside the compliance packs. The RP acted swiftly to rectify this issue. The team reported that patient information leaflets (PILs) were issued regularly alongside the compliance packs. But the sample of compliance packs checked did not have accompanying leaflets. This meant people may not have up-to-date information to support them in taking their medicines safely.

The pharmacy sourced medicines from licensed wholesalers and a licensed specials manufacturer. Medicine storage was orderly with medicines stored in their original packaging. The pharmacy stored medicines subject to safe custody arrangements appropriately in secure cabinets with out-of-date and patient returned medicines clearly labelled and stored separately to stock. The pharmacy stored medicines requiring cold storage in a large medical fridge. It maintained temperature records for the fridge which showed it was operating within two and eight degrees Celsius as required. But there were some minor gaps in this record on days the RP did not work. Team members generally annotated liquid medicines with details of the dates they had been opened. This prompted checks during the dispensing process to ensure the medicine remained safe to supply. The team completed regular date checking tasks and it recorded these and short-dated medicines were identified. One out-of-date medicine was found during a check of dispensary stock; the RP acted to dispose of this medicine. The pharmacy had medicine waste and CD denaturing kits available to support the team in managing pharmaceutical waste. It received details of drug alerts and recalls by email, and team members demonstrated how they checked and acted on these alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. Its team members use the pharmacy's facilities and equipment safely and in a way which protects people's confidentiality.

Inspector's evidence

Pharmacy team members had access to written reference resources. They could also access the internet to help them look up information. Team members used password protected computers and NHS smartcards when accessing people's medication records. The layout of the pharmacy suitably protected information on computer monitors from unauthorised view. The team stored bags of assembled medicines waiting for collection in boxes behind the medicine counter. A discussion shared examples of widespread practice to help ensure information on bag labels was not accidentally shared through this storage arrangement. Pharmacy team members used an internet-based telephone system and as such could not step away from the dispensary computer when taking calls. The RP explained they would use a mobile telephone and move into the consultation room when undertaking private counselling via the telephone.

Pharmacy team members generally used appropriate counting and measuring equipment when dispensing medicines. But a plastic measure was available for use, and this measure was not calibrated. The RP confirmed this would be disposed of and a new calibrated measure ordered. Other equipment seen was from reputable manufacturers. For example, the pharmacy's blood pressure monitor was on the list of monitors validated for use by the British and Irish Hypertension Society. Team members used equipment appropriately. For example, they used separate measuring equipment when measuring higher-risk medicines to avoid any risk of cross-contamination. The pharmacy's electrical equipment was visibly free from wear and tear.

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.