

# Registered pharmacy inspection report

**Pharmacy Name:** Whitehaven Late Night Pharmacy, Unit 1 Lowther Buildings, Lowther Street, WHITEHAVEN, Cumbria, CA28 7DG

**Pharmacy reference:** 1114166

**Type of pharmacy:** Community

**Date of inspection:** 01/03/2024

## Pharmacy context

This is a community pharmacy in the centre of the town of Whitehaven, Cumbria. The pharmacy provides an extended hours service. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. The pharmacy provides services such as the NHS hypertension case-finding service and the NHS Pharmacy First service. It supplies some people with their medicines in multi-compartment compliance packs and delivers some medicines to people's 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 met         | N/A                          | N/A              | N/A   |
| <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 appropriately store and manage all of its medicines requiring cold storage. |
| <b>5. Equipment and facilities</b>                 | Standards met         | N/A                          | N/A              | N/A   |

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy provides its team members with a set of written procedures to support them in managing its services. It keeps people's sensitive information secure, and its team members are adequately equipped to safeguard vulnerable adults and children. The pharmacy team discuss mistakes that happen during the dispensing process and they make some changes to the way they work following mistakes, to help improve patient safety.

### Inspector's evidence

The pharmacy had a set of electronic standard operating procedures (SOPs). The SOPs provided the pharmacy's team members with information and instructions on how to complete various tasks. For example, managing controlled drugs (CDs) and dispensing medicines. Each team member was required to read the SOPs that were relevant to their role within the first few weeks of starting employment at the pharmacy. Some team members present during the inspection confirmed they had read and understood the SOPs that were relevant to their roles. But others had not. The SOPs were reviewed every two years. The last review had been completed in August 2022.

The pharmacy didn't have a process to record or report mistakes made during the dispensing process which had been identified by the responsible pharmacist (RP) before supply to a person. The RP routinely made the team member who had made the mistake aware of the mistake and asked them to rectify it immediately. The RP and the team member briefly discussed the mistake and how they could prevent a similar mistake happening again. The pharmacy didn't have a process to share learning from these mistakes with other team members. And so, team members may have missed the opportunity to learn from each other and implement changes to improve accuracy. The pharmacy used an electronic system to report and record details of dispensing incidents, which were errors identified after people had received their medicines. The RP on duty was responsible for completing the report forms. Team members talked about any dispensing incidents to help raise awareness and discuss what they could do to prevent a similar incident happening again. For example, the pharmacy had recently supplied a person with quinine instead of quetiapine. Team members discussed how they could prevent a similar mistake happening again. They separated the two medicines on dispensary shelves to reduce the risk of them being picked by mistake during the dispensing process. The pharmacy had a procedure to support people in raising concerns about the pharmacy. Any concerns or complaints were usually raised verbally with a team member. If the team member could not resolve the complaint, it was escalated to the RP.

The pharmacy had current professional indemnity insurance. It was not displaying an RP notice at the start of the inspection. This was rectified when brought to the attention of the RP. The RP record was generally completed correctly. However, on several days, the RP had not recorded the time when their RP duties ended. The pharmacy kept records of the dispensing of private prescriptions. The records were mostly complete, however on some occasions, the team had not recorded the date the prescription was dispensed. The pharmacy maintained complete CD registers. And of the sample checked, the team kept them in line with legal requirements. The team completed balance checks of the CDs against the physical quantity periodically. The pharmacy kept a register of CDs that had been returned to the pharmacy for destruction.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate container to avoid a mix up with general waste. The waste was periodically destroyed using a shredder. Team members understood the importance of securing people's private information. They described how they offered people the use of the pharmacy's consultation room if people felt uncomfortable discussing their health in the retail area. The RP had completed training on the safeguarding of vulnerable adults and children via the Centre of Pharmacy Postgraduate Education (CPPE). Other team members had not completed any training but were able to describe some common signs that they would feel the need to report. The pharmacy held a formal procedure to support team members in raising a safeguarding concern. Team members explained they would discuss any concerns they had with the RP.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a suitably qualified team to help manage its workload. Team members are adequately supported in their development and in keeping their knowledge and skills up to date. And they feel comfortable to provide feedback to improve the pharmacy's services.

### Inspector's evidence

On the day of the inspection, the RP was a locum pharmacist who worked regularly at the pharmacy for one day a week. The RP was supported by four full-time qualified pharmacy assistants and a full-time trainee pharmacy assistant. The pharmacy also employed another full-time pharmacy assistant, a part-time pharmacy technician and a full-time pharmacist who was also the pharmacy's manager. Locum pharmacists worked on the days the manager was absent. Throughout the inspection, team members were observed working efficiently. Team members were supporting each other in completing various tasks. They could cover each other's absences by working additional hours if required.

The pharmacy didn't provide a formal training programme for its team members. But it supported them to update their knowledge and skills by providing training material to team members on request. For example, pharmacy related magazines. Two team members had completed some training on the NHS Pharmacy First service. They were aware of the benefits of the service and helped promote the service to people who used the pharmacy. Team members who were enrolled on training courses completed most of their training at home but explained they received good support from other team members to help them complete the course. Each team member received an annual appraisal. This was typically in the form of a one-to-one conversation between the team member and the SI. They discussed the team member's progress and areas of improvement. Team members explained how they would raise any concerns with the pharmacy's manager and felt comfortable providing feedback to help improve the pharmacy's services. For example, the team recently updated the way it manages medicines that were due to be delivered to people. It did this by ensuring the bags containing these medicines were kept stored in a segregated part of the dispensary. This reduced the risk of them being mixed up with other bags of medicines that were not due for delivery.

The team was set some targets to achieve by the pharmacy's owners. These included the number of prescriptions dispensed and retail sales. Team members felt the targets were generally achievable and were not under any significant pressure to achieve them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are well maintained and are suitable for the services the pharmacy provides. The pharmacy has a suitable private consultation room for people to have private conversations with team members.

### Inspector's evidence

The pharmacy premises were generally well maintained and kept clean. The dispensary was spacious and kept organised throughout the inspection. The benches in the dispensary were well organised with baskets containing prescriptions and medicines awaiting a final check all stored in an orderly manner. There was a separate bench used by the RP to complete final checks of medicines. This helped reduce the risk of mistakes being made within the dispensing process. The pharmacy had sufficient space to store its medicines. Floor spaces in the dispensary were generally kept clear from obstruction which helped reduce the risk of a trip or fall. There was a consultation room available for people to use to have confidential conversations with team members about their health. The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Lighting was bright throughout the premises.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy team doesn't store and manage all its medicine as it should. And there is a risk some medicines may be supplied that are not fit for purpose. The pharmacy provides a range of services that are suitably accessible to people and support them in managing their health. And it manages these services appropriately.

### Inspector's evidence

The pharmacy had level access from the street to the main entrance door which helped people using wheelchairs access the pharmacy. The pharmacy advertised its opening hours and its services on the main entrance door. It had the facility to provide large-print labels to people with a visual impairment. Team members described how they supported people with a hearing impairment to access the pharmacy's services. This included providing written messages to people and speaking slowly. Team members were aware of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They were aware of recently issued legislation to ensure pharmacies supplied valproate in the original manufacturers packaging. The pharmacy provided an NHS hypertension case-finding service. Team member demonstrated examples of where they had identified people who had raised blood pressure and explained how they had provided suitable advice to people to help them manage their blood pressure. This included giving dietary advice or referring them to their GP where appropriate. The pharmacy had recently started providing the NHS Pharmacy First service. The pharmacy held the appropriate documentation and all team members had completed basic training to support them in understanding the benefits of the service and determine people's eligibility for the service.

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 pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. But the team didn't always use them. The pharmacy offered an optional delivery service and kept records of completed deliveries. The pharmacy supplied some people with medicines in multi-compartment compliance packs. The packs were designed to help people take their medicines correctly. The workload was spread over a four-week cycle. This helped keep the workload manageable. Team members kept master sheets which detailed the person's current medicines and administration time. They used these as a reference source to help them dispense the packs accurately. The original packs of medicines were stored with the packs so the RP could check them with prescriptions to ensure the correct medicines had been picked. The packs were supplied with written descriptions of the medicines inside which helped people easily identify them. But they were not supplied with patient information leaflets for each medicine. And so, people were not provided with the full information about their medicines.

The pharmacy stored pharmacy-only (P) medicines behind the retail counter. The pharmacy had a process for team members to follow to check the expiry dates of the pharmacy's medicines every three months. However, the pharmacy held no records to confirm when the process had been completed. No out-of-date medicines were found following a check of approximately 20 randomly selected medicines. Team members were not observed checking the expiry dates of its medicines during the dispensing process. The pharmacy used four fridges to store medicines that required cold storage. The team didn't

keep records of the fridges operating temperature ranges. Two of the fridges' thermometers showed they were operating outside of the accepted ranges of between 2 and 8 degrees Celsius. A third fridge was being used without an operating thermometer, and so its operating temperature could not be verified. Drug alerts and recalls were received electronically by the team. Team members actioned the alerts and recalls as soon as possible but didn't keep a record of the action taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

### 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 of CE marked measuring cylinders. There was a suitable, electronic blood pressure monitor to support the team in providing the NHS hypertension case-finding service. There was a suitable otoscope, thermometer, and tongue depressors to support the team in delivering the NHS Pharmacy First service.

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.  |