

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: 10/10/2024

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, the NHS Pharmacy First service, COVID and 'flu vaccinations. It supplies some people with their medicines in multi-compartment compliance packs and delivers some medicines to people's homes.

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 provides its team members with a set of instructions to support them in safely providing its services. The team makes improvements to the way it works to reduce the risk of mistakes being made within the dispensing process. The pharmacy keeps most of the records it needs to by law and has systems in place to keep people's confidential information safe. Team members are suitably equipped to support the safeguarding of vulnerable adults and children.

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. A team member who had been working at the pharmacy for a few days explained they had held discussions with the team to arrange protected time for them to work through the SOPs. All other team members present during the inspection confirmed they had read and understood the SOPs that were relevant to their roles.

The pharmacy had a process in place to record mistakes made during the dispensing process which had been identified before supply to a person, known as near misses. The team member who had made the mistake was made aware and asked to rectify it immediately. The responsible pharmacist (RP) and the team member briefly discussed the mistake and how they could prevent a similar mistake happening again. Team members also discussed their mistakes with others to promote shared learning. They recorded details of each near miss onto a near miss log that was kept on a bench in the dispensary which allowed for easy access. Details recorded included the date of the near miss and a brief description of what happened. Team members recorded some details of the action taken but these details were often vague and did not describe any root causes. And so, the team may have missed the opportunity to identify any trends or patterns in the near misses. Team members had implemented some ways to prevent some common near misses from happening again. For example, they had recently discussed improving the way packs containing a different quantity of a medicine than in an original pack, known as 'split packs', were identifiable. They marked all sides of the packaging using a pen or marker. Team members explained this measure had reduced the number of these types of near misses from occurring. The pharmacy used a digital reporting tool to report details of dispensing errors that had reached people. Such incidents were reported to the pharmacy's superintendent pharmacist (SI). 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 displaying an RP notice which displayed the correct name and registration number of the RP on duty. The RP record was generally completed correctly. However, on several days, the RP had not recorded the time when their RP duties ended. This had been highlighted to the team during the pharmacy's previous inspection. The pharmacy maintained complete CD registers. And of the sample checked, the team kept them in line with legal requirements. The team completed regular balance checks of the CDs against the physical quantity. The pharmacy kept a register of CDs that had been returned to the pharmacy for destruction. The inspector

checked the balance of two CDs. Both balances recorded in the pharmacy's CD register matched the quantity held in the CD cabinets.

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 employs a skilled team to help safely manage its workload. Team members enrolled in training courses are supported with protected training time to help them learn effectively. The team work well together and is supported to provide feedback to improve the way the pharmacy operates.

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 accuracy checking pharmacy technician and another pharmacy assistant who was also the pharmacy's manager. Throughout the inspection, team members were observed working efficiently. Team members were supporting each other in completing various tasks. The RP spent most of the inspection completing 'flu and COVID vaccinations. As a result, the RP had a backlog of dispensed prescriptions that needed a final check before being ready to be supplied to people. The RP explained that as the pharmacy was open for extended hours, they would spend the evening completing checks of these prescriptions as this was the quietest time of day. The team explained that workload was often challenging when some team members were absent, but they could mostly manage the workload and felt comfortable asking for additional support from the pharmacy's owners 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. 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. The trainee pharmacy assistant was due to complete their course within the next few weeks. They described how they felt well supported by other team members and had enjoyed the training experience. 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.

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 is suitable for the services provided. It is kept clean and secured from unauthorised access. It has facilities for people to have confidential conversations about their health with the pharmacy team.

Inspector's evidence

The pharmacy premises were well maintained and kept clean. There was an open plan retail area which portrayed a professional and modern appearance. The retail counter acted as a barrier to prevent unauthorised entry into the pharmacy's ground-floor, main dispensary. The main dispensary was large and open plan. It had several benches and a central island that team members used to dispense medicines. One side of the island was used by the RP to complete final checks of prescriptions. The benches were generally well organised. The central island was full of baskets containing prescriptions and medicines. As a result, some of these baskets were moved to the floor of the dispensary. This created a risk of a trip or a fall. There was sufficient space for the pharmacy to store its medicines. On the first floor, there was a staff area and kitchen, some storerooms and a room used to manage the dispensing of multi-compartment compliance packs. Each room was kept organised.

The pharmacy had a small 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 met

Summary findings

The pharmacy team safely manage the delivery of the pharmacy's services. The pharmacy makes its services suitably accessible to people. It sources, stores, and manages its medicines correctly, and the team carries out regular checks to ensure medicines are fit for purpose before supply to people.

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 were aware of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks.

The pharmacy had recently started this year's seasonal 'flu and COVID vaccination service. The team had anticipated that there would be a high demand for vaccinations based on the number of vaccinations administered in previous years. Team members demonstrated how they promoted the service by asking eligible people either in person, or via telephone, if they wished to be booked in for a vaccination. They were aware of the inclusion and exclusion criteria of the services and the pharmacy held all the appropriate documentation to provide 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. However, the 'dispensed by' box of the labels of some medicines awaiting a final check had not been signed. And so, a complete audit trail was not in place. Team members 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. And so, a complete audit trail of dispensing was not in place. The pharmacy offered an optional delivery service and kept records of completed deliveries. It 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. People were supplied with patient information leaflets for each medicine.

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. The pharmacy held 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. The pharmacy used three fridges to store medicines that required cold storage. The team kept records of the fridges operating temperature ranges which were within the correct range. Drug alerts and recalls were received electronically by the team. Team members actioned the alerts and recalls as soon as possible and kept a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Pharmacy team members have access to appropriate equipment for the services they provide. Team members use the equipment in a way that protects people's private information.

Inspector's evidence

Team members had access to a range of hard-copy and electronic reference sources to support them in providing services safely. The pharmacy used a range of measuring cylinders for preparing liquid medicines and had clean counting triangles available to use. Separate cylinder and triangles were used for preparing higher risk medicines. However, three of the cylinders were not CE marked and so may not have provided satisfactory levels of accuracy. This was discussed with the team. There was suitable equipment to support the team to provide the NHS Pharmacy First service and to measure people's blood pressure. This included an otoscope and a digital blood pressure monitor. Team members had access to personal protective equipment such as disposable gloves and face masks. There was various equipment to support the team in administering vaccinations, including dressings, alcohol swabs, sharps bins and adrenaline pens.

The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. The pharmacy suitably positioned the computer screen in the consultation room to ensure people could not see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members working in the dispensary could have conversations with people without being overheard by people in the waiting area.

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.