

Registered pharmacy inspection report

Pharmacy Name: Saltburn Pharmacy, Ground Floor, 6 Station Street,
SALTBURN-BY-THE-SEA, Cleveland, TS12 1AE

Pharmacy reference: 1117931

Type of pharmacy: Community

Date of inspection: 29/07/2022

Pharmacy context

This community pharmacy is situated in the centre of Saltburn, which is a coastal town in Cleveland. The pharmacy dispenses NHS prescriptions and private prescriptions. It offers a medicines' delivery service. The pharmacy team advises on minor ailments and medicines' use. And it supplies a range of over-the-counter medicines. It also provides a Covid-19 vaccination service.

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 mostly identifies and manages the risks associated with its services. It has written procedures that the pharmacy team follows. And it completes all the records it needs to by law. Team members openly discuss errors they make but do not always record the details, so the team may be missing learning opportunities.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs). The SOPs provided the team with information to perform tasks supporting the delivery of services. These had last been reviewed in April 2021. All members of the pharmacy team had signed the SOPs appropriate to their level of training and expertise. And signed training sheets were attached at the back of each SOP.

The pharmacy had a procedure for managing errors identified during the dispensing of prescriptions. The pharmacy kept records of these near miss errors. And the records demonstrated that four or five errors had been recorded each month. The pharmacist or the accuracy checking technician (ACT), when spotting an error, returned the prescription to the dispenser to correct. The team discussed the error at the time. Some of the sections such as 'actions taken' didn't provide details of any changes made to prevent a reoccurrence of the error. Team members provided examples of changes they had made following a near miss. Such as moving the different formulations of metformin into different areas of the pharmacy. The team placed warning stickers on the shelves next to some medicines with similar names to help to prevent a picking error but since the team had rearranged the shelves these were sometimes next to the wrong item. The pharmacy had a procedure for managing errors that reached the person. The procedure included the team completing an electronic dispensing incident report and the manager also kept paper copies in the file. The responsible pharmacist (RP) showed examples of the reports for some recent errors. The manager had made detailed records and kept copies of the prescriptions in the files. The pharmacy had a complaint procedure. The pharmacy rarely received formal complaints and people usually discussed any concerns with the manager on the day. There had been a complaint when a member of staff asked the complainant to confirm their address over the telephone in a way that disclosed their address details, rather than the complainant being asked to provide their address details as a means of verifying their identity. The superintendent (SI) had emailed the pharmacy reminding the team to follow the privacy policy and referring them to repeat GDPR training using the policy in the branch.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. The team checked CD balances monthly. The RP advised they checked the CD balance on each dispensing. A balance check of two CDs in the CD cabinet tallied with the balances in the register. The team recorded CDs returned by people for destruction. A sample of records for the receipt and supply of unlicensed products were checked and found to be in order. The team members completed training about the General Data Protection Regulations (GDPR). And team members provided examples of how they protected people's confidential information such as offering the consultation room or using the small private area to the side for confidential discussions with people. They separated confidential waste for shredding offsite.

The pharmacy had a safeguarding file with safeguarding procedures and guidance for the team to follow. The team members had access to contact numbers for local safeguarding teams. Both registrants had completed level 2 training on protecting children and vulnerable adults. The team had previously reported a safeguarding concern. Concerns about vulnerable people not taking their medication were reported to the GP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support its services. Team members work well together, and they support each other to manage the workload. They complete some training to keep their knowledge up to date.

Inspector's evidence

A regular locum was the RP on the day of inspection. Two qualified dispensing assistants, two counter assistants and a driver assisted on the day. Team members reported that they had been very busy during the Covid pandemic and the team had made every effort to make sure that people had the medication they needed. Some team members had left during this difficult time and initially it had been difficult to recruit staff. The team had worked together and worked extra hours when required.

The pharmacy was busy at the time of the inspection. At least one dedicated member of the pharmacy team worked at the pharmacy counter to answer queries and take in prescriptions from people. This worked well and helped the team manage distractions from the pharmacy counter while they dispensed prescriptions. The counter assistant acknowledged people when they arrived at the pharmacy counter and they advised of the waiting time for prescriptions to be dispensed. This assured people waiting in the queue that their requests were being managed systematically. The pharmacist took time to speak with people who had any queries. And advice was given in a quieter area in the pharmacy.

The pharmacy team hadn't had a formal appraisal since the beginning of the Covid pandemic. New starters had received regular appraisals during their probationary period. The manager gave on the spot feedback. The pharmacy team members discussed tasks that needed to be completed. And they discussed any dispensing incidents as they occurred. Team members found the manager approachable and they felt comfortable sharing ideas to improve the pharmacy's services, such as changing the procedure for repeat dispensing. The pharmacy knew to speak to the manager initially if they had any concerns. And then the SI. Team members did some training by reading training material provided by manufacturers of medicines. And they had completed mandatory electronic training on topics such as obesity, antibiotics use, and suicide prevention through the e-Learning for Healthcare system. The manager had completed training to provide services such as the Community Pharmacist Consultation Service (CPCS), flu and Covid vaccinations. The manager retained training records and certificates for team members in the training file.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare. And its premises are bright, clean, and tidy. The pharmacy has a large room with separate areas where people can access services and have private conversations with members of the pharmacy team in private.

Inspector's evidence

The pharmacy was air-conditioned, bright, secure, and professionally presented. The pharmacy had a good-sized retail area. It had enough workbench space and storage space it needed for its current workload. And the team kept all areas clean and tidy. The pharmacy had a large consultation room that had been divided into two areas, separated by a sturdy curtain, which protected people's privacy. The pharmacy used these areas to deliver the services it offered including Covid vaccinations and as a private area if people needed to speak to a team member in private. There was a sink in the dispensary. And it had a supply of hot and cold water. The consultation room, rest room and the staff area also had hand washing facilities. Members of the pharmacy team were responsible for keeping the premises clean and tidy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can easily access. Its working practices are safe and effective. It gets its medicines from reputable sources. And members of the pharmacy team carry out checks to make sure the pharmacy's medicines are safe and fit for purpose. They highlight prescriptions for high-risk medicines to make sure people receive appropriate advice and information to take their medicines safely. And they dispose of people's unwanted medicines properly.

Inspector's evidence

People accessed the pharmacy via large automatic double doors at the front. People using the pharmacy had direct access from the street. The pharmacy had a range of healthcare information leaflets for people to read or take away. And the pharmacy displayed opening hours in the pharmacy window.

The pharmacy offered services including seasonal flu vaccinations and Covid vaccinations. The Covid vaccination service was delivered on a Sunday, separately from the day-to-day pharmacy services. This helped to ensure that other pharmacy services, including dispensing, was not adversely affected. Pharmacists administered the Covid vaccinations. All of the team had completed the required e-learning training. People were vaccinated in the large consultation room. This had been divided into two. The consultation room had two separate entrances to ensure people's privacy was maintained. Following vaccination, the pharmacy had a separate area where people could be observed. The manager had completed risk assessments for the service. The manager clearly displayed information in the pharmacy about where to find the anaphylaxis kits in the consultation room and instructions on how to use them. The pharmacy offered a free delivery service to people who couldn't attend its premises in person. And the driver obtained signatures from people on receipt of their CDs. So, the pharmacy had an audit trail to show that the right medicine was delivered to the right person.

The pharmacy had separate areas for labelling, dispensing, and checking of prescriptions. The team used colour-coded baskets to prioritise the workload and to isolate people's medicines and to help prevent them becoming mixed up. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. The pharmacy team used labels to highlight prescriptions that had been identified as requiring additional counselling. The RP explained that team members checked if people receiving high risk medication such as warfarin had had blood tests recently, and gave additional advice as needed. They recorded details of significant interventions on the PMR. Pharmacy team members knew that people in the at-risk group, mustn't take valproate unless there was a pregnancy prevention programme in place. And that people in this at-risk group prescribed valproate needed to be counselled. The team had information they provided on each dispensing. But the warning about sodium valproate was next to the wrong medication on the shelf and this could cause confusion.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Team members marked containers of liquid medicines with the date they were opened and they had also included the use by date on medicines that had a limited shelf life once opened. The pharmacy team checked the

expiry dates of medicines regularly and the team put stickers on all short-dated medicines so they could be easily identified and removed from the shelf before expiry. A random sample of medicines taken from three areas in the pharmacy found no out-of-date stock. The pharmacy stored pharmacy (P) medicines behind the pharmacy counter so people were not able to self-select them and so sales were supervised. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

Team members used controlled drug cabinets that had adequate space to safely segregate stock items. It had fridges to store items at the recommended temperature, where necessary. Team members monitored and documented the temperatures daily. They provided evidence that they had been operating within the accepted range of 2 and 8 degrees Celsius. The team received drug alerts electronically, printed off and actioned. The RP thought that they kept these in a file for future reference. But they were not located during the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of crown-stamped glass measures to measure out liquids. And a separate marked set of three measures for measuring methadone. It had equipment for counting loose tablets and capsules. Members of the pharmacy team made sure they cleaned the equipment they used to measure out or count medicines before they used it. The pharmacy team had access to up-to-date reference sources. The pharmacy had three refrigerators to store pharmaceutical stock requiring refrigeration. The pharmacy team positioned its computer screens so they could only be seen by a member of the pharmacy team. It restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. Team members used their own NHS smart cards to access computer records.

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.