

# Registered pharmacy inspection report

**Pharmacy Name:** Castlegate Pharmacy, Cockermouth Community Hospital, Isel Road, COCKERMOUTH, Cumbria, CA13 9HT

**Pharmacy reference:** 1119345

**Type of pharmacy:** Community

**Date of inspection:** 03/08/2023

## Pharmacy context

This is a community pharmacy in the town of Cockermouth, Cumbria. It is within a health centre and community hospital. The registered premises are used for both registered activities with the GPhC and for provided dispensing activities to people under the health centre's own dispensing doctors practice. The pharmacy provides a range of services. These include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy provides a home delivery service, a substance misuse service and dispenses some medicines in multi-compartment compliance packs to people who need support in taking their medicine correctly.

## 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 store all the its medicines it uses securely or in accordance with legal requirements .
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has a set of comprehensive written procedures to help the team undertake various processes. The pharmacy team applies learning following mistakes made during the dispensing process to help prevent similar mistakes happening again. Team members keep people's confidential information secure, and the team is equipped to help safeguard vulnerable adults and children. The pharmacy keeps most of the records it needs to by law, but its controlled drug (CD) registers do not accurately reflect where the pharmacy sources the CDs it dispenses.

### Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). These were instructions designed to support the team in safely undertaking various processes. For example, the dispensing of prescriptions and complying with responsible pharmacist (RP) legislation. Team members were required to sign a sheet to confirm they had read and understood the SOPs which were relevant to their role and each team member had signed the sheet. The SOPs were reviewed at least every two years. Most of the prescriptions the pharmacy dispensed were issued by the adjacent health centre. The prescriptions were annotated with 'dispensary' or 'D' if they belonged to the dispensing doctors practice.

The team used a paper log to record details of mistakes made during the dispensing process but were spotted during the final checking stage by the RP. These mistakes were known as near misses. Team members were responsible for recording their own near misses. Team members made regular, comprehensive records. They recorded the time a near miss happened, what may have caused it and the staffing levels at the time. The log was analysed each month for any trends and patterns. And the team discussed how they could improve patient safety by making changes to the way the pharmacy operated. For example, recently the team had noticed the pharmacy was being delivered different strengths of simvastatin which looked very similar in appearance. The pharmacy used a dispensing robot. The robot relied on team members to accurately 'book in' medicines into the robot's computer system to prevent picking errors. Team members explained they had focused on ensuring all team members were made aware if a booking in mistake had been made. This helped raise awareness and prevent recurrence. The pharmacy had a digital system to record and report dispensing errors that had reached people. Records of such incidents were retained in the pharmacy and reported to the pharmacy's superintendent pharmacist (SI).

The pharmacy had a formal complaints procedure, but it was not outlined for people to see. Team members typically received verbal feedback from people who used the pharmacy. Team members explained how they would always look to resolve complaints themselves but if they were unable to do so, they would refer the complaint to the RP, the SI or the pharmacy's operations manager.

The pharmacy had professional indemnity insurance. It displayed an RP notice, but it was not easy for people to see it from the retail area. The RP record was mostly completed correctly but, on some occasions, the RP had not recorded the time their RP duties had ended. The importance of completing the record each day was discussed with the RP. The pharmacy kept controlled drug (CD) registers. The dispensing doctors received the CDs, and these were then used by the pharmacy to dispense to people. The CD registers had not been completed accurately to reflect this, and instead, incorrectly stated that the CDs had been received by the pharmacy from other licenced wholesalers. The pharmacy kept

records of CDs that people had returned to it for destruction.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team separated confidential waste from general waste, and it was periodically destroyed via a third-party contractor. Team members understood the importance of securing people's private information. The team was aware of its responsibilities in raising safeguarding concerns about vulnerable adults and children. The RP had completed a training course on safeguarding via the Centre for Pharmacy Postgraduate Education up to level 2. Other team members completed internal training and they were able to describe some hypothetical situations that they would report.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy employs several team members who had the appropriate knowledge and skills to provide the pharmacy's services. Team members can give feedback about how to improve the pharmacy's services. They do ongoing training to help them keep their knowledge and skills up to date. But they do not always get time to do this at work, which could make it harder for them to do this.

### Inspector's evidence

The RP was a locum pharmacist who worked at the pharmacy three days per week. The days the RP didn't work were covered by the SI and other locum pharmacists. During the inspection the RP was supported by three trainee pharmacy assistants, two qualified pharmacy assistants, a qualified counter assistant and the pharmacy's operations manager. The pharmacy also employed five additional qualified pharmacy assistants, another trainee pharmacy assistant, an accuracy checking technician (ACT) and four part-time delivery drivers. Team members occasionally worked additional hours to cover each other's absences. They felt they had enough team members to manage the dispensing workload. Team members were observed working well together and helping each other to complete various tasks. They were observed involving the RP when selling some higher-risk Pharmacy medicines (P). For example, analgesics that contained codeine. They demonstrated the screening questions they asked of people when selling these medicines, and explained they would always refer requests for repeat purchases to the RP.

The pharmacy provided team members with access to an online training programme. Each team member had their own login details and could track their own progress through a series of mandatory modules. They could also voluntarily select a module to work through in response to their own identified learning needs. A team member demonstrated that they had recently completed training on safeguarding vulnerable adults and children and supporting people with dementia. The trainee pharmacy assistants were provided with some protected training time to support them in completing their course. But they were not always able to take the time to train during their working hours due to workload pressures. So, they often trained in their personal time. The pharmacy provided team members with a formal appraisal process. Team members discussed their development and career progression approximately every twelve months with the pharmacy's operations manager.

Team members attended team meetings where they could give feedback on ways the pharmacy could improve. They discussed how they could better manage the workload and talked about improving patient safety. Team members were not set any targets to achieve. They explained they were focused on providing an efficient and effective service for the local community.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are kept clean and secure from unauthorised access. The pharmacy has the facilities for people to have private conversations with team members.

### Inspector's evidence

The pharmacy premises were hygienic and well maintained. Floor spaces were mostly kept clear to prevent a trip hazard. However, there was a small section of the floor used to store some baskets containing medicines. There were several benches that team members used to dispense medicines. The benches were kept generally tidy and organised throughout the inspection. The pharmacy had a suitably sized, soundproofed, consultation room for people to use to have private conversations with team members.

The pharmacy had a sink for hand washing and for preparing medicines. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout most of the premises.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not store all the medicines it uses securely or in accordance with legal requirements. It provides a range of services that are made accessible to people, and it generally manages its services safely and effectively. The pharmacy team follows a process to ensure the pharmacy's medicines are not supplied to people outside of their expiry dates.

### Inspector's evidence

The pharmacy was accessible through the main entrance of the health centre and there was level access into the premises. This allowed easy access into the premises for people who used wheelchairs or had prams. There was a large car park with disabled bays for people visiting the pharmacy to use. There were seats for people to use while they waited to be served by a team member. There was a range of healthcare information leaflets for people to read or take away with them. The pharmacy had a facility to supply large-print labels to people with a visual impairment. Team members explained how they communicated in writing with people who had a hearing impairment. Team members had knowledge of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to apply dispensing labels to valproate packs in a way that prevented any written warnings being covered up and ensured they always supplied valproate in original packs.

Team members used dispensing baskets to safely store medicines and prescriptions throughout the dispensing process. This helped manage the risk of medicines becoming mixed-up. Team members signed dispensing labels when they completed the dispensing and final checking processes to maintain an audit trail. The labels were annotated with the name and address of the pharmacy. Team members attached these labels to medicines that had been dispensed under the authority of the dispensing doctors and so, they did not accurately reflect that the medicines were not dispensed by the pharmacy. Team members attached alert stickers to bags containing people's dispensed medicines. They used these as a prompt before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. The pharmacy supplied some people with their medicines dispensed into multi-compartment compliance packs. These packs were designed to help people take their medicines at the right times. There were 'master-sheets' which team members used to cross-reference with prescriptions to make sure prescriptions were accurate before the dispensing process began. If they spotted a discrepancy, for example, if a medicine was missing from the prescription, they made enquires with the prescriber. Team members recorded details of authorised changes to people's treatment on their electronic medical record. The packs were supplied with descriptions of the medicines supplied.

The dispensing doctors held a wholesaler dealers licence, and it obtained medicinal stock which was then supplied to the pharmacy to use. The pharmacy stored P medicines directly behind the pharmacy counter. Team members followed a process to check the expiry dates of its medicines. They completed this process by scanning the barcodes on the packaging of medicines before they were installed into the dispensing robot. The robot's computer system alerted the team if an expired medicine was detected. The RP also checked the expiry dates of medicines during the final checking process. The pharmacy had two fridges to store medicines that required cold storage. And the team kept keep records of the fridge's minimum and maximum temperature ranges. A sample seen showed the fridges were

operating within the correct ranges. Not all of the medicines the pharmacy used were stored securely and in accordance with requirements. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. The pharmacy received medicine alerts through email. The team actioned alerts and kept a record of the action taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary 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 electronic and hard copies of the British National Formulary (BNF) and the BNF for Children. The pharmacy used a range of measuring cylinders. There were separate cylinders to be used only for dispensing water. This helped reduce the risk of contamination. The dispensing robot was in working order and it was serviced periodically. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. 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.