

# 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:** 28/10/2024

## Pharmacy context

This is a community pharmacy in the town of Cockermouth, Cumbria. It is located within a health centre and community hospital. The registered premises are used for both registered activities with the GPhC and for providing dispensing activities to people under the health centre's own dispensing doctor's 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 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
<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 met	N/A	N/A	N/A
<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 written procedures to help the team undertake various processes. And it keeps most of the records it needs to by law. Team members keep people's confidential information secure, and the team is equipped to help safeguard vulnerable adults and children. The pharmacy has a process for its team to follow to record details of mistakes made during the dispensing process. But mistakes are not always recorded or reviewed, so the team may miss some opportunities to learn.

### 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. Each team members signed a sheet to confirm they had read and understood the SOPs which were relevant to their role.. Most of the prescriptions the pharmacy dispensed were issued by the adjacent health centre. The pharmacy had a procedure to separate the activities of the registered pharmacy and the dispensing doctor's practice. Prescriptions were clearly marked to show if they were to be dispensed by the pharmacy, or if they belonged to the dispensing doctor's practice.

If the RP identified any errors made during the dispensing process, known as near misses, they informed the person responsible for the error and asked them to rectify the mistake. The pharmacy had a paper-form near miss log for team members to use to record details of each near miss so that the team could learn from them. The log had sections to record details such as the type of near miss and the reason it might have happened. The RP was then responsible for transferring details of near misses from the paper-form log, onto an electronic reporting system. The RP admitted that the team had not recorded all near misses that had happened, and so it may have missed out on the opportunity to spot any trends or patterns. The team demonstrated some examples of basic steps taken to reduce the risk of some common errors. For example, the separation of medicines that had similar names or packaging. The pharmacy used an automated dispensing robot. The robot relied on team members to accurately input medicines into the robot's computer system to prevent selection errors. Team members took extra care to enter medicine details accurately if they had removed any tablets or capsules from the original pack. 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 superintendent pharmacist (SI). However, no examples were available for inspection.

The pharmacy had a formal complaints procedure, but it was not advertised 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 manager.

The pharmacy had current professional indemnity insurance. The RP notice displayed the name and registration number of the RP on duty. The pharmacy had both a digital and a paper-form RP record. On several occasions, RPs had made entries in only one of the records, which could cause confusion. Within the digital record, RPs had not recorded the time their RP duties had ended on most days. The RP gave assurance that in future they would ensure all of the required information was recorded. The pharmacy kept records of private prescriptions. It kept CD registers with running balances and there were

separate records of CDs returned to the pharmacy for destruction. Running balances were audited each month against physical stock. The running balances of four CDs were checked against physical stock and all were found to be correct.

Records containing personal identifiable information were kept in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bag to avoid being mixed with general waste. Then it was periodically destroyed via a specialist contractor. Team members understood the importance of keeping people's private information secure and they had all completed information governance training as part of their employment induction process. Team members offered the use of the pharmacy's consultation room if people wished to discuss their health and there was a risk of the conversation being overheard. The RP had completed training on safeguarding vulnerable adults and children. Other team members had completed internal training and were aware of their responsibilities and when they should escalate any concerns. They were able to give hypothetical scenarios that they would report.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team has the appropriate qualifications and skills to provide its services. Team members provide feedback and implement change to the way the pharmacy operates to help improve efficiency. And they are suitably supported to update their knowledge and skills.

### Inspector's evidence

The RP was the superintendent pharmacist (SI) and worked ad-hoc at the pharmacy. During the inspection the RP was supported by several team members including a full-time trainee pharmacy assistant, three full-time, qualified pharmacy assistants, a part-time accuracy checking dispenser, and the pharmacy's manager. The pharmacy had recently employed a pharmacist who worked three days a week. And a regular, locum pharmacist worked one day a week. A pool of locum pharmacists provided cover at weekends. 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.

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 also completed additional modules in response to their own identified learning needs. 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 completed training in their personal time. The pharmacy provided team members with a formal appraisal process. Team members discussed their development and career progression with the pharmacy's manager approximately every twelve months.

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. Since the previous inspection, the team had discussed how the pharmacy could improve the area of the dispensary that was used to dispense multi-compartment compliance packs. Following a discussion with the pharmacy's owners, shelves had been installed. Team members described how the shelves had improved the way they managed the process of dispensing the packs and reduced the number of near miss errors being made. The pharmacy did not set the team 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 was clean, professional in appearance and well maintained. The dispensary was large with several workstations and benches for team members to use to dispense medicines. The workstations and benches were kept tidy and organised throughout the inspection. Floor spaces were generally kept clear, however a section at the rear of the dispensary was cluttered with some boxes containing medicines. This created a risk of a trip or a fall.

The pharmacy had a consultation room for people to have private consultations with team members. It was suitably equipped and soundproofed to prevent conversations being overheard by other people in the retail area.

The pharmacy had a clean sink in the dispensary that was used for the preparation of medicines. There were sinks in both the toilet and staff area which provided hot and cold water and other hand washing facilities. The temperature was comfortable throughout the inspection. Lighting was bright during the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are made suitably accessible and it provides them safely. The pharmacy obtains its medicines from appropriate sources and its team undertake suitable checks to ensure medicines are fit for purpose before supply to people.

### 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. And there were seats for people to use while they waited to be served. The pharmacy had a range of healthcare information leaflets for people to read or take away with them.

Team members knew about the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew how to apply dispensing labels to valproate packs in a way that prevented any written warnings being covered up and they always supplied valproate in original packs. The RP was aware of a recent update to the valproate PPP that required pharmacies to provide appropriate counselling to men taking valproate.

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. They attached alert stickers to bags containing dispensed medicines to provide a prompt when they handed them out 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 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 individual medicines so people could identify them. Team members dispensed the packs in a segregated area of the dispensary. This area was kept organised and tidy to help reduce the risk of mistakes being made.

The pharmacy obtained its medicines from licenced wholesalers. The pharmacy stored Pharmacy (P) medicines directly behind the pharmacy counter. Prescription only medicines were stored in within the dispensing robot or on shelves in the dispensary. There were several boxes of unorganised, split packs of medicines that had some tablets or capsules removed from the original packs stored around the dispensary. The team explained that it was in the process of organising a rear area of the dispensary to exclusively store split packs. Many of the split packs the team used had been stored on shelves in the area. The splits stored in the boxes were due to be placed onto the shelves over the next few weeks. The split packs stored on the shelves were not stored tidily. Many were not clearly separated by strength or form which could increase the risk of picking errors being made. The RP gave assurances that the shelves would be reorganised as soon as possible to help mitigate the risks identified. The team followed a process to check the expiry dates of medicines stored within the dispensing robot. They

completed this process by scanning the barcodes on the packaging of medicines before they were entered into the robot. The robot's system alerted the team if an expired medicine was detected. The team followed a separate process to check the expiry dates of medicines that were not stored in the robot. They completed this process every three months. No expired medicines were found following a check of approximately 20 randomly selected medicines. 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. But both fridges had a build-up of ice at the rear which could make them less reliable. 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. There was a blood pressure monitor to support the team in taking blood pressure measurements and there was an otoscope used to undertake ear examinations.

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. 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.