

# Registered pharmacy inspection report

**Pharmacy Name:** Hopes Pharmacy, 49A Newbottle Street,  
HOUGHTON LE SPRING, Tyne and Wear, DH4 4AR

**Pharmacy reference:** 1121605

**Type of pharmacy:** Community

**Date of inspection:** 06/09/2022

## Pharmacy context

This community pharmacy is located in Houghton-le-Spring town centre. The pharmacy's main activities are dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy supplies several people with their medication in multi-compartment compliance packs to help them take their medication. And it delivers medication 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
<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 suitably identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team generally follows. And it completes all the records it needs to by law. The pharmacy protects people's private information correctly and the pharmacy team has training and guidance to respond to safeguarding concerns. The team members, on most occasions, respond correctly when errors occur. They discuss what happened and they take appropriate action to prevent future mistakes. But they don't always keep full records of errors to review and improve their practice.

### Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of services. The SOPs were regularly reviewed by the Superintendent Pharmacist (SI) who kept a list with the SOPs describing any changes. The SI created SOPs when new services started such as the NHS hypertension case finding service. All the team members had read the SOPs but some team members including the delivery driver had not signed the SOPs signature sheets to show they understood and would follow them. Some of these team members had signed the SOPs signature sheets at the other pharmacy owned by the company. The team members demonstrated a clear understanding of their roles and worked within the scope of their role. The team referred queries from people to the pharmacist when necessary.

The pharmacy had a basic SOP for managing errors that occurred during the dispensing of prescriptions, known as near misses. The pharmacy had a template to records these errors but the team had not made any entries since October 2021. The accuracy checking technician (ACT) mostly checked the compliance packs and informed colleagues of errors they had made. But the ACT didn't record these errors. The ACT reported that common errors involved team members not dispensing items such as inhalers that were to be supplied with the packs and had discussed this with the team. The pharmacy had a book to record errors that reached the person, known as dispensing incidents. However, the last entry was in 2019. The SI reported there had not been any recent dispensing incidents. The team had moved products that looked and sounded alike (LASA) such as quinine and quetiapine following near miss errors. This helped to reduce the risk of picking the incorrect product. The pharmacy had a procedure for handling complaints raised by people using the pharmacy services. And it had a poster providing people with information on how to raise a concern with the pharmacy team.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records, private prescription records and controlled drug (CD) registers generally met legal requirements. A few CD registers didn't have the header completed. The SI mostly checked the balance of CDs every three months to spot errors such as missed entries. The pharmacy kept records of CDs returned by people for destruction. The pharmacy provided the team with information on how to manage confidential information and most team members had signed confidentiality agreements. The pharmacy displayed a separate privacy notice in the retail area for people to see. The team separated confidential waste for shredding offsite.

The pharmacy had safeguarding procedures and guidance for the team to follow. The team members had access to contact numbers for local safeguarding teams. The pharmacist had completed level 2

training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The delivery drivers reported concerns to the team about people they delivered to. The team took appropriate action such as contacting the person's GP.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with a range of skills and experience to support its services. The team members work well together and support each other in their day-to-day work. They make suggestions and implement changes to improve their efficiency and safety in the way they work. Team members benefit from identifying areas of their own practice they wish to develop, and the pharmacy helps them to achieve this. The pharmacy provides few opportunities for the team to complete ongoing training and to receive feedback on their performance. This means they may miss the chance to further develop their skills and knowledge.

### Inspector's evidence

The pharmacist owner who was also the Superintendent Pharmacist (SI) covered most of the opening hours. Regular locum pharmacists covered the remaining hours and provided cover when the full-time pharmacy accuracy checking technician (ACT) was absent. The pharmacy team consisted of two full-time dispensers, four full-time trainee dispensers, one full-time medicines counter assistant, one part-time medicines counter assistant and two delivery drivers.

One of the full-time dispensers had recently been recruited into the role of pharmacy supervisor. The supervisor was developing a rota for the team to ensure everyone regularly completed key tasks and to create protected training time into the working day for the trainees. The ACT's main role was checking the large number of multi-compartment compliance packs. The ACT spent time with an experienced ACT before they left the employment of the pharmacy and with the SI to see how they both performed accuracy checks. The ACT used this experience when developing their own technique for checking prescriptions.

The pharmacy didn't regularly provide the team members with additional training. The SI updated the team with details of new services and shared the SOP developed when a new service was introduced. The pharmacy didn't provide formal performance reviews for the team members to give them a chance to receive individual feedback. The SI gave the team informal feedback and encouraged the team to provide feedback to him in return. The ACT had particularly appreciated the informal feedback from the SI when they were new to the role. The team held regular meetings to ensure all team members were kept up to date. And team members could suggest changes to processes or new ideas of working.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean, secure and suitable for the services provided. And the pharmacy has good facilities to meet the needs of people requiring privacy when using the pharmacy services.

### Inspector's evidence

The pharmacy was tidy and hygienic, it had separate sinks for the preparation of medicines and hand washing. The consultation room contained a sink and alcohol gel for hand cleansing. The pharmacy had enough storage space for stock, assembled medicines and medical devices and the team kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had a defined professional area and items for sale in this area were healthcare related. It had a large, soundproof consultation room which the team used for private conversations with people and when providing services such as the seasonal flu vaccination. The pharmacy had restricted access to the dispensary during the opening hours.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services which are easily accessible for people. And it manages its services well to help people receive appropriate care. The pharmacy obtains its medicines from reputable sources. And it suitably stores and manages its medicines.

### Inspector's evidence

People accessed the pharmacy via a step-free entrance. The pharmacy had an information leaflet for people to read and take away that focused on different health matters each month, for example, a recent topic focused on flu. The leaflet also contained the contact details of the pharmacy and its opening hours. The team provided people with information on how to access other healthcare services. Team members explained the questions asked when selling over-the-counter products and how they monitored people requesting medication that was liable to misuse.

The pharmacy had recently started an ear-syringing service to support the local community who struggled to get an appointment at their GP surgery. The pharmacy provided the NHS hypertension case finding service with a few people referred to the pharmacy by their GP. The pharmacy was planning for the seasonal flu vaccination service due to start in a few weeks. The SI was the trained vaccinator and planned to mostly offer a walk-in service. And was able to do this with support from the ACT.

The pharmacy provided multi-compartment compliance packs to help around 300 people take their medicines and to people living in two care homes. The pharmacy supervisor managed this service with support from other team members. The pharmacy provided a separate section of the dispensary for the team dispensing the packs to work in. To manage the workload the team divided the preparation of the packs across the month. The team usually ordered prescriptions in advance to allow time to deal with issues such as missing items and the dispensing of the medication into the packs. The team members separated prescriptions with queries so they could check if a response had been sent. The care home teams sent the pharmacy a list of medicines each person needed for the pharmacy team to order with the GP. The pharmacy team checked the received prescriptions against the list to ensure all the items had been prescribed. Different team members were involved with the labelling of the prescriptions and the dispensing of the medicines into the packs. The pharmacy generally sent the medication to the care homes a few days before the next cycle started to allow time for the supply to be checked. The team recorded the descriptions of the products within the packs and supplied the manufacturer's packaging leaflets. This helped people identify the medicines in the packs and provided them with information about their medicines. The pharmacy had a dedicated area for storing completed packs in boxes labelled with the person's name and address. The pharmacy received copies of hospital discharge summaries which team checked for changes or new items.

The pharmacy supplied medicine to some people daily as supervised and unsupervised doses. The doses were prepared in advance of supply to reduce the workload pressure of dispensing at the time of supply. The team members provided a repeat prescription ordering service. They used an electronic system to remind them when they had to request the prescription and as an audit trail to track the requests. The team usually ordered the prescriptions a few days before supply which gave time to chase up missing prescriptions, order stock and dispense the prescription. The team provided people with clear advice on how to use their medicines. The team members were aware of the criteria of the

valproate Pregnancy Prevention Programme (PPP) and the information that had to be provided to people who met the criteria. The pharmacy didn't have anyone prescribed valproate who met the PPP criteria. The pharmacist recorded conversations they had with people about their medication on to the pharmacy's electronic patient medication records (PMR).

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. The pharmacy had checked by and dispensed by boxes on dispensing labels to record who in the team had dispensed and checked the prescription. A sample found only the checked by boxes were completed. The team used highlighter pens to add their initials to the compliance packs so the ACT or pharmacist could clearly see who had dispensed the medication. The pharmacy used fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. The pharmacy kept a record of the delivery of medicines to people.

The pharmacy obtained medication from several reputable sources. The pharmacy team regularly checked the expiry dates on stock but didn't keep a record of this. The team members marked medicines with a short expiry date to prompt them to check the medicine was still in date. No out-of-date stock was found. The team members recorded the dates of opening for medicines with altered shelf-lives after opening so they could assess if the medicines were still safe to use. The team checked and recorded fridge temperatures four times a day and a sample of these records found they were within the correct range. The fridge also had an internal device that changed colour when the temperature went out of the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. It stored controlled drugs (CDs) in a CD cabinet that met legal requirement and the team used appropriate denaturing kits to destroy CDs. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team actioned the alert and kept a record.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. It makes sure its equipment is used appropriately to protect people's confidential information.

### Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. It had equipment available for the services provided including a range of CE equipment to accurately measure liquid medication. The pharmacy computers were password protected and access to people's records restricted by the NHS smart card system. It positioned the dispensary computers in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view and it held private information in the dispensary and rear areas, which had restricted 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.