

# Registered pharmacy inspection report

**Pharmacy Name:** Whitley Bay Pharmacy, 116 Park View, WHITLEY BAY, Tyne and Wear, NE26 3QL

**Pharmacy reference:** 1122425

**Type of pharmacy:** Community

**Date of inspection:** 15/08/2022

## Pharmacy context

This community pharmacy is situated in Whitley Bay, which is a coastal town in Tyne and Wear. 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.

## 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 appropriately identifies and manages the risks associated with its services. It has up-to-date written procedures that pharmacy team members follow. They openly discuss mistakes that happen and they take suitable action to prevent future mistakes. The pharmacy has appropriate insurance to protect people if things go wrong. It completes all the records it needs to by law.

### 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 May 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 pharmacist 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. The pharmacist reviewed the near misses and shared the outcome from the review with pharmacy team. And they discussed the changes they could make to prevent future errors. Medicines with similar names such as azathioprine and azithromycin had been separated on the shelf following a picking error. The pharmacy had a procedure for managing errors that reached the person known as dispensing incidents. The procedure included the team completing an electronic dispensing incident report. The pharmacist advised that there hadn't been a dispensing error that she was aware of. The pharmacy had an SOP for handling complaints raised by people using the pharmacy services and they displayed the complaints policy in the window. The pharmacist explained that the team tried to offer a good service and they hadn't received any complaints during the Covid pandemic and pharmacy reviews online were very positive.

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 weekly. 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 for confidential discussions with people. They separated confidential waste for shredding on-site.

The pharmacy had a safeguarding file with guidance for the team to follow. The team members had access to contact numbers for local safeguarding teams, and they displayed the numbers in the dispensary. Both registrants had completed level 2 training on protecting children and vulnerable adults. The team had not had an occasion to report 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 ongoing training to keep their knowledge up to date.

### Inspector's evidence

The regular part-time pharmacist was RP on the day of inspection, and two trainee dispensing assistants assisted. Both had completed their final qualification modules and had their final exam at the end of the week. Team members reported that they had been busy during the Covid pandemic and the team had made every effort to make sure that people had the medication they needed. The RP advised that the team had worked together and worked extra hours when required. Team members worked in the dispensary and saw to people at the pharmacy counter. Because of the open layout of the pharmacy team members could see into the retail area and people were greeted as they approached the counter.

Team members hadn't had a formal appraisal. They confirmed that they had regular discussions with the superintendent (SI) about how they were managing their course work. Both trainees felt supported in their studies and had received study time in preparation for the final exam. The pharmacy team members discussed tasks that needed to be completed. And they discussed any near miss errors as they occurred. Team members found the SI and pharmacist approachable and they felt comfortable sharing ideas to improve the pharmacy's services, such as positioning of stock in the dispensary. The pharmacy team knew to speak to the pharmacist or SI if they had any concerns. Team members did some ongoing training by reading training material provided by manufacturers of medicines. And they had completed electronic training on topics such as obesity, antibiotics use, and suicide prevention through the e-Learning for Healthcare system. The SI had completed training to provide services such as the Community Pharmacist Consultation Service (CPCS) and flu vaccinations. Team members maintained their own training records and certificates electronically.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare. Its premises are suitable for the workload and services it provides. And they are bright and tidy. The pharmacy has a room where people can have private conversations with members of the pharmacy team.

### Inspector's evidence

The pharmacy was situated on a corner and had the benefit of natural light from the large windows to the front. The pharmacy was air-conditioned, bright, secure, and professionally presented. The pharmacy had an adequately 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 consultation room which the pharmacy used to deliver services and as a private area if people needed to speak to a team member in private. The team have access to a sink with a supply of hot and cold water. The consultation room and staff toilet 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 higher 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 a wide door 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 and pharmacy services in the pharmacy window. 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 medication. So, the pharmacy had an audit trail to show that the right medicine was delivered to the right person. The pharmacy dispensed medicines in multi-compartment compliance packs to help people take their medicines correctly. And it had written processes that the team followed to manage the service. All members of the pharmacy team had been trained to prepare these.

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 'pharmacist' stickers to highlight prescriptions that had been identified as requiring additional counselling. 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. The shelf edge near to sodium valproate reminded people to provide the necessary information when dispensing sodium valproate.

The pharmacy used a range of recognised wholesalers to obtain its pharmaceutical stock. It didn't always store medicines within their original manufacturer's packaging. For example, there were a small number of amber bottles containing medication that had been removed from the original packaging which were inadequately labelled. So there was no assurance that the medication was fit to supply. These were removed from the shelf for destruction. Team members marked containers of liquid medicines with the date they were opened. The pharmacy team checked the expiry dates of medicines regularly and the team highlighted 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 a drug cabinet that had adequate space to safely segregate stock items.

It had a fridge to store items at the recommended temperature, where necessary. Team members monitored and documented the temperatures daily. They provided evidence that it had been operating within the accepted range of 2 and 8 degrees Celsius. The team received drug alerts electronically, printed them off, and actioned them when appropriate. The last one in the file was for Covonia Nite Time and a team member had noted they had no stock.

## 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. 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 one refrigerator 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
<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.