

Registered pharmacy inspection report

Pharmacy Name: Newline Pharmacy, Dereham Terrace,
Choppington, Northumberland, NE62 5UR

Pharmacy reference: 9010517

Type of pharmacy: Community

Date of inspection: 01/08/2019

Pharmacy context

The pharmacy is in a parade of shops in a residential area. Pharmacy team members mainly dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including medicines use reviews (MUR) and the NHS New Medicines Service (NMS). And, they provide a substance misuse service, including supervised consumption and needle exchange. They provide medicines in multi-compartmental compliance packs.

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
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 not all met	4.3	Standard not met	Pharmacy team members do not store some medicines according to the law. And, they do not regularly follow procedures to check the expiry date of medicines. So, they have out of date medicines stored on the shelves. This means they may supply medicines to people that are not fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has procedures in place to manage the risks to its services. But, some pharmacy team members have not read the procedures. And, they do not re-read them regularly. So, there may be misunderstandings about how to perform tasks in the safest and most effective way. Pharmacy team members discuss mistakes that happen and sometimes make changes to prevent similar mistakes in the future. But they don't always record their mistakes or report them to senior people in the company. They may miss opportunities to learn and make processes safer. Pharmacy team members understand how important it is to protect people's private information. And, they generally know how to protect the welfare of children and vulnerable adults.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The sample checked were last reviewed in 2018. And the next review was scheduled for 2020. But, pharmacy team members had not signed the sample of SOPs seen to confirm their understanding since the last review. The pharmacist said he was a newly appointed manager and had started approximately three weeks ago. He admitted he had not read or signed any of the SOPs. The pharmacy defined the roles of the pharmacy team members in each procedure.

The pharmacist highlighted and recorded near miss errors made by the pharmacy team when dispensing. The pharmacy team discussed the errors made. But, they did not discuss or record much detail about why a mistake had happened. They usually said rushing or being distracted had caused the mistakes. And, their most common change after a mistake was to double check next time or to separate similarly named or packaged products on the shelves. There was no further exploration of causes. The pharmacist said he looked at the data collected periodically to try and identify any patterns. But, he did not record the analysis. And, the pharmacy did not have any evidence it had analysed the data collected from before the new pharmacist had started. The pharmacy had a process for dealing with dispensing errors that had been given out to people. But, the pharmacist had not read the procedure. And, no pharmacy team member present knew how to record an error. They could not provide any records of errors made in the past. But, pharmacy team members said that errors had been made and there was a basket with items that had been involved in dispensing errors. Pharmacy team members could not give any examples of any changes made in response to a dispensing error to prevent a recurrence. The pharmacist contacted the superintendent pharmacist (SI) during the inspection. The SI told him that no dispensing errors had been reported to him in the last 12 months. But, there was evidence in the basket of returned medicines of a dispensing error in March 2019. So, pharmacy team members at the time had not recorded or reported the error. The procedure instructed pharmacy team members to record errors using the template reporting form provided and to report any error to the SI immediately.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a practice leaflet available for customers which explained the company's complaints procedure. But, it kept the leaflets in the consultation room. So, people were not able to easily access the information. It collected feedback from people by using questionnaires. One example of a change made by the pharmacy after receiving feedback was to provide a chair in the area used for supervised consumption.

The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy kept controlled

drug (CD) registers complete and in order. It kept running balances in all registers. And most were audited against the physical stock quantity approximately monthly. But, they did not frequently audit the balance in the methadone register. Pharmacy team members last checked the balance of methadone on 26 March 2019. But, they had not maintained a running balance before that. The pharmacist said he had also identified a discrepancy between the register and stock during a check on the 30 July 2019. He explained that the register balance stated 1107ml. But, the current stock holding was approximately 2730ml. He had not recorded the check or his findings. But, he gave an assurance that he was investigating the discrepancy. The pharmacy kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy maintained a responsible pharmacist record on paper. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. The pharmacy team monitored and recorded fridge temperatures daily. They kept private prescription records in a paper register, which was complete and in order. And, they recorded emergency supplies of medicines in the private prescription register. They recorded any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy kept sensitive information and materials in restricted areas. And, it shredded confidential waste. The pharmacy team had been trained to protect privacy and confidentiality. They had read a procedure and some material provided by the SI. But, they had last signed the procedure in 2016, prior to the changes under the General Data Protection Regulations (GDPR). And there was no evidence of any training since. Pharmacy team members were clear about how important it was to protect confidentiality. And there was a procedure in place detailing requirements under GDPR. Most pharmacy team members had their own NHS smart cards, which they used to access NHS systems. But, one dispenser did not have her own card. And she was seen sharing a colleague's smart card during the inspection. This was discussed and the pharmacy administrator, who was also a medicines counter assistant and the SI's son, stated that he had ordered a smart card for the dispenser and gave an assurance that it was due to arrive in the next few days.

When asked about safeguarding, a dispenser gave some examples of symptoms that would raise their concerns in both children and adults. They explained how they would refer to the pharmacist. The pharmacist said they would assess the concern. And would refer to local safeguarding teams for support. One dispenser had completed training in 2017. And, the pharmacist had completed training in July 2018. But, no other members of the pharmacy team had been trained. The pharmacy had a brief procedure about child protection. But, the procedure referred to obsolete primary care trusts (PCTs). So, it was out of date. The pharmacy did not have a procedure about safeguarding vulnerable adults. And, it did not have up to date contacts for local safeguarding team available. Pharmacy team members said they would use the internet to find the information.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has team members with the right qualifications and skills for their roles and the services they provide. The pharmacy mostly has enough staff working in the pharmacy. Pharmacy team members complete ongoing training on an ad-hoc basis. They feel comfortable to discuss their development needs with the pharmacist and raise any concerns if necessary.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist, two dispensers and a medicines counter assistant who also worked as the pharmacy administrator. Pharmacy team members explained that one of the dispensers was leaving at the end of the week. The dispenser said that although she was leaving, she was concerned about the amount of work that would be left to the remaining dispenser. She explained that until recently, there had only been one dispenser working in the pharmacy. She said this had been very hard and had been resolved somewhat after concerns were raised with the superintendent pharmacist (SI) and another pharmacy team member was trained as a dispenser. The dispenser said she was concerned that even with two dispensers, there was often not enough staff to manage the workload whilst dealing with people at the pharmacy counter. The pharmacist and administrator explained they had already recruited a pharmacy technician, who was due to start working on the 8 August 2019. And, they planned to replace the staff member leaving with another dispenser. They said that in the meantime, a dispenser from one of their other local pharmacies would cover until someone had been recruited. During the inspection, the inspector observed pharmacy team members frequently being interrupted from dispensing activities to go and help people at the pharmacy counter.

Pharmacy team members completed training ad-hoc by reading various trade press materials and by attending local training events. And, by having regular discussions with the pharmacists about current topics. But, they said they did not have much time, if any, to complete training at work. The pharmacy did not have an appraisal or performance review process. A dispenser said that any needs she had would be discussed with the pharmacist informally and they would support her to achieve her goals. A dispenser explained that she would raise professional concerns with the pharmacist, SI or General Pharmaceutical Council (GPhC). She said she felt comfortable raising a concern. And confident that her concerns would be considered, and changes would be made where they were needed. The pharmacy did not have a whistleblowing policy.

The pharmacy team communicated with an open working dialogue during the inspection. The dispenser said she was told by the pharmacist when she had made a mistake. The discussion that followed did not fully explore why she had made the mistake. And, she said that changes were not always made after isolated incidents, other than to take more care next time. Pharmacy team members said they were not told about any patterns identified in the data collected about mistakes. The SI did not ask the team to achieve any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the health services provided. And the pharmacy has a room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. The pharmacy team used the room to have private conversations with people. The room was signposted by a sign on the door.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a WC which provided a sink and other facilities for hand washing. But, the tap at the sink did not work. Pharmacy team members said they washed their hands after using the toilet at the sink in the staff room. They did not prepare any medicines at the staff room sink. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy sources its medicines appropriately. But pharmacy team members do not store some medicines according to the law. And, they do not regularly follow procedures to check for out-of-date medicines. So, they may supply medicines to people that are not fit for purpose. The pharmacy is easily accessible to people. And it provides a suitable range of services for people's health needs. Pharmacy team members dispense medicines into devices to help people remember to take them correctly. They provide information with these devices to help people know when to take their medicines. But, they do not include information on all these devices so people can identify what their medicines look like.

Inspector's evidence

The pharmacy had level access from the street. It did not have a bell or associated signage telling people what to do if they needed help gaining access to the pharmacy. Pharmacy team members said they would communicate in writing with someone with a hearing impairment. They were unsure about how they would communicate with someone with a visual impairment. But, they said they would ask people how best they could help.

The pharmacy supplied medicines in multi-compartmental compliance packs when requested. The pharmacy included backing sheets with each pack, so people had written instructions of how to take the medicines. The backing sheets did not display any cautionary and advisory warning information about each medicine as required. And, they did not include descriptions of what the medicines looked like, so they could be identified in the pack. Pharmacy team members did not secure the backing sheets to each pack, in accordance with labelling requirements. So, there was a risk that the backing sheet could become separated from the pack. Pharmacy team members provided people with patient information leaflets about their medicines each month. And, they documented any changes to medicines provided in packs by placing a note in the person's master record.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy obtained medicines from six licensed wholesalers. It stored medicines tidily on shelves. And all stock was kept in restricted areas of the premises where necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members kept the CD cabinets tidy and well organised. And, out of date and patient returned CDs were segregated. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct.

Pharmacy team members checked medicine expiry dates every month up to May 2019. And records were seen. But, they had not checked since. They said they had not had time to carry out any further checks. They said they highlighted any short-dated items with a sticker on the pack up to the end of 2019. And they recorded expiring items on a stock expiry sheet, for removal during their month of expiry. A dispenser said she checked the expiry date of products when she dispensed them. But, this procedure was not documented, and it was unclear if other pharmacy team members did the same. From a sample of items on the shelves looked at, the inspector found six medicines that were out of

date. Of the six items found, not all had a short-dated stickers attached or had been recorded on the stock expiry sheet. The date checking procedure described was not robust. Pharmacy team members kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits. People presenting with a prescription for valproate who could become pregnant were counselled by the pharmacist about the risks of taking valproate during pregnancy. The pharmacy did not have any printed material to give to people to help them manage the risks further as required by the valproate pregnancy protection programme (VPPP). The pharmacist said he would order a supply of materials. Pharmacy team members were aware of the Falsified Medicines Directive. But, the pharmacy had no equipment, software or procedures in place to comply with the law. And, pharmacy team members had not been trained. They did not know what the company's plans were to implement the necessary requirements.

The pharmacy delivered medicines to people. It recorded the deliveries made and asked people to sign for their deliveries. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy to arrange a re-delivery. The team highlighted bags containing CDs with a sticker on the bag and on the driver's delivery sheet.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy team obtained equipment from the licensed wholesalers used. And they had a set of clean, well maintained measures available for medicines preparation. They used a separate set of measures to dispense methadone. The pharmacy positioned computer terminals away from public view. And they were password protected. It stored medicines waiting to be collected in the dispensary, also away from public view. The dispensary fridge was in good working order. And the team used it to store medicines only. Access to all equipment was restricted and all items were stored securely.

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.