

Registered pharmacy inspection report

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

Pharmacy reference: 9010517

Type of pharmacy: Community

Date of inspection: 12/03/2020

Pharmacy context

This is a community pharmacy in Choppington, Northumberland. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy team offers advice to people about minor illnesses and long-term conditions. And supplies over the counter medicine under the pharmacy first scheme. It provides NHS services, such as the new medicines service and medicines use reviews. It supplies some medicines in multi-compartment compliance packs to people living in their own homes. And it provides a home delivery service.

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
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 met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy identifies and manages the risks associated with the services it provides to people. And it has a set of written procedures for the team members to follow. Some members of the pharmacy team had not read all of these, so they may not be working consistently. The pharmacy keeps the records it must have by law. And it keeps people's private information secure. The team members openly discuss and record any mistakes that they make when dispensing. And they implement changes to minimise the risk of similar mistakes happening in the future. The team members know when and how to raise a concern to safeguard the welfare of vulnerable adults and children. And they act when necessary.

Inspector's evidence

The pharmacy was light and airy. The pharmacy had relocated to its current position last year. The pharmacy counter acted as a barrier between the retail area and the dispensary to prevent any unauthorised access. The retail area and the dispensary were laid out so that the team members could see into the retail area from the dispensary. The pharmacist used a bench to the side to complete final checks on prescriptions.

The pharmacy had a set of Numark standard operating procedures (SOPs) in place. The SOPs had an index, which made it easy to find a specific SOP. The SOPs were in date. The team members had read and signed some of the SOPs, but not all of them. The pharmacist said that both members of the team were fairly new and had not yet had time to go through all of the SOPs that was relevant to their role. They had started at the end of last year.

The pharmacist highlighted near miss errors made by the team when dispensing. And the details of each near miss error were recorded onto a paper near miss log. There were usually around six to ten near misses recorded monthly. The pharmacist said that they were a well-trained team. And they made very few errors. The near misses were discussed as they occurred. And changes were usually made straight away. The team showed the inspector the changes they had made to reduce risk. And to prevent errors from reoccurring. There was a laminated warning on the lansoprazole 15mg and 30mg, following a number of selection errors. The amitriptyline had been separated. And the look alike sound alike drugs were marked with a caution label.

The pharmacy had a procedure to record and report dispensing incidents that had reached the patient. The manager said that there had been no dispensing errors since she started in December 2019.

The pharmacy had a formal complaints procedure in place. The manager said that she would deal with any complaints or concerns initially. Then if that customer was not happy, she would refer them to the superintendent. She said that people were happy with the service they received. And pharmacy team members always do their best to help people. The pharmacy collected feedback through an annual patient satisfaction survey. The team members discussed the findings of the survey with each other. Some people had expressed their dissatisfaction with the wait times. But these had been greatly improved since the new team were employed.

The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy displayed the correct responsible pharmacist notice. And it was easily seen from the retail area. Entries in the

responsible pharmacist record complied with legal requirements. The pharmacy kept complete records of private prescription and emergency supplies. The pharmacy kept CD registers. And they were completed correctly. The pharmacy team checked the running balances against physical stock fortnightly. A physical balance check of two randomly selected CDs matched the balance in the register. The pharmacy kept complete records of CDs returned by people to the pharmacy. The pharmacy held certificates of conformity for unlicensed medicines and they were completed in line with the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA).

The team was aware of the need to keep people's personal information confidential. They had all undertaken General Data Protection Regulation (GDPR) training in their previous employment. The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate container to avoid a mix up with general waste. The confidential waste was periodically destroyed off site.

The pharmacist had completed training on safeguarding via the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy had some basic written guidance on how to manage or report a concern and the contact details of the local support teams. The pharmacist had reported a concern she had about a vulnerable adult the previous day. And she had made notes in case they may be needed in the future.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the appropriate qualifications and skills to provide the pharmacy's services safely and effectively. They work together to manage their workload and to ensure people receive quality service. The pharmacy team members complete some training to keep their knowledge and skills up to date. And they are provided with appraisals to discuss their performance and training needs. They feel comfortable to raise professional concerns if necessary.

Inspector's evidence

At the time of the inspection a technician and a dispensing assistant supported the responsible pharmacist. The manager came in towards the end of the inspection. He was doing dispenser training so that he could help out in the pharmacy. The pharmacist felt that they managed with the current level of staff. When members of the team were on holiday cover was provided by staff from another branch. The team members were observed managing the workload well and had a manageable workflow. They acknowledged people as soon as they arrived at the pharmacy counter. They were informing people of the waiting time for prescriptions to be dispensed and taking time to speak with them if they had any queries.

There was no internal training provided. But members of the pharmacy team had done dementia friends training. And they used the healthy living pharmacy leaflets to do training. The pharmacy had an appraisal process in place for its team members. And they had completed the paperwork in readiness for the reviews later in the month. The technician and the dispenser spoke to the inspector about how well the team work together. And about the good working relationship the team had with the local surgery. And this made sorting out queries easier to resolve.

The team members felt comfortable to raise professional concerns with the pharmacist or the manager. The team were unsure if there was a whistle blowing policy. But said that they would go to the SI if they had a serious concern that could not be resolved in store with the pharmacist or the manager. Targets were not set as such. But the team tried to provide a good service to people.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is kept secure and is adequately maintained. The premises are suitable for the services the pharmacy provides. It has a sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was clean and professional in its appearance. The dispensary was a good size. And it was kept tidy and well organised during the inspection. The team used the bench space well to organise the workflow. Floor spaces were kept clear to minimise the risk of trips and falls. There were two clean, well-maintained sinks in the dispensary for medicines preparation. There was sink with hot and cold water in the staff area. And there was a toilet with a sink with hot and cold running water. The pharmacy had a sound-proofed consultation room with seats where people could sit down with the team member. The room was smart and professional in appearance and was signposted by a sign on the door. There was a desk, sink and computer. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible to people. The pharmacy manages its services appropriately and delivers them safely. It provides medicines to some people in multi-compartment compliance packs to help them take them correctly. And it suitably manages the risks associated with this service. The pharmacy sources its medicines from licenced suppliers. And it stores and manages its medicines appropriately. The team members identify people taking high-risk medicines. And they support them to take their medicines safely and give them appropriate advice. But they do not routinely record this on the patient record. So, it may not be able to refer to this information in the future if it needs to.

Inspector's evidence

The pharmacy had level access from the street. There was a wide entrance door to the front. And so, people with prams and wheelchairs could enter the pharmacy unaided. There was advice about coronavirus prominently displayed. And a bell to ring for assistance. And a team member ensured that all people entering the pharmacy used the hand gel. The pharmacy advertised its services and opening hours in the window and on the pharmacy's website. It stocked a wide range of healthcare related leaflets in the retail area, which people could select and take away with them. The team had access to the internet to direct people to other healthcare services.

The team members regularly used various laminated cards during dispensing. And they used these as an alert before they handed out medicines to people. For example, to highlight a high-risk drug or the presence of a fridge line or a controlled drug that needed handing out at the same time. The team members signed the dispensing labels when the dispensing and checking processes were complete. And so, a robust audit trail of the process was in place. They used baskets to hold prescriptions and medicines. This helped the team members stop people's prescriptions from getting mixed up. Red baskets were used for waiters so that they could be easily seen and prioritised. The pharmacy kept records of the delivery of medicines it made to people. The records included a signature of receipt. So, there was an audit trail that could be used to solve any queries.

The pharmacy supplied medicines in multi-compartment compliance packs for people living in their own homes. And the pharmacy supplied one hundred packs to people on either a weekly or monthly basis. They dispensed the packs in a separate part of the dispensary. This also helped to minimise distractions. And they kept all documents related to each person on the service in separate wallets. The team members used charts which helped the team visually assess the progress of the dispensing. The technician took overall responsibility for these. She had recently put a change sheet together to make the system more efficient. The team members used a master sheet to check off prescriptions and confirm they were accurate. They supplied the packs with information which listed the medicines in the packs and the directions. And information to help people visually identify the medicines. For example, the colour or shape of the tablet or capsule. It also routinely provided patient information leaflets with the packs.

The pharmacy dispensed high-risk medicines for people such as warfarin. The team members used separate laminated cards. They kept these with people's prescriptions as a reminder to discuss the

person's treatment when handing out the medicine. The pharmacist always asked for the person's current and target INR, their daily dosage and the date of their next blood test. But she said that notes of conversations were not always made on the person's electronic medication record (PMR). The team members were aware of the pregnancy prevention programme for people who were prescribed valproate and of the risks. The team members had access to literature about the programme that they could provide to people to help them take their medicines safely. The pack was kept under the checking bench. The team had completed a check to see if any of its regular patients were prescribed valproate. And met the requirements of the programme. No one was identified as eligible.

The pharmacy stored its medicines in the dispensary tidily. Every three months, the team members checked the expiry dates of its medicines to make sure none had expired. No out-of-date medicines were found after a random check in four areas in the pharmacy. And the team members used alert stickers to help identify medicines that were expiring within the next 12 months. They kept records of which medicines were expiring in each month. At the beginning of the month, they referred to the records and removed any of the medicines stored in the dispensary. March stickered stock had been removed. They recorded the date liquid medicines were opened on the pack. So, they could check they were in date and safe to supply. The pharmacy had a robust procedure in place to appropriately store and then destroy medicines that had been returned by people. And the team had access to CD destruction kits.

The team was not currently scanning products, as required under the Falsified Medicines Directive (FMD). The team had received no training on how to follow the directive. The team members were unsure of when they were to start following the directive. Drug alerts were received electronically to the pharmacy and actioned. The alerts were printed and stored in a folder. And the team kept a record of the action it had taken. The pharmacy checked and recorded the fridge temperature ranges every day. And a sample checked were within the correct ranges. The CD cabinets were secured and of an appropriate size. The medicines inside the fridge and CD cabinets were well organised.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is well maintained and appropriate for the services it provides. The pharmacy uses its equipment to protect people's confidentiality.

Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children for the team to use. And the team had access to the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. And there was a range of cylinders which were used only to dispense methadone. The fridge used to store medicines was of an appropriate size. Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't seen by unauthorised people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the 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.