

Registered pharmacy inspection report

Pharmacy Name: Well, 107 York Road, Hartlepool, Durham, TS26
9DH

Pharmacy reference: 9010932

Type of pharmacy: Community

Date of inspection: 08/01/2020

Pharmacy context

This is a community pharmacy near to the town centre in Hartlepool. A coastal town. 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 over the counter medicines. It provides NHS services such as medicines use reviews. 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 has adequate processes and written procedures in place to protect the safety and wellbeing of people using its services. It keeps the records it must have by law and keeps people's private information safe. The pharmacy equips the team to help protect the welfare of vulnerable adults and children. The pharmacy team members respond when mistakes happen. And they discuss what happened and act to prevent future mistakes.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs). The superintendent pharmacist's team reviewed these on a rolling two-year cycle. Pharmacy team members accessed SOPs electronically. And they completed learning through completing assessments to confirm their understanding of each SOP. The non-pharmacist pharmacy manager accessed the training records which confirmed the team had completed all relevant learning to date. SOPs included the roles and responsibilities of pharmacy team members. The pharmacy was a good size and was well laid out. There were separate allocated areas for labelling, dispensing and checking of prescriptions. The pharmacy had a near-miss error reporting procedure. The manager explained that they tried to record these types of mistakes on a paper record in the first instance. And then transfer them to an electronic recording system 'Datix'. The checker picked any errors up and handed them back to the dispensing assistant responsible to record and amend. The pharmacist usually discussed this at the time with the team. Some of the records lacked detail of how the error occurred and about what changes were made following the error. The manager advised that usually a patient safety report was usually completed each month. The last one completed was in November and this indicated that there were six near misses recorded and two dispensing errors. And the pharmacy team had discussions about the errors and made changes. There were no records of these discussions. Currently look alike sound alike drugs were the focus in the branch. The team also discussed current errors reported in the company. The pharmacy also used Datix to record details of dispensing errors. An error had occurred when atenolol 50mg had been dispensed when atenolol 25mg was required. The action noted to reduce the likelihood of a similar error occurring again was to separate the strengths on the shelves. And this had been done. The pharmacy team members also went through the dispensing SOPs again to remind them of the process that needed to be followed.

The pharmacy had a complaints procedure. There was a patient information leaflet on display. And it advertised how people could provide feedback or raise a concern about the pharmacy. Pharmacy team members could explain how they would respond to a concern. When possible, the manager resolves any concern locally. There had been some issues with prescriptions not being ready when patients returned to collect them. A new texting service was introduced, and this had made a big difference because people were not calling in to check if their prescriptions were ready. But waiting for the text message. This had also reduced the time spent looking for prescriptions.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed contained the correct details of the RP on duty. The sample of the RP record examined was compliant with legal requirements. Samples of specials records, emergency supply records and private prescription records complied with legal and regulatory requirements. The pharmacy maintained

running balances of CDs within its CD register. And it completed full balance checks against physical stock weekly. The pharmacy maintained a patient returned CD register. And pharmacy team members wrote returns into the register on the date of receipt. Methadone balances were checked weekly. There were no ongoing CD balance discrepancies.

The pharmacy stored all personal identifiable information in staff only areas of the pharmacy. Confidential waste was segregated and shredded off site. There was a patient information leaflet that explained the company's data protection policy. All pharmacy team members had completed information governance training annually. The pharmacy had procedures and information relating to safeguarding vulnerable adults and children. It displayed a chaperone notice. And the pharmacy had contact information for safeguarding agencies. Pharmacy team members completed safeguarding learning through e-learning.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to safely manage the services it provides. The pharmacy team members have the right qualifications and skills for their roles. And for the services they provide. The team members openly discuss how to improve ways of working. And they can raise professional concerns if necessary. Team members have regular discussions. But these are not recorded so they are not able to refer to these in the future.

Inspector's evidence

On duty during the inspection was the RP who was a company relief pharmacist. A non-pharmacist manager ran the branch. There were also three dispensing assistants, one accuracy checking technician (ACT). One technician and one trainee dispenser. A company employed driver provided the pharmacy's medication delivery service. The manager said that staffing levels had been reviewed in January. And because of the increase in the business extra staffing hours had been approved. The manager thought that they were very busy. And the extra hours would be helpful to ensure that they can continue to grow the business. They generally managed with the current staffing levels. The pharmacy had overtime authorised.

Pharmacy team members regularly completed learning associated with their roles. And they completed directed learning through E-expert. The manager regularly monitored learning to ensure it was completed in a timely manner. Pharmacy team members received an annual appraisal and performance. Next steps were discussed. The manager said that these were planned for January. The manager used a paper pro-forma which she gave to members of the pharmacy team beforehand. The completed document was entered onto the electronic record. Training needs and any other concerns were discussed. The manager advised that there wasn't usually a mid-term review unless there was an issue. Team members confirmed they felt well supported by their manager. And felt like they worked well together as a team. They also felt that since the manager had come to post things were running smoothly. The manager said that they had regular huddles. And they take time to discuss the monthly patient safety review. Progress towards targets were also discussed. No notes were made of these discussions. So, it may be useful to make notes so that there was something to refer to. Also, because there were a lot of part timers it would be helpful for each member to initial any notes taken so that each team received all the information.

Pharmacy team members were aware of targets the pharmacy had for its services. The manager confirmed that they were doing well with flu vaccinations, Medicines Use Reviews (MUR)s and New Medicine Service (NMS). The team had managed services using their professional judgement during this time. Pharmacy team members worked well together. The pharmacy had a whistle blowing policy and a confidential help line where staff could seek support if required. They shared learning through team discussions when the opportunity arose.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure and maintained to the standards required. The pharmacy has private consultation facilities in place. These help to protect the confidentiality of people accessing its services.

Inspector's evidence

The pharmacy was professional in appearance and it was secure. The retail area was large. And comfortable seating was provided for people waiting for prescriptions or services. The pharmacy had a sign-posted consultation room to the side of the retail area. The room was a good size and it was equipped with the necessary resources to support pharmacy team members in delivering the pharmacy's services. There was a desk, chairs, sink and had a computer. There was a copy of the company privacy policy on display. The pharmacy's premises were appropriately safeguarded from unauthorised access. There was adequate heating and lighting throughout the premises. And running hot and cold water was available. The pharmacy team members completed all cleaning tasks. And usually had a big clean on a Sunday. The manager reported maintenance concerns to their head office.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides an appropriate range of services to help people meet their health needs. It generally stores, sources and manages its medicines safely. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use. The pharmacy may not always give advice to people who get higher-risk medicines. And when they do, they don't always record it. So, it may not be able to refer to this information in the future if it needs to.

Inspector's evidence

There was direct access from the street into the pharmacy. There was a ramp and had rail in the retail area so that people could access all areas in the pharmacy that were on different levels. Its services were prominently advertised in the retail area. And there were leaflets available in the public area and consultation room. The hours of business were displayed in the window. Pharmacy team members used information available on the internet to help signpost people to other healthcare organisations when required. Prescription bags were annotated with stickers to help identify eligible people for some of the pharmacy's services. For example, Medicines Use reviews (MURs). The pharmacy had up-to-date patient group directions (PGDs) to support the flu vaccination service. And 340 had been provided to date. This was against a target of 300. The pharmacy team members did not routinely counsel people on high risk medications such as warfarin and lithium. This was done opportunistically. The manager said that when discussions did take place, they did not usually record details of the monitoring checks on people's medication records. The pharmacy team was knowledgeable about the requirements of the valproate pregnancy prevention programme (PPP) and warning cards were readily available to issue to people in the high-risk group. The pharmacy team had completed an audit to identify eligible patients under PPP. One patient had been identified and notes had been made on their records.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped inform workload priority. For example, red baskets were used for walk-in prescriptions. The pharmacy team kept original prescriptions for medicines owing to people. And owing slips were given to people when they were owed an item. The pharmacy asked people to sign for receipt of their medicines through the prescription delivery service. The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Such as Alliance and AAH. Pharmacy team members discussed changes to medicine packaging introduced due to the Falsified Medicine Directive (FMD). The manager said that the computer system supported FMD. And the team were aware that it was coming. and had completed training.

The pharmacy stored Pharmacy (P) medicines behind the medicine counter. This meant the RP had supervision of sales taking place and was able to intervene if necessary. The pharmacy stored medicines in the dispensary in an organised manner. The pharmacy team followed a date checking procedure to help manage stock. And it recorded details of the date checks it completed. Date checking was up to date. The team used stickers to highlight medicines that were to be used first. There were however a number of items on the shelves which were out of date. These included isotrexin, Tiloket, cyclizine and a Flixotide inhaler. All the items were stickered, and the manager was disappointed that she had not removed them when she last did the date checking in December. She said that this was an oversight.

And stickered stock was always checked at the dispensing stage so it was unlikely that these would have been supplied to people. These were removed for destruction. The team recorded the date the pack was opened on liquid medicines. And this was noted, for example, on the Oramorph liquid. Medical waste bins, clinical waste bins and CD denaturing kits were available to support the team in managing pharmaceutical waste. Drug alerts were received electronically through “Merlin” alerts , and these were printed off and actioned. There was a file in the dispensary. And the pharmacy kept a record of the action the team had taken.

The pharmacy held CDs in secure cabinets. Medicine storage inside the cabinet was orderly. There was designated space for storing patient returns, and out-of-date CDs. Both fridges were clean and stock inside was stored in an organised manner. The pharmacy team monitored fridge temperatures daily. And the records looked at demonstrated that it was consistently operating within the accepted range of between two and eight degrees Celsius. The manager confirmed that both fridges had been serviced that week. The pharmacy stored both assembled CDs and cold chain medicines in clear bags within the fridge and CD cabinet. This helped prompt additional safety checks upon supply.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has all the equipment and facilities it needs for providing its services. And pharmacy team members manage and use equipment in a way which protects people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. The pharmacy team members had access to the company intranet and internet which provided additional reference resources. Computers were password protected and information on computer monitors was protected from unauthorised view due to the layout of the pharmacy. Pharmacy team members used NHS smart cards to access people's medication records. The pharmacy stored assembled bags of medicines to the side of the dispensary. This protected people's private information against unauthorised view. The pharmacy's telephone handsets were cordless. This meant they could have confidential conversations with people over the telephone. In an area that they could not be overheard. Clean, crown stamped measuring cylinders were in place for measuring liquid medicines. And these included separate measures for use with methadone. The pharmacy had clean counting equipment for tablets and capsules, including a separate counting triangle for use when counting cytotoxic medicines.

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.