

Registered pharmacy inspection report

Pharmacy Name: Middle Warren Pharmacy, Unit 4, Middle Warren Local Centre, Mulberry Rise, Hartlepool, Durham, TS26 0BF

Pharmacy reference: 9011077

Type of pharmacy: Community

Date of inspection: 01/08/2019

Pharmacy context

The pharmacy is situated on a parade of shops in a residential area in Hartlepool. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides medicine use reviews (MURs).

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 processes and up-to-date procedures to help the team manage the risks to services. The pharmacy's team members record and report any errors they make when dispensing. The pharmacy keeps the records it must by law. It advertises how people can provide feedback and raise concerns. And listens and acts on their feedback to make improvements for people accessing its services. The pharmacy keeps people's private information safe. It has processes available to its team members, to help them protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. These were held electronically. These provided the team with information on how to perform tasks supporting the delivery of services. The SOPs covered procedures such as incident reporting and dispensing. The team members were up-to-date with reading and signing the SOPs. All the team members had read and signed the SOPs that were relevant to their role.

A process was in place to report and record near miss errors that were made while dispensing. The pharmacist spotted the error and then made the team member aware of it. And then asked them to rectify it. The pharmacist recorded the details of the error on a log. There were a few errors recorded each month. Some of the entries lacked details such as the possible causes of the mistake. The pharmacist said that he discussed the errors with the team when they occurred. It was his intention to complete a monthly patient safety review. The pharmacist provided some examples of changes made to reduce the risk of an incident occurring. For example, when doing large prescriptions, the baskets were sometimes overflowing. And there was a risk of that prescriptions would get mixed up. A system was introduced that if necessary two baskets were used. And the baskets were marked to indicate this. There was a procedure in place for recording dispensing errors. There had been an error in July when the wrong contour test strips were supplied. The pharmacist had discussed the error with the pharmacy team members, the similarity of the names and the similarity of the packaging.

The pharmacy had a leaflet of how people who used the pharmacy could make a complaint or provide feedback. The team members said the feedback they received was generally positive. There had been no complaints received since the pharmacy had opened earlier in the year. The pharmacy team members always tried to meet people's needs. And when people had expressed a preference for an item it was stocked whenever possible.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the correct details of the responsible pharmacist on duty. For the sample checked, the responsible pharmacist register was correctly completed each day. A sample of controlled drug (CD) registers were looked at and were found to be in order including completed headers, and entries made in chronological order. Running balances were maintained and audited regularly. The pharmacy recorded the destruction of patient returned CDs. The pharmacy kept complete records of private prescription supplies and supplies of unlicensed medicines.

The dispensing assistant confirmed that she had completed information governance training in her

previous position. Confidential waste was segregated. The team said that the waste was collected and destroyed off site. The manager had discussed the need to keep people's confidential information private.

The pharmacy's team members were aware of safeguarding issues. There was a procedure for handling any safeguarding concerns. And this was displayed on the wall in the consultation room, along with the local contact details. The team said that they had not had any concerns to deal with to date.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has team members with the right skills and training for the services it provides. They complete relevant training on pharmacy processes during induction. And they access some useful ongoing training material. So, they have some opportunities to keep their knowledge up to date. The team members feel comfortable to suggest ideas. And the pharmacy uses this feedback to make changes to ways of working.

Inspector's evidence

The pharmacy team, on the day consisted of the RP, who was the acting manager and the superintendent (SI). There was also one dispensing assistant. The manager said that he was reviewing staffing levels on a monthly basis as the business increased. The manager had employed a part-time dispensing assistant. And they were starting next week. There was also another part-time dispenser. The pharmacy team members advised that they managed with the current staffing levels. The team had completed training on the SOPs. The pharmacy team members had received staff induction training. And had received pro-script connect training on how to use the system. The pharmacy team read information that was provided through manufacturers about new over the counter medicines.

The dispensing assistant advised that they had not yet had a performance review. The manager said that he was in the process of setting up appraisals for pharmacy team members. The dispensing assistant thought that the manager was approachable. She had suggested changing the ordering system. Previously the ordering system was set up so that items dispensed were ordered automatically. And sometimes they were overstocked. But now this was done manually after looking at the stock levels on the shelf. The pharmacy team had discussions about tasks that needed completing. And about dispensing incidents. There were no notes taken at these discussions. There were no targets set yet. But the manager wanted to put a set of realistic targets in place for the services offered such as MURs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and suitable to provide its services safely. The pharmacy's team appropriately manages the available space. And it has a suitable consultation room for people to have private conversations.

Inspector's evidence

This was a new purpose-built pharmacy. The pharmacy was well laid out and designed. And there was an efficient workflow. There were separate areas for pharmacy activities such as dispensing and checking. The pharmacy premises were clean. There was adequate space for excess stock. The consultation room was suitable for private consultations and counselling. There was a desk, a computer and chairs. There was a sink with hot and cold running water. Its location was well advertised. There was a notice with the company's chaperone policy displayed on the door. There was no patient confidential information in sight or accessible.

The layout of the premises was such that confidential information was not visible from the public areas. The pharmacy's premises were appropriately safeguarded from unauthorised access. There was adequate heating, air conditioning and lighting throughout the premises. And hot and cold running water was available.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The services are generally well managed. The pharmacy delivers medicines to people's homes. And it keeps a record of these deliveries. So, it can manage any queries effectively. The pharmacy gets its medicines from reputable suppliers. And it mostly stores and manages its medicines appropriately. The pharmacy team members have some training to support people taking high-risk medicines. But they don't always have the recommended written information to give to people to help them take their medicines safely.

Inspector's evidence

There was a wide door to the front of the premises. And this made it easier for wheelchair users to access the pharmacy and its services. The pharmacy opening hours were displayed in the pharmacy. There were leaflets on display for self-selection. Multi-compartmental compliance packs were supplied to people to help them to take their medicines on time. The pharmacy offered a free delivery service to people in their own homes. The delivery driver got signatures from the person accepting the medicines. And there was a separate sheet for people to sign for CD deliveries.

A controlled drugs cabinet was available for the safe custody of controlled drugs. The cabinet was appropriately secured. There was a date checking matrix. The procedure was to sticker short-dated medicines. There was no stickered stock on the shelves because the pharmacy was new all the stock was in date, with long expiry dates. Opened bottles of liquid medications were marked with the date of opening to ensure they were still safe to use when used for dispensing again. For example, Oramorph was marked as opened 21 June 2019.

The dispenser was observed using baskets to ensure prescriptions were prioritised and assembled medication remained organised. Computer generated labels included relevant warnings and the labels were initialled by the pharmacist and dispenser which allowed an audit trail to be produced. There was an adequately sized retrieval area where dispensed medication for collection was stored. People collecting their prescriptions were routinely asked to confirm their details to ensure that medication was supplied to the correct patient.

The pharmacy team was aware of the valproate Pregnancy Prevention Programme. And were aware that there was guidance that had to be provided to people taking valproate who may become pregnant. However, there were no cards or leaflets available in the pharmacy to supply to people. The manager said that he would follow this up. People taking high-risk medicines such as warfarin were not routinely identified or counselled. This may mean that opportunities are missed to advise people about the safe use of their medicines.

Out-of-date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication. A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers such as Alliance and Phoenix. Stock requiring refrigeration was stored at appropriate temperatures. And electronic records were maintained to ensure temperatures were within the appropriate ranges. The records showed that these were consistently recorded.

The pharmacy had not yet fully adjusted to meet the Falsified Medicines Directive (FMD). The manager confirmed that he had signed the pharmacy up to the pro-script connect service and was waiting for this to be activated. There were no SOPs for this. And the pharmacy team members had not yet received training. Recalls and MHRA alerts were received electronically through NHS mail. These were actioned. But there was no audit trail of this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and safe, and the pharmacy uses it appropriately to protect people's confidentiality.

Inspector's evidence

There were some reference sources in place, such as the drug tariff. And the team had access to the internet as an additional resource. There were no hard copies of the current issues of the British National Formulary (BNF) and the BNF for Children. The manager said that these were accessible on line. The pharmacy used a range of CE quality marked measuring cylinders. Tweezers and gloves were available to assist in the dispensing of multi-compartmental compliance packs. There was a new Labcold fridge used to store medicines. And this was of an appropriate size. Prescription medication waiting to be collected were 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 on view to the public. The computers were password protected. Members of the pharmacy team had their own NHS smart cards. And were using them appropriately.

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.