

Registered pharmacy inspection report

Pharmacy Name: Linthorpe Pharmacy, Unit 2C The Cadcam Centre,
High Force Road, Middlesbrough, TS2 1RH

Pharmacy reference: 9011086

Type of pharmacy: Closed

Date of inspection: 28/05/2019

Pharmacy context

This is a pharmacy which offers its services to people at a distance through its website and by telephone. The pharmacy dispenses NHS and private prescriptions. There is no public access to the pharmacy premises. People receive their medicines by delivery. The pharmacy also supplies medicines in multi-compartmental compliance packs to people living in their own homes. They also supply multi-compartmental compliance packs to nursing homes.

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 generally identifies and manages the risks associated with its services. The Standard Operating Procedures (SOPs) are out of date. This increases the risks of tasks being undertaken in ways that are not consistent practice. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. The pharmacy looks after people's private information. And the pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. Some team members had read and signed the SOPs relevant to their role. The delivery driver and the new starter had not. The SOPs were prepared in March 2015. The SOPs were past their review date. This means there is a risk that pharmacy procedures may not be up-to-date. And the pharmacy team may not be working consistently.

The pharmacy's team members record errors that happen with dispensing. And they discuss their learning. They don't always record all the details of what the error was or why it happened. So, they may miss out on learning opportunities. For example, one entry was recorded as a wrong drug error. Simvastatin was required but there were no details of what was selected instead. The manager gave examples of changes they had made to reduce the risk of a picking error such as separating amlodipine 5mg and 10mg on the pharmacy shelves.

The SI confirmed that there had been no dispensing errors so far. But there was a procedure in place for recording dispensing errors.

The pharmacy's services were advertised on their website. The pharmacy had done leaflet drops in the surrounding area.

The Superintendent (SI) said that there was a complaints policy on their website. There was also an electronic practice leaflet. And they were in the process of sending out community pharmacy questionnaires to people who use the pharmacy's services. There had been no complaints or feedback since they opened earlier in the year.

The pharmacy had up to date insurance arrangements in place.

The pharmacy used a book to record private prescription supplies. None had been done to date. A sample of controlled drug (CD) registers were looked at and were in order. And entries were in chronological order. Some headers were missing. Running balances were maintained. And they were generally checked monthly.

Confidential waste was separated to avoid a mix up with general waste. The team periodically destroyed the confidential waste using a shredder. A privacy policy was displayed on the pharmacy's website. Staff were aware of the need to protect patient's information and had completed training in previous pharmacies where they had worked.

The RP had completed training via the Centre for Pharmacy Postgraduate Education (CPPE) on safeguarding the welfare of vulnerable people. There was a list of local contact details in the pharmacy. The pharmacy team members said that they would speak to the manager if they had any concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. The pharmacy team members work within their skills and qualifications. The pharmacy team members work well together and share information. The pharmacy's team members do not have regular performance reviews. This could mean that gaps in their skills and knowledge are not identified and supported.

Inspector's evidence

At the time of the inspection there was the manager who was the Responsible Pharmacist and the Superintendent. There were also two dispensers. The pharmacy team members said that they managed with the current staffing levels.

The pharmacy provided its team members with online training through Numark Assist. Team members have their own log in. No training had been completed yet. Members of the pharmacy team were helpful and offered pieces of evidence during the inspection.

Members of the pharmacy team had not had a performance review yet. But the manager said that this was something he was planning for the future. Team members thought that the manager was approachable and felt able to offer suggestions for change to improve services. For example, it was suggested that additional shelving would allow stock to be separated. And reduce the risk of a picking area. New shelving was put up and was working well. There had also been changes made to the system for assembling multi-compartmental compliance packs.

The pharmacy team had daily catch ups to discuss the tasks that needed to be completed that day. There were no targets set. But the team tried to provide a good service to help increase their business.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable to provide its services safely. The pharmacy's team appropriately manages the available space. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy premises were clean. The pharmacy was well laid out and designed. And the working areas were kept tidy and clutter free. The team separated areas, so they were exclusively used for accuracy checking and for the assembly of multi-compartment compliance packs. This prevented these areas from becoming cluttered. And maintained an efficient workflow.

There was enough room for excess stock in the pharmacy. 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.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services to help people meet their health needs. The services are generally well managed. 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. It adequately sources and manages its medicines, so they are safe for people to use. The pharmacy may not always provide advice to people who get higher-risk medicines. This could mean that people do not always get the advice they need about how to use their medicines safely.

Inspector's evidence

The RP brought the pharmacy's website up on the computer. And went through the various sections. It displayed the pharmacy's address and telephone number. The pharmacy's opening hours were also displayed. The pharmacy also had a Facebook page with information. There was useful information about anxiety and stress on the site. The pharmacy also did leaflet drops in the area to let people know about the services they offered.

The pharmacy did not have any procedures in place to identify and monitor people on high-risk medicines such as warfarin. The pharmacy owner said that this was because of the minimal face-to-face contact they had with the people who used the pharmacy. The team members knew about the pregnancy prevention programme for females who were prescribed valproate. The manager said the team did not regularly dispense any prescriptions for valproate for females of child-bearing age. But they did not have access to any literature about the programme. So, they couldn't send out any written information on delivery with the medicines, if they needed to.

People could request their medicines to be dispensed in multi-compartmental compliance packs. The team members ordered the person's prescription once a month, mid cycle, so they had ample time to manage any queries. Packs were clearly labelled with dosage instructions, warnings and the person's details. Tablet descriptions were handwritten on the packs. This allowed people to be able to identify the different medicines. Team members supplied patient information leaflets with the packs.

The pharmacy kept records of the delivery of medicines from the pharmacy to people. And the records included a signature of receipt.

The pharmacy had only been open since March so the stock on the shelves was in date. There was a procedure for date checking. And part of the procedure was to sticker stock that was due out of date in 6 months. Appropriate containers were used to supply medicines.

Checked by/dispensed by boxes were on the dispensing labels and a sample looked at found that they were used.

Fridge temperatures were recorded daily. And a sample looked at found them to be within the accepted range. Appropriate medicinal waste bins were used for out of date stock and patient returned medication. There were no out of date patient returned or out of date CDs.

There was no FMD (falsified medicines directive) SOPs or procedures in place. The pharmacy had scanners. But these were not supported by software. Tamper proof seals were not being checked to see if they were intact.

Appropriate medicinal waste bins were used for out of date stock and patient returned medication. A CD cabinet was in place. The cabinet was secured and of an appropriate size.

Medication was supplied from several reputable sources including Alliance and AAH. Invoices were retained.

MHRA alerts were received electronically. These were printed off and actioned, a record was retained.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Equipment required for the delivery of pharmacy services is readily available. The pharmacy store it appropriately and use it in a way that protects the privacy and dignity of patients.

Inspector's evidence

Up to date reference sources were available and included the BNF and BNF for Children. There was access to the internet which was used for a range of uses including leaflets.

A range of CE quality marked measures were in use which were cleaned after use. The pharmacy also had a range of equipment for counting loose tablets and capsules. The manager advised that they did not have a separate tablet triangle for cytotoxic drugs, because these all come in blisters. Tweezers and gloves were available. There was a first aid kit.

The CDs were stored in a CD cabinet which was securely bolted in place. The fridge used to store medicines was from a recognised supplier and an appropriate size for the volume of medicines requiring storage at such temperatures.

The pharmacy computer terminals and PMR were password protected. Access to patients' records restricted by Smart cards.

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.