

Registered pharmacy inspection report

Pharmacy Name: Longhill Pharmacy, Unit 2C, Longhill Industrial Estate, Ullswater Road, Hartlepool, Durham, TS25 1UE

Pharmacy reference: 9011849

Type of pharmacy: Internet / distance selling

Date of inspection: 07/11/2022

Pharmacy context

The pharmacy is on an industrial estate in Hartlepool, Durham. It has an NHS distance selling contract so people do not access the premises directly. The pharmacy mainly supplies multi-compartment compliance packs to people and care homes. It delivers people's medicines to their 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 adequately identifies and manages the risks associated with its services. It has written procedures for pharmacy team members to follow. The pharmacy has appropriate insurance to protect people if things go wrong and it completes the records it needs to by law. The pharmacists have completed relevant training to support the team in helping protect vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs). The SOPs provided the team with information to perform tasks supporting the delivery of services. These hadn't been signed and authorised for use by the SI and only one member of the pharmacy team had signed the training sheets at the back of each SOP.

The pharmacy had a procedure for managing errors identified during the dispensing of prescriptions, known as near misses. The pharmacy hadn't had any near misses to record but the pharmacy had a procedure and a near miss book to record any errors in future. The SI explained the steps they had undertaken to reduce risk of a selection error such as separating drugs with similar names and those where the packaging looked similar. The SI had an information sheet about commonly made errors that he had discussed with the dispensing assistant. The pharmacy had a procedure for managing errors that were identified after the person had received their medicines, known as dispensing errors. The SI reported that they made no dispensing errors to date but he described the steps he would take if an error occurred. The procedure included the RP or SI completing a dispensing incident report, conducting a full investigation into the circumstances surrounding the error and making changes as appropriate to help to prevent a similar error occurring. The pharmacy had an SOP for handling complaints raised by people using the pharmacy services. The SI explained that they hadn't received any complaints to date and people could complain and provide feedback electronically or on their social media site.

The pharmacy had up-to-date indemnity insurance in place valid until 31 May 2023. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. The team checked CD balances weekly. A balance check of two CDs in the CD cabinet tallied with the balances in the register. The team recorded CDs returned by people for destruction. The pharmacy had a procedure to keep unlicensed specials invoices together with the certificates of conformity. All team members completed training about the General Data Protection Regulation (GDPR). The pharmacy had a large industrial shredder for storing and shredding confidential waste. The pharmacy had guidance in a safeguarding file for the team to follow. Both pharmacists had completed level 2 training on protecting children and vulnerable adults. The team had not had an occasion to report a safeguarding concern. It displayed current local NHS contact details for adult and children services for team members to access if needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team with the qualifications and skills to support its services. Team members work well together, and they support each other to manage the workload. They complete some ongoing training to keep their knowledge up to date.

Inspector's evidence

One of the regular pharmacists was the RP on the day of inspection and worked alongside a dispensing assistant. The pharmacy didn't have a dedicated driver and usually one of the pharmacists delivered medicines to people. And people appreciated this service because it gave them an opportunity to speak to the pharmacist about how to take their medicines and discuss other healthcare related issues.

The dispensing assistant hadn't had a formal appraisal but had only started with the company the previous month. The pharmacy had a documented induction program for new members of the pharmacy team to work through. Topics covered included understanding the risks associated with operating and working in an NHS distance selling pharmacy and common dispensing errors. Team members had informal training sessions to discuss new medicines, such as the reclassification of locally applied hormone replacement therapy (HRT) to treat postmenopausal symptoms and the availability of generic brands. They kept their knowledge up to date by reading training material provided by manufacturers of medicines. The RP had completed training to provide flu vaccinations, but had not yet started the service. The dispensing assistant had experience of working in a busy multi-compartment compliance pack dispensing hub. She found both pharmacists approachable and felt able to offer suggestions on how to streamline the dispensing process.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitably clean, tidy, and hygienic. And they are appropriate for the services provided. The pharmacy has enough space to provide services safely.

Inspector's evidence

People did not have access to the pharmacy premises due to its NHS distance selling contract. The entrance to the pharmacy was at the front of a unit on an industrial estate and had secure access. The outside door to the pharmacy was locked so people could not access the pharmacy. This generously sized pharmacy was secure, and professionally presented. The pharmacy team kept the pharmacy clean and tidy. The pharmacy had separate areas for labelling, dispensing, and checking prescriptions with an area for storing multi-compartment compliance packs. The team had access to a staff rest room and toilet with hand washing facilities. And the pharmacy had a sink with hot and cold water for preparing liquid medicines. The pharmacy's website provided details about the pharmacy and the services it offered. The pharmacy had a consultation room located in a reception area to the front of the pharmacy which was currently used as an office.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages and delivers its services safely and in an organised manner. And people can easily contact the pharmacy to access its services. It stores and manages its medicines appropriately. And it gets its medicines from reputable sources. Members of the pharmacy team carry out checks to make sure the pharmacy's medicines are safe and fit for purpose. But they do not keep a record of these actions. They dispose of people's unwanted medicines properly.

Inspector's evidence

People accessed the pharmacy's services using details from its website, by email and telephone. It delivered medicines to people's homes. The pharmacy stored medicines awaiting delivery in a separate area of the pharmacy. The labels on the sealed medication contained delivery details of the recipient. The pharmacy used fridge and CD stickers to indicate that a fridge line or CD needed to be added to the bag before delivery.

The pharmacy had separate areas for labelling, dispensing, and checking prescriptions. Team members used a central bench for dispensing multi-compartment compliance packs to keep the workload separate. They used baskets during the dispensing process, to help reduce the risk of error. The pharmacist had discussed the requirements for dispensing valproate with the dispensing assistant. The RP confirmed they made sure that the dispensing label wasn't placed over the patient card on the pack. And explained they didn't have any people receiving valproate but was aware people in the at-risk group mustn't take valproate unless there was a pregnancy prevention programme in place. The RP was unable to locate the information packs that had been supplied to pharmacies, so he confirmed he would follow this up to ensure they had all the information to hand.

The pharmacy dispensed medicines in multi-compartment compliance packs to help people take their medicines correctly. And it had written processes that the team followed to manage the service. The dispensing assistant had been trained to prepare the packs. Each person had their own marked basket. The team included tablet descriptions on the backing sheet so that people could identify each medicine in the pack. The pharmacy supplied patient information leaflets with the first dispensing only so people might not get all the information they need to take their medication appropriately.

The pharmacy obtained its medicines from licensed wholesalers. It kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Team members marked containers of liquid medicines with the date they were opened and the date of expiry if they had a limited shelf life once opened. The dispensing assistant checked the expiry dates of the dispensary stock weekly. And highlighted short-dated items so that checks could be made before supply. The pharmacy didn't have a date checking matrix to help audit which areas of the dispensary had been checked and when. A random sample of medicines in the pharmacy found no out-of-date stock. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It stored medicines requiring cold storage in a fridge and maintained an electronic record of fridge temperatures. The records demonstrated that these were consistently within the accepted range of between 2 and 8 degrees Celsius. The team members received drug alerts electronically, these were printed out, marked with the date and any actions taken and they retained these for future reference.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has most of the equipment it needs to provide its services safely. And the team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of glass measures to measure out liquids. And tweezers for preparing multi-compartment compliance packs. But it didn't have equipment for counting loose tablets or capsules. The team had access to up-to-date reference sources and to the internet for up-to-date information. It restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. Team members used their own NHS smart cards to access patient medication records.

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.