

# Registered pharmacy inspection report

**Pharmacy Name:** North East Pharmacy, Arch 15 Forth Banks, Off Forth Street, Newcastle upon Tyne, Tyne and Wear, NE1 3PG

**Pharmacy reference:** 9011865

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 23/10/2024

## Pharmacy context

This is a pharmacy situated near to the city centre of Newcastle-Upon-Tyne. It has a contract to provide NHS dispensing services at a distance. A very low volume of NHS services was provided in-person, such as the NHS Pharmacy First scheme. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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
<b>1. Governance</b>	Standards not all met	1.7	Standard not met	The pharmacy has not implemented robust information governance procedures or provided sufficient training to members of the team. This has led to the disposal of confidential information in an unsuitable manner.
<b>2. Staff</b>	Standards not all met	2.2	Standard not met	Team members were not undertaking the necessary training for their roles. So team members may not always have the underpinning knowledge to help ensure they fully understood their role and the jobs they do.
<b>3. Premises</b>	Standards not all met	3.3	Standard not met	The team needed to improve its cleaning activity to reduce the amount of dust within the pharmacy.
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy has not implemented robust procedures to help protect people's information. And this has led to team members disposing of confidential information in an unsuitable manner. The pharmacy team follows written procedures to help them to provide services safely and effectively. The pharmacy keeps the required records. Team members record when things go wrong, but they do not record details about their reviews. So they may not always be able to show what learning they had identified and how they are improving the quality of their work.

### Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). But the date of when the SOPs had been issued or were due to be reviewed had not been recorded. The superintendent pharmacist (SI) acknowledged these dates had been overlooked. Members of the team had signed to say they had read and understood the SOPs. The pharmacy had not undertaken a written risk assessment for the services it provided at a distance. In particular, the pharmacy was previously dispensing weight loss medicines for an online prescribing service. But they had not undertaken any due diligence about the prescribing service to understand the safeguards they had in place. This activity ceased around four months before the inspection, and they were not currently providing services for any other online prescribing services.

The pharmacy had a system to record dispensing errors on the NHS 'learn from patient safety events' service. A paper log was used to record mistakes that were identified in the pharmacy, known as near misses. The pharmacist discussed near misses with members of the team at the time they occurred to help identify potential learning points. And they reviewed the records to look for common mistakes. But they had not recorded the review to show what learning they had identified. So the pharmacy may not be able to show they are doing all they can to learn from their mistakes. To help reduce the likelihood of a mistake, the team had been re-organising the dispensary stock shelves to reduce crowdedness.

The roles and responsibilities for members of the team were recorded within individual SOPs. A dispenser explained what their responsibilities were and was clear about the tasks that could or could not be conducted in the absence of a responsible pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure, but information about it was not on display on their website. Which would help to encourage people to provide feedback. Any complaints were recorded and followed up by the SI. A current certificate of professional indemnity insurance was available.

Records for the RP and private prescriptions appeared to be in order. Controlled drugs (CDs) registers were suitably kept. Running balances were recorded and checked frequently. Two random balances were checked and found to be accurate. A separate register was available to record patient returned CDs.

A folder contained information governance (IG) procedures, but these had not been read by members of the team. And the team did not have any other formal IG training. A shredder was available to destroy any confidential paperwork. But when questioned, a member of the team said they would tear up confidential paperwork before putting it in the bin, which did not provide the same degree of

protection as the shredder. And a bin bag was found to contain confidential information within it, such as unwanted prescription tokens which were printed with people's name and medication on it. So the pharmacy was unable to demonstrate they have robust procedures in place to safeguard people's information. Safeguarding procedures were available, and the SI was able to show where to find the contact details for local safeguarding teams across the country. Members of the team explained they would refer any concerns to the pharmacist in the first instance.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy has enough team members to manage the workload safely. But they were not undertaking the necessary training for their role. So team members may not always have the underpinning knowledge to help ensure they fully understood their role and the jobs they do.

### Inspector's evidence

The pharmacy team included a pharmacist who was also the SI and three team members who worked as dispensing assistants. The volume of work appeared to be well managed. Staffing levels were maintained by a staggered holiday system. Two of the team had begun working at the pharmacy around five weeks ago and were due to be enrolled onto a dispensing assistant training course. But the third team member had been working at the pharmacy since February 2024 and had not been enrolled onto a suitable course. This did not meet the minimum requirements of training required for pharmacy support staff.

When questioned, a member of the team explained what type of queries they would handle over the telephone, and when they would refer to the pharmacist. For example, queries about how they should take their medication. Members of the team were seen working well together and assisted each other with any queries they had. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to their line manager. There were no targets in place for professional services.

## Principle 3 - Premises Standards not all met

### Summary findings

The pharmacy premises are generally suitable for the services provided. But the team doesn't do enough to reduce the amount of dust within the pharmacy. The pharmacy's temperature is adequately maintained, and it is secure when the premises is closed.

### Inspector's evidence

The pharmacy was located inside a well-refurbished railway arch. It was well maintained. But the pharmacy team had not kept up to date with ensuring the pharmacy was suitably cleaned leading to an excessive amount of dust in the dispensary. These included areas used to de-blister medicines into compliance aids. The temperature was controlled using electric heaters and lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available. It was generally tidy with, desk, table, seating, and adequate lighting. But the concrete floor was not fitting of a healthcare environment.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always provide advice and counselling to people taking some higher risk medicines, which would help to ensure they understand how to take them safely.

### Inspector's evidence

People accessed the pharmacy using a website and mobile application. Details of how to contact the pharmacy, the services it offered, and the opening hours were available on its website. Some in-person services were provided in the consultation room, but a set of steps prevented those in wheelchairs accessing these services. The pharmacy had a medicines delivery service for people who lived locally, and electronic delivery records were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. People who lived outside of the pharmacy's delivery service were sent their medicines using Royal Mail's tracked 24 service. CDs required a signature upon delivery.

Members of the team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail for medicines dispensed in the pharmacy. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. The pharmacist telephoned people they had identified who needed additional counselling. For example, to people who were commenced on higher-risk medicines (such as warfarin, lithium, and methotrexate). But the team did not routinely counsel people who had been taking these medicines for some time. This was a missed opportunity to ensure people continued to take their medicines safely and check they were up to date with blood tests. Members of the team were aware of some of the risks associated with the use of valproate-containing medicines, and the need to supply the manufacturer's original packs. But they were not aware the advice had been updated to include males. And they were not aware of the risks and the need for counselling for those who were taking topiramate-containing medicines. The pharmacist acknowledged this was important and would review the updated safety information following the inspection.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would complete an assessment about their suitability, but this was not recorded. Which would be useful information in the event of a query or a concern. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. The pharmacy requested information when people were discharged from hospital and kept it for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. But patient information leaflets (PILs) were not always supplied to ensure people had access to up-to-date information about their medicines.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines could be sourced using an account they had with a specials manufacturer. But they had not required to obtain an unlicensed medicine. Members of the team had checked the expiry dates of medicines. But this was not

done in an organised manner, and it had not been recorded. A spot check did not find any out-of-date medicines. The pharmacist acknowledged an organised date checking procedure would be implemented. But some liquid medications which had been opened did not have the date of opening written onto them. Including a bottle of oral morphine sulphate solution, which expired 4 weeks after it had been opened. Controlled drugs were stored in a CD cabinet, with clear separation between current stock, patient returns and out-of-date stock. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperatures were recorded daily and had been in range for the past month. Patient returned medication was disposed of in designated bins. Medicine recalls and patient safety alerts were received by email. The alert was printed with a record of the action taken and when written on to show how the pharmacy had responded to the alert.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they keep the equipment clean in a manner expected of a healthcare setting.

### Inspector's evidence

Team members accessed the internet for general information. This included access to the British National Formulary (BNF), BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had counting triangles for counting loose tablets, including a designated counting triangle for cytotoxic medicines. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless telephone was available in the pharmacy which allowed team members to move to a private area if the telephone call warranted privacy. The consultation room was used appropriately. People were offered its use when requesting advice or when counselling was required.

### 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.