

# Registered pharmacy inspection report

**Pharmacy Name:** Hartlepool Pharmacy, Unit 5, Enterprise Court,  
Queens Meadow Business Park, Hartlepool, Durham, TS25 2FE

**Pharmacy reference:** 9012370

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

**Date of inspection:** 20/11/2024

## Pharmacy context

The pharmacy is in a business park on the outskirts of Hartlepool. It has a distance selling NHS contract. Pharmacy team members dispense NHS prescriptions and deliver them to people's homes. They provide medicines to some people in multi-compartment compliance packs. And they provide medicines to people living in care homes and nursing homes. People access services through the pharmacy's website, [hartlepoolpharmacy.co.uk](http://hartlepoolpharmacy.co.uk).

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<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 met

### Summary findings

The pharmacy suitably identifies and manages risks with its services. It has written procedures relevant to its services and team members follow these to help them provide services safely. They keep people's confidential information secure. And they know how to identify situations where vulnerable people need help. The pharmacy generally keeps the records required by law. Pharmacy team members learn and improve from mistakes, but they do not always make timely written records for these.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to help pharmacy team members manage risk with providing services from a distance-selling pharmacy. The pharmacy opened earlier in the year, so SOPs were recent. But they did not include any dates of implementation or when review was due. This meant that the pharmacy may find it challenging to ensure it reviews these within its defined timescale of at least once every two years. The SOPs included for dispensing, Responsible Pharmacist (RP) regulations and controlled drug (CD) management. These SOPs were held in an organised file so that team members could access them easily. Each SOP had a section which highlighted the known risks associated with a given procedure. And they clearly defined which roles within the team held responsibility for a procedure. This helped members of the team to work safely within their remit. All team members had read the SOPs and had signed to confirm they had understood them.

The pharmacy team recorded near miss errors, and from the records seen, this was done regularly throughout the month. These errors were mistakes identified before people received their medicines. The RP and accuracy checking technician (ACT) took responsibility for recording these errors and the team member who made the error corrected the mistake. This meant they had the opportunity to reflect on what had happened. The RP reviewed these errors monthly to produce learning points for the team. These were shared with the team in informal meetings. The pharmacy also had a recorded procedure for managing dispensing errors. These were errors that were identified after the person had received their medicines. Some dispensing errors had occurred since the pharmacy opened. The RP stored the incorrectly dispensed items in a designated container within the dispensary but had not yet made any formal records of these errors. However, pharmacy team members demonstrated an awareness of these errors, and the learning points the pharmacy had taken from them to prevent similar errors occurring in future.

The pharmacy had a documented procedure for dealing with complaints. The pharmacy's website had a section for people to provide feedback. This consisted of a questionnaire and free-type text box. But the wording of the content on this page was not directly relatable to this pharmacy and how it provided its services. So, people using this may find it confusing. Pharmacy team members advised they usually received feedback from people verbally or via email. And they provided examples of changes made in response to feedback from one of the care homes the pharmacy provided services to. The pharmacy had current professional indemnity insurance. The Responsible Pharmacist had their RP notice on display so they could be identified. Team members knew what activities could and could not take place in the absence of the RP. And they knew what their own responsibilities were based on their role within the team. The ACT described the process they worked to when completing the accuracy check of dispensed medicines against prescriptions. They followed a clear protocol for the dispensed items they

checked, to ensure prescriptions had undergone a professional check by the RP. And they gave examples of scenarios where they would refer to the RP, if they weren't sure about completing an accuracy check of an item.

A sample of RP records checked during the inspection were completed correctly. The pharmacy kept its private prescription records electronically within the dispensing system. The one private prescription the pharmacy had dispensed since opening was lacking the prescriber details from the record. The importance of maintaining accurate records was discussed during the inspection. The RP completed monthly checks of the running balance in the CD register against the physical stock. Random balance checks against the quantity of stock during the inspection were correct. The pharmacy kept a register of CDs returned by people, and there were recent records of these returns being destroyed.

The pharmacy had a procedure for keeping people's personal information safe and it kept confidential waste and general waste separate. The team disposed of confidential waste in a large, designated bin which was regularly collected by a waste contractor for secure destruction. The pharmacy had a policy that it followed for the safeguarding of vulnerable people. The RP and ACT had completed formal safeguarding training. And other members of the team gave examples of signs and situations that would be a cause for concern and what action they would take to protect vulnerable people.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with an appropriate range of experience and skills to safely provide its services. Team members work well together and within the scope of their competence. And they have opportunities to complete ongoing training so they can develop their knowledge. Pharmacy team members know how to raise concerns, if needed.

### Inspector's evidence

At the time of the inspection, the RP was the regular pharmacist who covered weekdays at the pharmacy. They were supported by a team who consisted of an accuracy checking technician, three qualified dispensers and three trainee dispensers. The superintendent pharmacist (SI) regularly worked as RP at the pharmacy one day per week. The team were observed to be calmly managing the workload throughout the inspection. Although several members of the team were in training positions, the competence and skill mix of the team appeared appropriate for the nature of the business and the services provided.

A delivery driver was employed by the pharmacy. They had received some training during their induction but had not been enrolled on a recognised training course. This was highlighted during the inspection and the RP acted after the inspection to provide evidence that the driver had been enrolled on a recognised training course. Other team members completed various training to support their development. Team members completed training related to the accredited courses on which they were enrolled. And they were routinely given protected time to facilitate their learning. They explained how they were supported by the RP and other experienced members of the team to meet their objectives.

Team members felt comfortable discussing when things went wrong openly with the team. They recognised that this was beneficial to the learning and development of the wider team, especially those in training. And they gave an example of a recent discussion relating to the correct placement of labels on boxes of medicines. Pharmacy team members felt comfortable sharing ideas to improve the pharmacy's services. They explained how they would raise professional concerns with the regular pharmacist or SI. And they were confident that any concerns raised would be listened to and appropriate actions taken to improve the services the pharmacy was providing. The pharmacy team was not set targets to achieve.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services it offers. And pharmacy team members properly secure the pharmacy to prevent unauthorised access.

### Inspector's evidence

The pharmacy was in a business unit and unauthorised access was controlled via a lockable front door and an entry chime. The majority of the premises was the pharmacy's large open plan dispensary. This was a good size for the workload being undertaken. There were three large island units with bench space around the edge. Walkways were kept as clear as possible to minimise trip hazards. And there was sufficient storage space for stock, assembled medicines and medical devices. The layout of the dispensary supported the RP's supervision of the pharmacy team completing activities. The lighting and temperature were suitable to work in and to provide healthcare services. The dispensary had a sink with access to hot and cold water for professional use and hand washing. There were staff and toilet facilities that were hygienic.

The pharmacy had an overall appearance which was suitably professional. The pharmacy team kept the hygiene of the premises to an adequate standard, with team members completing cleaning tasks as required. The pharmacy had a room that was suitably constructed to function as a private consultation room. Although, the RP explained that this was not being used in this way, and during the inspection was used for the storage of large boxes of consumables.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy sources its medicines from recognised suppliers. And it stores and manages them appropriately. Pharmacy team members complete regular checks to ensure medicines are suitable for supply. And they respond appropriately when they receive alerts about the safety of medicines. Team members appropriately manage the delivery of services safely and effectively. And they take opportunities to provide people with advice on higher-risk medications.

### Inspector's evidence

People did not visit the pharmacy to access services. They communicated with the pharmacy by telephone and email. The pharmacy had a website, <https://hartlepoolpharmacy.co.uk/>, where it provided its contact details and information about its services. Pharmacy team members could provide large print labels for people with visual impairment. And they provided examples of how they flagged the records of people who required this adjustment.

The pharmacy delivered all the medicines it dispensed. The assembled bags of medicines were stored in a designated area when they were ready for the driver to deliver them. And the team provided the delivery driver with a sheet detailing the name and address of the person due to receive a delivery that day. This also listed the medicines that were being sent out as well as highlighting any fridge items or CDs. The driver kept an audit trail of the deliveries completed, by capturing signatures against each successful one. For some CD items, a separate sheet of the higher-risk medicines being delivered was also produced. This allowed the driver to confirm the contents with the recipient at the point of delivery and capture a signature specific to those items. The driver returned any failed deliveries back to the pharmacy on the same day.

A large proportion of the medicines dispensed by the pharmacy team was to care homes, and this was mostly in multi-compartment compliance packs. Team members worked to an organised system for processing people's regular medicines on an ongoing basis. They proactively communicated with their contacts at the care homes, to advise if expected prescriptions had not been received. They did this in enough time to allow the opportunity to receive the prescriptions back, order any necessary stock and deal with any queries. The pharmacy used a record for each person that listed their current medication, dosage, and dose times. This was referred to throughout the dispensing and checking of the packs. The pharmacy also produced Medicines Administration Record (MAR) charts to accompany the compliance packs they produced for care home residents. These allowed care home staff to record when doses of medicines had been taken. From a sample of compliance packs and MAR charts checked, the full dosage instructions, relevant warnings, and medication descriptions or images were included. And patient information leaflets were routinely supplied with these packs.

The pharmacy team dispensed prescriptions using different colour baskets, which kept prescriptions and their corresponding medicines separate from others and helped the team to prioritise workload. Pharmacy team members signed dispensing labels during dispensing and checking. This maintained an audit trail of the team members involved in the process. The team highlighted prescription items in different colours to signify if a prescription contained a certain item which required some action. There were printed reminders around the dispensary to explain what the different highlighted colours meant, for example the inclusion of a newly prescribed medication or a CD.

The RP provided counselling over the phone on some higher-risk medicines when supplying them to people. They counselled people receiving prescriptions for valproate if they were at risk. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. The RP did not make records of these conversations to help with future queries. The pharmacy team showed a good understanding of the requirements for dispensing valproate and of the recent safety alert updates involving other medicines with similar risks. The team dispensed prescriptions for these medicines in the manufacturer's original packs. And it had patient cards and stickers available to give to people if needed.

The pharmacy kept any prescriptions awaiting stock in a designated part of the dispensary. Team members worked well together to communicate any challenges obtaining stock and ensure it was ordered. And they promptly informed people if supply difficulties meant they could not supply their medicines. The pharmacy had a procedure for checking expiry dates of medicines. Team members checked defined sections of the dispensary and recorded when the expiry dates of medicines in a section had been checked. This ensured that the team had an audit trail of expiry dates checked and the details of any medicines that were expiring soon. This allowed the team to remove the stock they knew to be expiring at an appropriate time to avoid it being used. Evidence was seen of medicines highlighted due to their expiry date approaching or because the shelf life was reduced after being opened. The pharmacy kept unwanted medicines returned by people in segregated containers, while awaiting collection for disposal.

The pharmacy obtained medicines from licensed wholesalers and specials manufacturers. The pharmacy held medicines requiring cold storage in a large medical fridge equipped with a thermometer. Team members monitored and recorded the temperatures of the fridge regularly. These records showed cold-chain medicines were stored at appropriate temperatures. A check of the thermometer during the inspection showed the temperature was within the permitted range. The pharmacy held its CDs in secure a cabinet. It had a documented procedure for responding to drug safety alerts and manufacturer's recalls. It received these via email and had records of alerts received and any actions taken in response.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use the equipment in a way that protects people's private information.

### Inspector's evidence

Pharmacy team members had a range of hard-copy reference materials and access to the internet for up-to-date information and further support tools. There was equipment available for the services provided. Electrical equipment was visibly free from wear and tear and appeared in good working order. The pharmacy had a range of clean counting triangles and CE marked measuring cylinders for liquid medicines preparation. The team used separate equipment when counting and measuring higher-risk medicines. They used personal protective equipment, such as disposable gloves when handling medicines and performing some other tasks.

The pharmacy's computers were password protected and access to people's records was restricted by the NHS smart card system.

### 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.