

Registered pharmacy inspection report

Pharmacy Name: Westminster Park Pharmacy, 7 Castlecroft Road,
Westminster Park, CHESTER, Cheshire, CH4 7QD

Pharmacy reference: 1029529

Type of pharmacy: Community

Date of inspection: 13/01/2020

Pharmacy context

This is a community pharmacy located on a small retail park in a residential area, close to a health centre. NHS dispensing is the main activity and a small number of people receive their medicines in multi-compartment compliance aids to help them take the medicines at the right time. There is a retail area selling traditional pharmacy merchandise, including a range of over-the-counter medicines.

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 written procedures to help its team work safely. But its team members do not always record or review things that go wrong. So they may miss some opportunities to improve the service they provide. They keep the records that are needed by law. But some of their records are incomplete, which means the pharmacy may not always be able to show whether it has done things correctly.

Inspector's evidence

The pharmacy had range of written SOPs in place. Many of the SOPs were dated to show they had been introduced in 2011 and 2012 and appeared to have been reviewed in 2016. The SOPs were kept in a large ring binder that had been indexed to divide the SOPs into several categories. There was a single sheet of paper at the front that had been signed by all members of the pharmacy team, to confirm that they had read the SOPs and agreed to follow them. However, there was no clear version control, so the signature sheet provided little assurance that each individual SOP had been read by all the team members. And it was unclear whether there had been any alterations to any of the SOPs since the declaration was signed.

Details of any dispensing errors were recorded on a form, including any contributory factors that were identified. The pharmacist said that she normally made the record, and she would expect staff to inform her of any errors that were reported. A recent record related to an incident when the wrong strength of Calcichew D3 had been supplied. A warning notice had been placed near the stock to alert staff to the risk. There were several other warning notices on dispensary shelves highlighting other risks that had been identified. The pharmacist pointed out that they had deliberately separated some medicines with similar names and appearances, to help avoid picking errors. A near miss record folder was available but there were no recent records. The pharmacist admitted that near miss incidents were not normally recorded but said she would normally discuss them with staff at the time they happened.

A Responsible Pharmacist (RP) notice was prominently displayed. Responsibilities of staff were described in SOPs. All dispensing labels were initialled by the dispenser and checker to provide an audit trail. A complaints procedure was available. A small notice was displayed near the medicines counter giving information about how to make complaints or provide feedback. But it was positioned where it would be obvious if anyone was reading it or copying information from it, which may be a deterrent to feedback being provided. No practice leaflets were available. A current professional indemnity insurance certificate was on display in the dispensary. RP records were kept on the pharmacy computer. The records were up to date, but the time responsibility finished was not always recorded. Records of Controlled Drugs (CDs) were maintained in accordance with requirements; Running Balances were recorded and were normally checked at the time of receipt or supply, but full balance audits were rarely carried out. Several random balances were checked and found to be correct. Patient returned CDs were recorded at the time they were destroyed. Records of private prescriptions were in order. The pharmacist said emergency supplies were normally made as 'loans' and recorded in a separate book. These records generally contained the required information except there was no indication of the nature of emergency. This is a legal requirement which is needed so that the pharmacy can demonstrate that the supply was appropriate. There was no specific Information Governance policy in place, but staff had signed confidentiality agreements as part of their employment contracts. The

pharmacist confirmed she had completed training on the current legislation and had discussed the requirements with staff. A privacy notice was displayed behind the medicines counter. It explained how the pharmacy handled information but was positioned where it was difficult for people to read. A basket in the dispensary was used to collect confidential waste, and a shredder was available to destroy it. But some confidential paper waste had been disposed of in the waste medicines bin, which is inappropriate. The pharmacy technician described confidential waste as anything with a name or address on. There was a safeguarding SOP and a flow chart was available outlining the procedure for dealing with safeguarding concerns and with details of local contacts. The pharmacist and the pharmacy technician had completed level 2 safeguarding training. Other staff had not received any formal training but if they had any concerns they were expected to discuss them with the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Members of the pharmacy team are properly trained for the jobs they do. They feel comfortable using their professional judgement. And they know how to raise concerns. But they complete little additional training, so they may not always keep their knowledge up to date.

Inspector's evidence

The pharmacy employed a regular pharmacist, who was the superintendent pharmacist's daughter, a pharmacy technician, two trained dispensers, one trainee dispenser and four trained medicines counter assistants (MCAs). The normal staffing level was a pharmacist supported by two assistants in the dispensary and one MCA. The staff were able to comfortably manage their workload during the inspection and said the staffing level was normally adequate. The pharmacist said she had recently been working at the local surgery to complete an independent prescriber qualification. This meant she had not been working at the pharmacy very often and her absence had been covered by locum pharmacists. She had now completed the qualification but had not yet started practising as a prescriber. All staff completed the required training for their roles but there was little additional training for their ongoing development. The dispenser said they sometimes received electronic training units by e-mail, but she had not completed any recently. A MCA explained how she would ask questions when selling medicines to make sure they were suitable. She would refer to the pharmacist if she was unsure, for example if the patient was taking other medicines. She was aware that codeine products might be abused and said she would speak to the pharmacist if she noticed someone making repeat requests. Members of the pharmacy team appeared to work well together and said they would normally speak to the pharmacist if they had any concerns. The pharmacist confirmed there were no performance targets set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working. And its layout allows the team to provide services effectively and protect people's privacy.

Inspector's evidence

The pharmacy was clean and tidy and generally well maintained. The dispensary was an appropriate size, with plenty of clear bench space to allow safe working. There was a dispensary sink for medicines preparation and a separate sink in the toilet for hand washing, both had hot and cold running water. There was also a rear storage area in use that was effectively a covered yard, with a brick wall around the perimeter, timber gates and a corrugated plastic roof. This area was used for general storage but not for medicines. Medicine bottles stored in this area were fitted with caps and sealed in polythene bags to avoid contamination. A metal shutter was fitted to secure the rear of the pharmacy.

A consultation room was available for private consultations and counselling. It was identified by a sign on the door. The dispensary was screened to provide privacy for the dispensing operation. All areas of the pharmacy were well lit and air conditioning was fitted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy for people to access. And its working practices are generally safe and effective. But members of the team may not always know when they are handing out higher-risk medicines. So they may not give people all of the information they may need to make sure they are using the medicines safely. The pharmacy stores its medicines appropriately and carries out some checks to make sure they are in good condition.

Inspector's evidence

Entrance to the pharmacy was via a step. A portable ramp was available to facilitate wheelchair access. But this was not advertised so people may not know. There were various posters and leaflets on display providing information about the services available and other healthcare topics. Staff were aware of the need to signpost patients requiring services not available at the pharmacy. The pharmacy offered a prescription collection and delivery service and two delivery drivers were employed. Signatures were obtained from the recipient to provide an audit trail for deliveries and separate signatures were obtained when CDs were delivered. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. The pharmacist said drivers were not allowed to post medicines through letterboxes. They sometimes left deliveries with neighbours, but this was only allowed if the patient had given prior consent.

Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing. Prescription forms were retained with dispensed medicines awaiting collection, filed separately in alphabetical order. Stickers were put on bags to indicate when a fridge line or CD needed to be added. Prescription forms were normally marked with the date and a highlighter pen if they contained schedule 3 and 4 CDs so that they could be identified at the time of supply. However, a prescription form containing Gabapentin was present that had not been highlighted. There were no specific arrangements in place to highlight Warfarin or other high-risk medicines that were awaiting collection. The pharmacist was aware of the risks associated with the use of valproate during pregnancy. She said the pharmacy did not currently have any female patients receiving valproate, but she knew that any such patients should be counselled, and educational material was available to supply. The pharmacy supplied medicines in multi-compartment compliance aids (MDS) for a few patients. Each patient had a record sheet showing their current medication and dosage times. This information was checked against repeat prescriptions and any changes would be confirmed with the surgery. The MDS trays were labelled with descriptions so that individual medicines could be identified. And the pharmacist confirmed that patient information leaflets were routinely supplied. Medicines were obtained from licensed wholesalers. No extemporaneous dispensing was carried out. Stock medicines were stored tidily in the dispensary. The pharmacy technician said that regular expiry date checks were carried out and there were records of short dated stock that were used to remove the medicines at the appropriate time. But there were no records to show when checks had been done or which stock had been checked, so it could be possible for some medicines to be missed. A random sample of stock was checked, and no expired medicines were found. Some short-dated stock had been highlighted with a marker pen. The pharmacy computer was fitted with scanners and the pharmacist said they had appropriate software to allow stock medicines to be scanned and decommissioned in line with the requirements of the Falsified Medicines Directive. However, staff were not yet using this facility so the pharmacy was not complying

with the legislation. There were two medicines fridges in the dispensary. Both were equipped with thermometers and current readings were within the appropriate range. The maximum and minimum temperatures of one of the fridges were recorded daily and had remained within the required range. The pharmacist said they always checked both fridges but were using the pharmacy computer to keep records and it only recorded one fridge. During the inspection she worked out how she could add a second record and agreed both fridges would be recorded in future. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Controlled drugs were appropriately stored in two standard cupboards. Waste medicines were disposed of in bins that were collected periodically by a specialist waste contractor. Drug alerts were received by e-mail from the MHRA. The e-mails were checked daily by the pharmacist or a dispenser and records were kept showing that they had been actioned.

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 maintain the equipment so that it is safe to use.

Inspector's evidence

The pharmacy team had access to the internet and various reference books were in use, including a current BNF. A range of crown stamped conical measures were available including some that were used only for the measurement of Methadone Mixture. All Electrical equipment appeared to be in good working order. And stickers showed PAT testing had been carried out in May 2019. Patient Medication Records were stored on the pharmacy computer, which was password protected. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls. The consultation room was used to enable confidential discussion and consultation.

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.