

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: 31/10/2023

Pharmacy context

This is a traditional community pharmacy located on a small retail development in a residential area on the outskirts of Chester. NHS dispensing is the main activity and the pharmacy also provides a number of other NHS and private services and sells a range of over-the-counter medicines. The pharmacy changed ownership in March 2023.

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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy team has not been trained to follow standard operating procedures or company policies
		1.6	Standard not met	Electronic CD records are not tamper evident. CD running balances are not accurate which suggests records are not appropriately maintained.
2. Staff	Standards not all met	2.2	Standard not met	Members of the team are not always clear what is expected of them so may not always work effectively
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 not all met

Summary findings

The pharmacy has written instructions that are intended to help its team work safely and effectively. But members of the team have not read the instructions so they may not understand what is expected of them. The team records some things that go wrong so that it can learn from them. But it does not record all incidents so some learning opportunities may be missed. The pharmacy keeps most of the records that are needed by law. But some records are incomplete or inaccurate so the pharmacy cannot always show that it is operating effectively.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) available as electronic documents on the computer. But most members of the team seemed to be unaware that they existed and none of the team had read them. A dispenser confirmed they had previously read the SOPs that had been in place under the previous owners, but these were no longer available.

There were a few dispensing incidents recorded on the computer, but the team was unclear whether these were dispensing errors that had reached the patient or near miss incidents. The records included action to be taken to prevent the error being repeated, but this was generally just to make the team aware of the incident. Some of the dispensary shelves had warning notices to highlight medicines that needed extra care when dispensing, such as those with similar names. But the warning notices looked as though they had been in place for a long time and did not appear to specifically relate to the incidents that had been recorded. A dispenser confirmed they had never been told about near miss records.

A responsible pharmacist (RP) notice was prominently displayed in the retail area. Dispensing labels were initialled by dispenser and checker to provide an audit trail. A current certificate of professional indemnity insurance was available. And there was a complaints procedure in place.

An electronic controlled drugs (CD) register was in use for some CDs and paper records were still being used for others. The intention was to transfer all records to the electronic register, but this was still a work in progress. The electronic register had apparently been developed by the pharmacy and contained the necessary information. But it was possible to amend entries retrospectively without the alterations being evident in the register. Running balances were recorded and the pharmacist said they were normally checked after each supply. However, when three random balances were checked against physical stock, two were found to be incorrect. The RP record was maintained electronically but there were several missing entries which meant there was no record to show who the RP had been on some days. Records of private prescriptions appeared to be in order. There were no records of unlicensed specials available, but the team did not remember having dispensed any.

All members of the team were required to sign a confidentiality agreement with their contracts of employment. Longer serving members of the team had completed information governance (IG) training but there had not yet been any specific IG training since the change of ownership. Confidential waste was collected separately but there was some confusion about how the team were expected to dispose of it. The office manager said the company policy was to send it to head office for disposal. But most members of the team were currently putting confidential waste in the bins used for medicinal waste, on

the understanding that this waste would be incinerated.

A safeguarding policy was in place and the locum pharmacist confirmed he had completed level 2 training. A dispenser had completed training in a previous employment and knew to speak to the pharmacist if they had any concerns.

Principle 2 - Staffing Standards not all met

Summary findings

There are enough staff to manage the workload and they receive the basic training they need for the jobs they do. But the team lacks leadership and direction which means it does not always operate effectively.

Inspector's evidence

The pharmacy did not have a regular pharmacist. Various locum pharmacists were being employed to work as the RP. The locum pharmacist on duty explained that he had recently started to work there more regularly which had provided more continuity for the team. The superintendent pharmacist also worked as RP about once a week. The pharmacist was supported by a dispenser, two trainee dispensers and a trainee medicines counter assistant (MCA). The two trainee dispensers had been enrolled on appropriate training courses, but the MCA had only just started working at the pharmacy and had not yet started any formal training. A pharmacy technician was also employed but was on holiday. There was also an 'office manager' who was based at head office but worked at the pharmacy two or three days a week. He was not involved with medicine supplies but did general admin and helped manage the team.

Members of the team explained that the volume of work had increased a lot in recent months because some other pharmacies in the local area had closed down. There had also been changes to the team following the ownership change and there were new members of the team who were inexperienced. This had caused some operational difficulties and delays, but they felt the situation was improving.

During the inspection the footfall was fairly low and the team appeared to manage the workload comfortably. But members of the team were unclear when questioned about procedures they were meant to be following. The MCA had only just started so was being directly supervised by a trainee dispenser. They understood the need to ask questions when selling medicines to make sure they were suitable, and to refer to the pharmacist if unsure. The team was not aware of anyone currently making repeated requests for medicines and did not have any concerns about medicines being misused. Most customers were from the local area. There were no performance targets relating to professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy and provides a suitable environment for healthcare. But the recent increase in workload means there is a lack of clear workspace in the dispensary, which makes the dispensing operation less efficient. The rear storage area is not secure and not suitable for dispensing so it is of limited use.

Inspector's evidence

The pharmacy was clean and tidy and generally well maintained. The dispensary was a reasonable size, but the recent increase in workload meant there was limited clear space available on workbenches, which made some activities more difficult, such as filling compliance aids. There was a dispensary sink for medicines preparation and a separate sink in the toilet for hand washing. 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. A metal shutter was fitted to secure the rear of the pharmacy. The office manager said there were plans to improve this area so that they could make the dispensary bigger, but that this was awaiting planning permission.

A consultation room was available for private consultations and counselling. 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 is easy to access but provides a limited range of services. The team's working practices are generally safe. But members of the team do 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

The pharmacy entrance was level and suitable for wheelchairs. There was a notice in the window to advertise the services that were available. The range of services had been restricted because the pharmacy was relying on locum pharmacists, so the pharmacy primarily offered NHS dispensing services and over-the-counter sales. There were some 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.

Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing. Owing slips were used if the full quantity of medicine could not be immediately supplied. 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. Stickers were also added to bags that contained schedule 3 and 4 CDs so that they could be identified at the time of supply. But higher-risk medicines such as warfarin were not normally highlighted. So the team may not always counsel patients to make sure they are being used appropriately. The pharmacist was aware of the risks associated with the use of valproate during pregnancy. He did not know whether the pharmacy currently had any patients who might be at risk, but confirmed he would counsel patients when valproate was supplied. He was aware of the recent changes to the law that required valproate to normally be supplied in original packs, but the team had not yet been informed. The pharmacist agreed to explain the changes to all members of the team and make sure they knew how to label packs correctly.

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. The MDS trays were labelled with descriptions so that individual medicines could be identified. But patient information leaflets were not always supplied so people may not always have easy access to up-to-date information about their medicines.

Medicines were obtained from licensed wholesalers. No extemporaneous dispensing was carried out. Stock medicines were stored tidily in the dispensary. A trainee dispenser confirmed that expiry date checks were carried out monthly and that records were kept. A random sample of stock was checked, and no expired medicines were found. The medicines fridge was equipped with a thermometer and maximum and minimum temperatures were checked and recorded daily. 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 but no records were kept showing whether they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is appropriately maintained so that it is safe to use, and it is used in a way that protects privacy.

Inspector's evidence

The pharmacy had various reference books, including recent editions of BNF and the team could access the internet for general information. Crown stamped measures were used to measure liquids. Electrical equipment appeared to be in good working order. The dispensary was screened to provide privacy for the dispensing operation. The consultation room was used for services that required privacy and for confidential conversations and counselling. A cordless phone was available so that phone calls could be made without being overheard. Pharmacy computers were password protected and screens were positioned so that they were not visible to the public.

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.