

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: 03/06/2024

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.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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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	Standard operating procedures do not always accurately reflect the way in which team members complete some tasks such as the dispensing workflow. The procedures are not always reviewed when processes are changed so team members may not fully understand the correct ways of working.
		1.2	Standard not met	Members of the team do not consistently record things that go wrong so they can learn from them and so they may miss some opportunities to improve.
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 not all met	4.3	Standard not met	Waste medicines are not stored securely from unauthorised access.
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 these do not always accurately reflect the way in which team members complete some tasks. Members of the team do not always make a record when things go wrong so some learning opportunities may be missed. The pharmacy largely keeps most of the records that are needed by law.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) available as electronic documents on the computer. Team members had read SOPs via their individual accounts and marked when these had been read and the head office team were able to monitor this. Locum pharmacists were provided with log-in details to read the SOPs. Some SOPs had not been reviewed for a few years; the HR manager explained the head office team were in the process of reviewing SOPs. SOPs did not always reflect the way in which certain processes, such as dispensing prescriptions, were carried out. For example, the pharmacy recently changed the way prescriptions were processed. This meant that team members many not fully understand the process that is in place and there is a risk that people may be left without medicines.

The pharmacy was not consistently recording dispensing mistakes which were identified before a medicine was supplied to people (near misses). Only three near misses had been recorded since November 2023, team members explained there may have been more near misses since then. Near misses were only discussed with the team member who had made the mistake and not everyone. This could mean that team members do not have the opportunity to share learnings and make subsequent changes to help reduce the chance of similar mistakes reoccurring. And there were no examples of actions taken to reduce the risk of similar mistakes happening again. The team were unclear on where dispensing mistakes which had happened, and the medicine had been supplied (dispensing errors) were recorded. The responsible pharmacist (RP) said there had not been any reported errors when he had worked at the pharmacy. The HR manager thought dispensing errors were recorded on the near miss log.

A correct RP notice was displayed. When questioned, team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. A complaints procedure was in place and team members tried to resolve complaints in the pharmacy where possible. Any matters which could not be resolved were escalated to head office. Following feedback from people that it was taking team members too long to locate prescriptions the system had been changed to help address the issue.

An electronic controlled drugs (CD) register was in use for CDs. The electronic register had been developed by the pharmacy and contained the necessary information. But it was possible for the HR manager and superintendent pharmacist (SI) to amend entries retrospectively without the alterations being evident in the register. Following the inspection, the SI confirmed that the settings had been changed and the registers were no longer editable by anyone. Running balances were recorded. Three random balances were checked against physical stock, two were found to be incorrect. The SI confirmed that a full balance check had subsequently been completed and there were no discrepancies in any of the balances. The RP record was maintained electronically. Prescriber details were not always

correct for records of private prescriptions. And emergency supply records did not always have the correct reason for supply recorded.

All members of the team were required to sign a confidentiality agreement with their contracts of employment. The HR manager was unsure if team members had completed any information governance (IG) training. One of the team members explained she had completed training as part of her previous employment at another pharmacy but had not completed any training at the pharmacy in the two years she had worked there. Confidential waste was separated and shredded. Assembled prescriptions were stored on shelves that were not visible to people using the pharmacy. The location of where prescription forms were stored was changed during the inspection as these were within reach of people using the pharmacy. Pharmacists had access to National Care Records and obtained verbal consent from people before accessing it.

A safeguarding policy was in place and the locum pharmacist confirmed he had completed level two training. Team members were unsure if they had completed any safeguarding training but knew to speak to the pharmacist if they had any concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough team members to manage the workload effectively. And they receive the basic training they need for their role.

Inspector's evidence

The pharmacy team comprised of the RP, who was a locum pharmacist but worked regular shifts at the pharmacy, a pharmacy technician, a trained dispenser, a trainee dispenser and a trained medicine counter assistant (MCA). The company's HR manager was also present and came to the pharmacy most days as she was training a colleague from a nearby branch to become the pharmacy manager. Other team members who were not present included a dispenser and a delivery driver. There were another two locum pharmacists who also provided pharmacist cover. The RP felt that there were an adequate number of staff but the pharmacy was in the process of recruiting another MCA. Team members were assigned tasks that they were required to complete. For example one member of staff was responsible for preparing multi-compartment packs. However, all staff were trained to complete all tasks if there were any absences.

Staff performance was managed by the head office team. The HR manager was in the process of training the new incoming manager on how to complete the online appraisal forms. When new team members started, they were required to be 'signed off' on a list of tasks once their competence had been assessed by their manager. Team members felt able to share concerns, feedback and suggestions. Team members asked appropriate questions and counselled people before recommending over-the-counter medicines. They were aware of the maximum quantities of medicines that could be sold over the counter.

The team member who was completing the dispenser training course was well supported by colleagues as well as the training provider. Team members were provided with training in line with the NHS Quality Payment Scheme. Team members held weekly huddles and information was passed on to any team member who was not present. There were no targets in place for the services provided.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacy team members in private when needed.

Inspector's evidence

The pharmacy was clean, tidy and generally well maintained. The dispensary was of a reasonable size and had ample workspace. 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 and some waste medicines. A metal shutter was fitted to secure the rear of the pharmacy.

The room temperature and lighting were appropriate. The premises were kept secure from unauthorised access. A signposted consultation room was available and suitable for private conversations. for the dispensing operation. All areas of the pharmacy were well lit and air conditioning was fitted.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy is easy to access but provides a limited range of services. The team's working practices are generally effective. The pharmacy obtains its medicines from licensed sources but does not always keep its medicines secure from unauthorised access.

Inspector's evidence

The pharmacy was accessible via a small step at the entrance, portable ramps were available and team members helped anyone who required assistance. The shop floor was clear of any trip hazards and the retail area was easily accessible. The pharmacy provided a medicine delivery service. When it was necessary, the pharmacy team used the internet to find out the details of local services so that they could signpost people who needed services that the pharmacy did not provide.

The RP explained that the NHS Pharmacy First service had been popular as people struggled to get appointments with their GP. The RP explained that there was an elderly population and the service allowed for people to walk-in. Some people were also referred to the pharmacy by their GP. Prior to the launch of the NHS Pharmacy First service the RP had completed both face to face and online training. A printed copy of the PGD was kept in the pharmacy which had been signed by the pharmacists who provided the service.

The pharmacy had recently introduced a new system to help assemble prescriptions ready for collection. The MCA entered people's details onto a computer system which added them to a workflow list. Team members were set a time frame to have the prescription assembled, checked and handed out. Prescriptions were all labelled in advance but were dispensed when people presented to collect them. This meant the pharmacy may not have the medicine stock available when the person arrives at the pharmacy despite them ordering their prescription in advance. The HR manager explained that within the last month, the team had changed their way of working and stock was being ordered as prescriptions were labelled to help make sure the medicines were available. 'Dispensed by' and 'checked by' boxes were routinely signed on dispensing labels, to create an audit trail showing who had carried out each of these tasks. Baskets were used to separate prescriptions, preventing the transfer of medicines between different people and were colour coded to help manage the workload. Many local surgeries preferred that people ordered their own repeat prescriptions. The pharmacy also ordered prescriptions on behalf of some people. The person either contacted the pharmacy when they needed their prescription to be ordered or the team checked when medicines were required before sending off the request.

Team members were aware of the guidance for dispensing sodium valproate. They were aware that the original pack of the medicine should not be split and made sure warnings were not covered when attaching the dispensing label. Additional checks were carried out when people were supplied with medicines which required ongoing monitoring. These medicines were usually handed out by the RP so that additional advice could be given.

Deliveries were carried out by the delivery driver. Signatures were obtained when medicines were delivered. In the event that someone was not home, medicines were returned to the pharmacy.

The pharmacy supplied medicines in multi-compartment compliance packs to a few patients. Each patient had a record sheet showing their current medication and dosage times. Individual baskets were used to keep people's records and medicines. Any notes and related information were recorded electronically as well as on the individual record sheet which was kept in the basket. The packs were labelled with mandatory warnings and product descriptions so that individual medicines could be identified, and patient information leaflets were supplied each month.

Medicines were obtained from licensed wholesalers. A dispenser confirmed that expiry date checks were carried out every three months 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. 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. However, waste medicines were not always stored safely and appropriately to prevent unauthorised access. 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

The pharmacy has the equipment it needs to provide its services. Equipment is maintained and kept clean so that it is safe and ready to use.

Inspector's evidence

The pharmacy had calibrated glass measures. A plastic measure was disposed of during the course of the inspection. Tablet counting equipment was available. Separate measures were available for liquid CD preparations to avoid cross-contamination. Equipment was clean and ready for use. Two fridges were available. A blood pressure monitor was used for some of the services provided and was replaced annually. The pharmacy had recently obtained an otoscope and thermometer for the Pharmacy First service. Up-to-date reference sources were available.

The pharmacy's computers were password protected and screens faced away from people using the pharmacy. A cordless telephone was also available to ensure conversations could not be overheard.

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.