

# 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:** 03/12/2024

## 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

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	1.1	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 and ordering stock.
<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 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. Which means the pharmacy may not be able to explain the exact procedure that is being followed in the event of a query of concern. And new team members may not have access to correct written procedures that they can refer to. Team members make records of dispensing mistakes and take action to learn from them to make services safer. The pharmacy keeps 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. Although the SOPs had been updated since the last inspection, some of the written procedures did not accurately reflect the way in which certain processes, such as dispensing prescriptions and ordering stock were being completed. This meant that team members may not fully understand the process that is in place and there is a risk that tasks are not completed in a safe manner. When new SOPs were added to the system, team members were set a deadline by which they needed to have read the new SOPs.

Since the last inspection the pharmacy had started recording dispensing mistakes which were identified before a medicine was supplied to people (near misses). Near misses were discussed with the team members and a discussion was held on changes that could be made. Following past near misses some medicines had been separated on the shelves. Dispensing mistakes that had happened and the medicine had been supplied (dispensing errors) were recorded on the electronic system. These reports could be seen by the superintendent pharmacist (SI) and management team.

A correct responsible pharmacist (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, team members said stock holding had improved.

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. Running balances were recorded. Two random balances were checked against physical stock and were found to be correct. The RP record was maintained electronically. Records of private prescriptions dispensed, and emergency supply records were well maintained.

All members of the team were required to sign a confidentiality agreement with their contracts of employment. Team members had in the past completed some information governance (IG) training. Confidential waste was separated and stored separately; this was sent to head office for destruction by a third-party.

A safeguarding policy was in place and the locum pharmacist confirmed she had completed level three

training. Some team members had completed training and had certificates available. Other team members were unsure if they had completed any safeguarding training but knew to speak to the pharmacist or management if they had any concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide its services. 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, a pharmacy technician and two trained dispensers. The company's HR manager was also present and came to the pharmacy on most days. Other team members who were not present included a trained medicine counter assistant (MCA) and a delivery driver. Saturdays were covered by team members from another pharmacy under the same ownership. Pharmacist cover was provided by regular locums. The RP felt that there were an adequate number of staff. A trained dispenser had recently left, there were plans to replace him. The HR manager was helping out with administrative tasks and other part-time team members helped by working additional hours. 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. 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. Team members were provided with training in line with the NHS Quality Payment Scheme. Time was provided during working hours or team members were paid if they completed the training in their own time. 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. The manager said the waste medicines were moved inside the pharmacy at the end of the day to prevent unauthorised access. 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 conversation. 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 effective. The pharmacy obtains its medicines from licensed sources and manages them appropriately so that they are safe for people to use.

### 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 pharmacy used an electronic 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. Since the last inspection a team member had been allocated to go through all the labelled prescriptions and order the stock. Team members explained that on some occasions, stock ordered for one prescription may get used for another prescription for the same item if someone else presented before. This could mean the pharmacy may not have the medicine stock available when the person arrives at the pharmacy despite them ordering their prescription in advance. In the event that someone presented to collect their prescription and a part supply was made, an 'owings' slip was generated which was handed to the person. These prescriptions were then kept separately and were assembled as soon as the stock was received. '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 people who required this service. 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. Drug alerts were received by e-mail, but no records were kept showing whether they had been actioned, team members provided an assurance that they would start keeping these.

## 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. 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 but only one was used for the storage of medicines. A blood pressure monitor was used for some of the services provided and was replaced annually. The pharmacy had 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.