

Registered pharmacy inspection report

Pharmacy Name: Owen's Chemist, 20a Chester Street, Saltney,
CHESTER, Cheshire, CH4 8BJ

Pharmacy reference: 1029532

Type of pharmacy: Community

Date of inspection: 17/10/2024

Pharmacy context

This is a traditional community pharmacy located in Saltney, Chester. NHS dispensing is the main activity, and the pharmacy also provides a number of other NHS services including Pharmacy First and it 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
1. Governance	Standards not all met	1.2	Standard not met	Members of the team do not record things that go wrong so they can learn from them. So they may miss some opportunities to improve.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	Some areas of the premises present a significant health and safety risk to the team. Mould is present in the basement due to a past flooding incident.
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy does not have robust processes for ordering stock to fulfil prescriptions and it does not effectively manage people's prescriptions when the full quantity of the medicine is not available.
		4.3	Standard not met	The pharmacy does not always store medicines that require refrigeration in appropriate conditions.
5. Equipment and facilities	Standards not all met	5.1	Standard not met	The pharmacy does not have all the equipment it needs to provide the services it is commissioned to do so.
		5.2	Standard not met	The pharmacy's measuring equipment and fridge are not safe to use or fit for purpose.

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. However, members of the team do not make a record when things go wrong so they may miss opportunities to learn from them and make further improvements. The pharmacy largely keeps most of the records that are needed by law. However, discrepancies in CD balances are not always investigated in a timely manner which may make it harder to rectify. The pharmacy has processes available which team members follow to keep vulnerable people safe and protect confidential information.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) available as electronic documents. Team members had read the SOPs via their individual accounts and marked when these had been read and understood. The head office team monitored the completion of this.

Dispensing mistakes which were identified before a medicine was supplied to people (near misses) were corrected but these were not recorded. This may mean that team members miss opportunities to learn and make further improvements. Any instances where a dispensing mistake had happened, and the medicine had been supplied (dispensing errors) was investigated and recorded on an online system.

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 brought these to the attention of the management team. Team members explained that the pharmacy did not get many complaints.

Emergency supply and RP records were well maintained. Private prescription records did not have the prescriber's details recorded. Which was required to show who had provided the authority to supply the medicine. Controlled drug (CD) registers were maintained electronically. Running balances for CDs were recorded and regularly checked against physical stock held in the pharmacy. A random balance checked was not found to be correct.

Assembled prescriptions were stored in the dispensary and were not visible to people accessing the pharmacy. Team members explained they had been briefed by the pharmacist about data protection and information governance. Confidential waste was being stored separately and was sent to a nearby branch under the same ownership to be shredded.

The RP had completed Level two safeguarding training and was in the process of completing refresher training. A poster with contact details for the local safeguarding boards were displayed. Both dispensers would report any concerns to the area manager and explained that they were due to be enrolled on safeguarding training.

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. However, they are not supported with ongoing training. So, their knowledge and skills may not be up to date. There is no process for discussing concerns or providing feedback. This may mean that opportunities to improve are lost and issues are not dealt with in a timely manner.

Inspector's evidence

The pharmacy team comprised of the pharmacist, who was a regular locum pharmacist and worked two days a week, a pharmacy technician, a trainee dispenser, and another member of staff who had recently started working at the pharmacy. The pharmacy had another regular pharmacist and locum pharmacist to cover the other days the pharmacy was open. An additional trainee dispenser and trained medicines counter assistant were not present. Holidays and absence were covered within the team. Team members from the nearby branch under the same ownership were used for cover when needed. Team members explained that there were times when they felt short of staff due to the workload. The team were seen working effectively on the day of the inspection.

There was no formal process for staff performance. Team members explained that they were not often provided with feedback. This could mean team members are not given the opportunity to improve or may not be recognised for their work. A team member who covered the medicines counter was fairly new to the role. He did not sell any medicines without referring to the pharmacist and referred any requests for multiple packs of medicines to the RP.

The pharmacy did not have a process to provide team members with ongoing training. This could result in their knowledge and skills not being up to date. Team members on formal training courses completed their work at home and said they were given time back for this. Team members who were registered with the GPhC completed revalidation. There were no team meetings and no set procedures to allow for team members to provide feedback or raise concerns. So, this could mean that the SI and directors are not aware of any issues or concerns which could impact the safe running of the pharmacy. There were no targets set for the services provided.

Principle 3 - Premises Standards not all met

Summary findings

Although the dispensary and retail area of the pharmacy are largely clean, the condition of the basement area presents a significant risk to the safe operation of the pharmacy and also presents a health and safety risk to team members. Areas of the pharmacy are poorly lit and maintenance work is not carried out in a timely manner.

Inspector's evidence

The dispensary was fairly small, but it was tidy and organised and team members tried to keep some workbench space clear for dispensing and checking prescriptions. A sink was available, and cleaning was done by the team. There had been a leak from the dispensary ceiling which caused one of the tiles to break and a light fixture at the back of the dispensary was not working which made the area poorly lit. Team members explained that the leak in the ceiling was worse when it rained. A tote box was left under the leak at the end of the day to catch any water.

The basement area had been flooded for over eight weeks. This had not been drained until the week of the inspection. As a result of this, there was a slight unpleasant smell in the pharmacy. The staff WC facilities were in the basement and because it had been inaccessible, team members used WC facilities in nearby cafes and restaurants. Mould was seen in the basement as well as a large number of dead flies, which could present a health and safety risk to members of staff working at the premises. Team members had been told that the flood had been caused by a burst waste pipe. They explained that the smell had improved after the water had been drained.

A consultation room was available. The room was being used to store empty clinical waste bins and other boxes but was suitable to deliver the services provided by the pharmacy.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy makes reasonable adjustments to ensure its services can be accessed. The team's working practices are generally effective. However, its stock ordering process requires a review to ensure there is no risk that people may be left without the medicines they need. The pharmacy obtains its medicines from licensed sources but there is evidence that medicines that require refrigeration are not stored in appropriate conditions.

Inspector's evidence

The pharmacy had a step at the entrance. A poster was displayed asking people to alert the team if they required assistance. Some team members were multilingual and were able to help with translation if needed. The pharmacy provided a medicine delivery service. When it was necessary, the pharmacy team signposted people who needed services that the pharmacy did not provide. Team members were familiar with local services in the surrounding area.

Prescriptions were mainly received electronically and labelled by one of the dispensers. Team members then worked through assembling them. Once they had been assembled, they were checked by the RP. There were a large number of prescriptions which were seen to have been labelled but had not been dispensed and some of the prescriptions seen dated back to September 2024. The medicines for these prescriptions had not been ordered from the wholesalers which meant there was a risk that some people may be left without the medicines they require. There was also a large number of prescriptions where the full quantity of medicine was not provided due to the lack of stock medicines. '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.

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. One person received sodium valproate in their compliance pack, a written risk assessment had not been completed for them which was not in line with the most recent guidelines. Additional checks were carried out when people were supplied with medicines which required ongoing monitoring.

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. However patient information leaflets were not routinely supplied, which could mean people do not have the up to date information about their medicines. Team members provided an assurance that they would supply leaflets each month.

Current PGDs were available for the NHS Pharmacy First service. However, they had not been signed by any of the pharmacists who worked at the pharmacy. The RP was reminded that the PGDs must be signed before providing the service. The RP explained they were not trained to treat all the conditions

and confirmed she only did consultations for the conditions she was trained for. Deliveries were carried out by the delivery driver. The driver was shared with the other branch. A record of all deliveries sent out with the driver was kept in store. In the event that someone was not home, medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. A dispenser confirmed that expiry date checks were carried out by the team, but records were not 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. These were not within the required range for the safe storage of medicines and had not been since August 2024. This could mean that the medicines were not safe to be supplied to people. Team members explained this had been reported to the management team. Controlled drugs were appropriately stored in four appropriate 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 the pharmacy did not keep a record of any action taken, which could make it harder for the pharmacy to show what it had done in response to the alert.

Principle 5 - Equipment and facilities Standards not all met

Summary findings

The pharmacy's measuring equipment and fridge are not fit for purpose. It does not have all the equipment needed to provide the services it is commissioned to provide.

Inspector's evidence

The pharmacy's computers were password protected and screens faced away from people using the pharmacy. It had a range of glass and plastic measures. Team members explained the plastic measures were used for measuring liquid CDs; however, these were not suitable for use. Tablet counting equipment was available. The pharmacy had a blood pressure monitor, which team members said was fairly new. A large fridge was available however, there was a build-up of ice at the back of this and the fridge temperatures were consistently out of range.

The Pharmacy provided the NHS Pharmacy First service and had most of the equipment needed. The SI confirmed treatments were provided for all seven health conditions under the service. However, an otoscope was not available which was required to complete an examination of the ear for the treatment of acute otitis media. So the pharmacy did not have the necessary equipment available which was required for the service.

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.