

# Registered pharmacy inspection report

**Pharmacy Name:** Well, Mercury Shop, High Street, Tattenhall,  
CHESTER, Cheshire, CH3 9PX

**Pharmacy reference:** 1029547

**Type of pharmacy:** Community

**Date of inspection:** 21/05/2024

## Pharmacy context

This is a traditional community pharmacy located in the centre of a rural village. NHS dispensing is the main activity, and the pharmacy also provides other NHS services including vaccinations for flu and COVID-19, and the Pharmacy First service. Medicines are supplied in multi compartment compliance packs (MDS) for some people, to help them take their medicines at the right times. Some of the medicines supplied by the pharmacy are prepared off-site at a dispensing hub pharmacy.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<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 met

### Summary findings

Members of the pharmacy team follow written instructions to help them work safely and effectively. They record their mistakes so that they can learn from them. And they can show how they have taken steps to reduce risk and prevent errors being repeated. The pharmacy keeps the records that are needed by law. And team members know how to keep people's private information safe.

### Inspector's evidence

The pharmacy had a full range of electronic SOPs in place, with individual electronic training records for each member of staff. After reading the SOP, a number of test questions had to be answered before the training record could be marked as completed. Completion was monitored by head office and e-mails were sent to advise if any SOP completion was outstanding. The pharmacist confirmed that all staff were up to date with SOP training.

Dispensing errors and near miss incidents were recorded electronically on the intranet (Datix). Near misses were recorded on a paper log at the time they were identified, then transferred to the Datix system when time permitted. The pharmacist explained how they reviewed the records each month and completed a patient safety report to record any learning points. There was evidence of action being taken to manage risks that had been identified. For example, some medicines that looked alike and sounded alike, such as amitriptyline and amlodipine, had been deliberately separated to prevent them being mixed up. The pharmacist also explained how they had revised the procedure for MDS supplies. When the MDS trays had been assembled, they were packaged in clear polythene bags ready for collection or delivery. Address labels had previously been stuck on the outsides of the bags, but there had been an incident which involved the labels becoming detached, so the labels were now attached to the MDS trays directly to avoid repetition.

A Responsible Pharmacist (RP) notice was prominently displayed in the retail area. Roles and responsibilities of the team were described in the SOPs. All dispensing labels were initialled by the dispenser and checker to provide an audit trail. A complaints procedure was in place. Leaflets were available to provide information to people about how they could make comments or complaints. There was also a notice in the retail area explaining how complaints and feedback could be made in writing. Current professional indemnity insurance was in place.

RP records were properly maintained and up to date. Appropriate Controlled Drugs (CD) records were maintained. Running Balances were recorded and audited weekly. A random balance was checked against the stock and found to be correct. Patient Returned CDs were recorded separately. Records of private prescriptions and unlicensed specials were in order.

All members of the pharmacy team had completed Information Governance training, and this was repeated annually. A dedicated bin was used for the disposal of confidential waste, which was collected by specialist company about once a month. A dispenser explained that confidential waste as anything with names or addresses, such as prescription tokens and dispensing labels. The pharmacist had completed level 2 safeguarding training and all staff had done in-house training. A flow chart in the dispensary outlined the local reporting procedure and gave details of local safeguarding contacts.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide its services safely and effectively. Team members work well together and have good rapport with people who use the pharmacy's services. They have the training they need for the jobs they do. And they complete ongoing training to keep their skills up to date.

### Inspector's evidence

The pharmacy team included a regular pharmacist and three dispensers. The normal staffing level was the pharmacist with two or three assistants. A delivery driver was also employed. During the inspection the pharmacist was providing a COVID-19 vaccination service. This meant the pharmacy was busy and some people had to wait until the pharmacist was available. But the team handled the situation well and managed the workload effectively. They had good rapport with patients and there was a pleasant and professional atmosphere.

All members of the team had completed appropriate training for their roles. They were also required to complete occasional electronic training packages on various topics relevant to the services they provided. Details of completion were recorded electronically. And the records were monitored by head office, who would chase up any outstanding training. The pharmacist confirmed that staff training was up to date.

A dispenser described how she would ask questions before selling a medicine to help make sure it was appropriate. She knew that some medicines were liable to misuse but was not aware of any current concerns. She explained that if she was unsure whether a medicine was suitable to sell, she would always ask the pharmacist for advice. Members of the pharmacy team appeared to work closely together. A whistleblowing policy was in place and there was a helpline staff could use if they wanted to raise any concerns. There were some performance targets in place, but a dispenser said they were not put under any pressure to meet them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. A consultation room is used to provide extra privacy when needed.

### Inspector's evidence

The dispensary was generally well organised and there was enough bench space available to allow safe dispensing. All areas were clean and tidy and appeared well maintained. There was a dispensary sink for medicines preparation fitted with hot and cold running water. The toilet area was not in use and was instead being used as a storage area for waste medicine bins, bags and bottles. The pharmacist explained that staff used of an upstairs toilet, outside the registered area.

The pharmacy was lockable and alarmed. Lighting was good throughout. There was no air conditioning fitted. A window in the dispensary could be opened for ventilation. The team said the dispensary could get very warm in summer, but the room temperature was not normally measured so it was unclear whether the temperature ever exceeded appropriate levels for medicines storage. The dispensary was screened to provide privacy for the dispensing operation. A consultation room was available and clearly identifiable with a prominent sign on the door.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services, and they are easy to access. It stores its medicines appropriately and makes sure they are kept in good condition. Members of the pharmacy team identify people who take higher-risk medicines, so that they can give advice and make extra checks to make sure they are being used safely.

### Inspector's evidence

The main pharmacy entrance was reached via a flight of steps. A side entrance was also available which had level access and a power assisted door. The availability of the side entrance was advertised by a notice in the front window. Various leaflets and posters were on display, giving information about the pharmacy's services and other healthcare matters.

The pharmacy offered a prescription collection and delivery service. The delivery driver used a hand-held electronic device to keep a record of deliveries and provide an audit trail. Dispensed medicines awaiting collection were labelled with barcodes and 'scanned in' so they could be easily located when they were handed out. Prescription forms or tokens were retained and filed separately in alphabetical order so that they were available for reference. Stickers were put on bags to indicate when a fridge line or CD needed to be added. Stickers were also used to highlight when a schedule 3 or 4 CD was included, so that it could be checked to confirm the prescription was still in date before handing out the medicine.

A dispenser confirmed that high-risk medicines such as warfarin were highlighted with stickers so that patients could be counselled. The pharmacy team was aware of the risks associated with Valproate and knew they should always be supplied in original packaging. Additional educational material was available if needed. The pharmacist confirmed she would give advice to people when she supplied Valproate. But she said there was only one person who currently received it from the pharmacy. Staff were heard asking patients to confirm their name and address when medicines were handed out, in order to check they were being given the correct medicines.

Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing. The baskets were colour coded to prioritise workflow. Owing slips were used to provide a record if the full quantity of a medicine could not be immediately supplied. MDS trays were labelled with descriptions to allow the patient to identify individual medicines. A paper medication record sheet was kept for each MDS patient showing their current treatments and dosage times. Patient information leaflets were routinely supplied with the trays.

Medicines were obtained from licensed wholesalers and specials were obtained from a specials manufacturer. Stock medicines were stored tidily in the dispensary. Expiry date checks were carried out in accordance with computer listings, so that all stock was checked every three months. 'Use first' stickers were used to highlight short-dated stock. A random sample of stock was checked, and no expired medicines were found. There was a medicines fridge in the dispensary for stock that needed cold storage, and another in the consultation room for storing vaccines. The fridges were equipped with maximum/minimum thermometers and temperatures were checked and recorded every day.

Controlled drugs were stored tidily in an appropriate cupboard. Dedicated bins were used to collect waste medicines awaiting disposal and resin kits were used for the disposal of CDs. Drug alerts and recalls were received via the pharmacy intranet and records were kept showing how they had been actioned.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team have the equipment they need for the services they provide. And facilities are used in a way that protects privacy.

### Inspector's evidence

Various reference books were available including a recent BNF. The pharmacist was also able to access medical reference sources on the internet. A range of crown stamped conical measures were available to measure liquids and counting triangles were available for loose tablets. Electrical equipment appeared to be in good working order and stickers showed PAT testing had been carried out in June 2022. The pharmacist confirmed that blood pressure meters were replaced every two years.

The dispensary was clearly separated from the retail area and provided privacy for the dispensing operation and any associated conversations or telephone calls. Pharmacy computers were password protected and computer terminals 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.