

Registered pharmacy inspection report

Pharmacy Name: Well, 1 The Cross, Church Street, MALPAS,
Cheshire, SY14 8NU

Pharmacy reference: 1029667

Type of pharmacy: Community

Date of inspection: 14/02/2023

Pharmacy context

This is a traditional community pharmacy located on a high street in the centre of a rural village. NHS dispensing is the main activity and the pharmacy also provides a number of other services and sells a range of over-the-counter medicines and other merchandise. About half of the NHS prescriptions supplied from the pharmacy are assembled at an off-site dispensing hub.

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
1. Governance	Standards met	N/A	N/A	N/A
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 met	N/A	N/A	N/A
5. Equipment and facilities	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 things that go wrong so that they can learn from them. And they take action to stop the same mistakes from happening again. The pharmacy keeps the records that are needed by law. And staff receive regular training so that they know how to keep private information safe.

Inspector's evidence

The pharmacy had a full set of electronic standard operating procedures (SOPs) to underpin its services. The SOPs were reviewed and updated regularly, on a rolling basis, by the superintendent pharmacist's team. Each member of the pharmacy team had an electronic training record showing that they had read and understood the SOPs. When a team member had read an SOP they had to answer some questions about it before their training record could be set to completed. The training records were monitored by head office and any overdue training would be chased up. The responsible pharmacist (RP) confirmed that all SOP training was up to date.

Dispensing errors and near miss incidents were recorded on the pharmacy computer. The RP provided an example of a recent record that described an incident where a short-dated medicine had been supplied and had expired by the time it was needed by the patient. A full account of the incident had been documented. Briefer records were made for near miss incidents and a monthly report was generated showing trends. This was discussed by the team and there was evidence of action being taken to avoid errors being repeated. For example, alert stickers had been placed on shelves to highlight 'look alike sound alike' medicines, to prevent them being mixed up. A responsible pharmacist (RP) notice was displayed behind the medicines counter. Staff roles and responsibilities were described in the SOPs. And dispensing labels were initialled by dispenser and checker to provide an audit trail. The pharmacy had a complaints procedure in place. Practice leaflets explained how people could make complaints or provide feedback. A current certificate of professional indemnity insurance was available. An electronic controlled drugs register was in use and appeared to be in order.

Running balances were recorded and a weekly audit was carried out to check the register balances against stock. Patient returned CDs were recorded separately in a paper register and the records appeared to be up to date. Records of RP, private prescriptions and unlicensed specials were all in order. An information governance (IG) policy was in place and all staff received IG training once a year. Confidential waste was collected separately and disposed of in a dedicated bin for destruction by a specialist contractor. Practice leaflets explained how the pharmacy handled people's information. A safeguarding policy was in place and the pharmacist confirmed he had completed level 2 training. The rest of the team had all completed in-house training. A safeguarding folder was kept, with details of the reporting procedure to follow.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to safely manage the workload and they receive the training they need for the jobs they do. Members of the team work well together. And they complete ongoing training to keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team was made up of a full-time pharmacist manager, a full-time dispenser, and a part-time medicines counter assistant (MCA). The MCA had only recently started working at the pharmacy and was currently working through an accredited training course. The pharmacist said the staffing level was normally adequate. But staffing levels had been reduced when the pharmacy started using the hub to assemble some of its prescriptions. And the pharmacist felt they were now at the lowest safe level.

Members of the team were regularly provided with ongoing training. This was normally in the form of electronic training packages. The pharmacy team asked questions when selling medicines to check they were suitable. The pharmacist was aware of the medicines that were liable to misuse and confirmed he refused sales if he was not satisfied that they would be used appropriately. But he was not aware of any current problems and explained that most of the customers were local so he knew them and would soon notice repeat purchases. Members of the pharmacy team appeared to work well together and had good rapport with customers. A whistleblowing policy was in place and there was a dedicated phone number for the staff to report any concerns.

The pharmacist said some performance targets were set, including for New Medicine Service consultations and Blood Pressure Checks. He thought these services were useful and said he had referred several patients to their GPs after identifying high blood pressure readings.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is small, and the layout is not ideal. But it is well managed to make best use of the space that is available. It is clean and hygienic, and it provides a suitable environment for healthcare services.

Inspector's evidence

The pharmacy premises was a listed building, which meant structural changes were not possible. The dispensary was fairly small and was accessed from the retail area through a doorway via a steep flight of three steps. A barrier belt could be pulled across to prevent unauthorised access. The pharmacy was clean and tidy and, although bench space was limited there was enough kept clear to allow safe working. A consultation room was available for privacy. It was clean and tidy and suitably equipped. An upper floor provided general storage space and staff toilet facilities. There was a dispensary sink and a separate sink in the toilet area. Both were fitted with hot and cold water. A portable air conditioning was available when needed, and all parts of the pharmacy were well lit.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services and they are easy to access. Members of the pharmacy team work safely and effectively so that people receive appropriate care and get the advice they need. They obtain stock medicines from licensed suppliers, store them appropriately, and carry out checks to make sure that they are kept in good condition.

Inspector's evidence

The pharmacy entrance had two steps up to a conventional door. A buzzer was available so people could attract attention if they needed assistance entering. There were posters in the pharmacy's window advertising some of its services. And further information about services was provided in practice leaflets and various other leaflets that were available in the retail area. The pharmacy offered a delivery service on three days a week. The delivery driver used a hand-held device to make electronic records of deliveries made. A note was left if there was nobody home to receive the delivery and the medicines were returned to the pharmacy. Dispensing baskets were used to keep individual prescriptions separate and avoid medicines being mixed up during dispensing. Dispensed medicines awaiting collection were bagged and labelled with barcodes, which were scanned when the medicines were handed out to provide an audit trail. The pharmacist attached stickers to the bags to highlight when controlled drugs were present, so they could check the prescription had not expired before handing out. 'Therapeutic check' stickers were used to highlight when counselling was needed, for example if anticoagulants, methotrexate or lithium were prescribed. The team were heard asking people to confirm their names and addresses before medicines were handed out, to make sure they were correctly identified. Owing slips were used to provide an audit trail for any medicines that could not be immediately supplied. The pharmacist was aware of the risks associated with the use of valproate during pregnancy and an audit of valproate patients was being carried out. The pharmacy did not currently have any patients who met the risk criteria, but the pharmacist knew that such patients should be counselled, and educational material was available to supply. The pharmacy supplied medicines in multi-compartment compliance aids (MDS) for about 50 patients. Record sheets were kept for all the patients, showing their current medication, dosage times and date the medicines were due. This information was checked against repeat prescriptions and any discrepancies would be checked with the surgery. The MDS trays were labelled with descriptions so that individual medicines could be identified, and patient information leaflets were routinely supplied. A flu vaccination service was offered on specific days. This was provided as a clinic service and a pharmacist vaccinator was brought in just to provide the service. The pharmacy obtained its medicines from licensed wholesalers and unlicensed specials were ordered from a specials manufacturer. No extemporaneous dispensing was carried out. Stock medicines were stored tidily, and expiry date checks were carried out on a three-month rotation. Stickers were attached to any short-dated stock found if it was within nine months of expiry. Records showed that the stock checks were up to date. Controlled drugs were appropriately stored in a standard cupboard. There was a medicines fridge in the dispensary. It was clean and tidy and equipped with a thermometer. The maximum and minimum temperatures were recorded daily and had remained within the required range. Waste medicines were disposed of in dedicated bins that were collected periodically by a specialist waste contractor. Drug alerts and recalls were received electronically, and records were kept showing what action had been taken.

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 blood pressure meter had a sticker attached indicating that it had been checked and calibrated in December 2022 and was next due in December 2023. 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. 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.