

Registered pharmacy inspection report

Pharmacy Name: Well, 11 Fountain Square, Disley, NEAR STOCKPORT, Cheshire, SK12 2AB

Pharmacy reference: 1029740

Type of pharmacy: Community

Date of inspection: 18/05/2023

Pharmacy context

The pharmacy is located on a parade of shops in the village of Disley, Manchester. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. It supplies some people with their medicines in multi-compartment compliance packs. And it delivers some medicines to people's homes.

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

The pharmacy suitably identifies the risks associated with the services it provides to people. It generally keeps the records it needs to by law. And the pharmacy team keeps people's confidential information secure. Team members know how to protect the welfare of vulnerable people. They record and learn from their mistakes that they make when dispensing. But it does not complete any further analysis of these errors. And so, the team may miss the opportunity to identify any trends or patterns.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs). The SOPs were kept electronically, and each team member had an individual login to the electronic platform to access them. The pharmacy's superintendents (SI) team reviewed the SOPs on a two-year rolling rota. Team members read the SOPs relevant to their role and completed a short assessment to confirm their understanding of them. Team members were observed working within the scope of their roles.

Pharmacy team members recorded 'near miss' mistakes that they made during the dispensing process. The team member involved was asked to identify their error, correct it, and record it on an electronic system. The team informally discussed near misses and made suggestions to help prevent the same errors happening again. For example, paroxetine and pantoprazole looked similar and were located close to each other. So 'similar name' stickers were used to highlight the risk and prevent the incorrect medication being selected. But the team could not access the records of past near misses, so opportunities to identify and review common trends might be missed. Team members also recorded details of any dispensing errors which had not been identified until after the person had received their medicines. The team could not access the system to view the records, but did not remember any recent incidents. The pharmacist explained that records of dispensing incidents or near misses were electronically sent to the SI team for review. The pharmacy had a complaints notice displayed in the retail area which had the details of the SI office. The team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the manager or SI office.

The pharmacy had up-to-date indemnity insurance. The correct responsible pharmacist (RP) notice was prominently displayed. And an RP record was appropriately maintained. The pharmacy kept electronic controlled drug (CD) registers which appeared to be in order. The RP checked the running balance against the physical stock each time the CD was dispensed. The RP also completed weekly running balance checks of all CDs. This helped to identify any issues such as missed entries. A randomly selected CD was checked and found to match the balance in the register. The pharmacy also kept online records of patient returned CDs. The pharmacy kept records of unlicensed 'specials' but patient details were not always recorded. So the audit trail may be incomplete. Records of private prescriptions were not up to date as some private prescription supplies dating back to November 2022 were not recorded, and therefore an accurate audit trail was not maintained.

Team members were aware of the need to keep people's information confidential. They had completed training on General Data Protection Regulation (GDPR). The pharmacy had a privacy notice on display. Team members were observed segregating confidential waste into a marked waste bin. This was collected periodically by a third-party contractor for secure destruction. The pharmacy stored confidential information in staff-only areas of the premises.

Pharmacy team members had completed some learning associated with protecting vulnerable people. They were aware that they could contact the SI office if they had any concerns about vulnerable people. And they had access to contact numbers for local safeguarding teams. The pharmacist had completed level 2 training on Safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. The team work well together and communicate effectively. Team members have the correct training for their role, and they complete some ongoing training to help keep their knowledge and skills up to date. They understand how to raise a professional concern if required.

Inspector's evidence

During the inspection a part time pharmacist was working as the RP and manager of the pharmacy and was supported by two dispensers who both worked part-time. The pharmacist worked three days per week and locum pharmacists covered the other two days per week. The pharmacy also employed another part-time dispenser and delivery driver, who were not present. Team members had all completed accredited training for their roles. They were observed working well together and managing the workload. Planned leave requests were managed so that only one team member was absent at a time. And team members were able to rotate tasks so that all tasks could be effectively completed during times of absence. Sometimes relief dispensers were also used to help cover absences.

Team members completed regular training that was relevant to their role such as Information Governance. They accessed this training via an online learning portal. Training modules requiring completion were communicated to team members via this portal. And they were given some protected learning time to complete them. The dispenser provided some examples of additional training they had completed during the last few months including a recent update to some dispensing SOPs. The pharmacist had recently completed training on a new Contraceptive Service and Smoking Cessation Service.

The pharmacy supported pharmacy students from the local university with experiential learning placements. The students were required to complete some learning prior to the placement and read relevant SOPs. The team supported the students to complete a defined list of tasks. They were observed by the supervising pharmacist and feedback was provided to the student and the university.

Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist when necessary. They explained they were able to identify repeated requests from people for medicines subject to misuse, for example, codeine containing medicines. The team described a recent example for such a request where the pharmacist made an intervention.

Team members occasionally attended informal team meetings where they could discuss alerts from head office and shared any learnings from near misses or dispensing incidents. The team felt comfortable to raise any concerns with their manager in the first instance and were aware that they could also discuss these with their regional manager. The regional manager visited the pharmacy regularly and provided support to the team. The pharmacy had a whistleblowing policy in place. Team members received feedback from the pharmacy manager and received a formal appraisal once per year. The appraisal provided the opportunity to discuss their own learnings. There were targets set for some pharmacy services and team members did not feel under pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is suitable for the services it provides and is appropriately maintained. It has a consultation room where the team can speak to people in private.

Inspector's evidence

The pharmacy premises were generally clean and maintained to an adequate standard. There was some evidence of dust and dirt mainly on the pharmacy floor. There was some clutter and obstructions on the floors and the stairway which could pose a trip hazard to staff. But team members had ample space to dispense medicines. There were clearly defined areas used for the dispensing process and a separate area to the rear of the dispensary to dispense medicines into multi-compartment compliance packs. The RP used a bench at the front of the dispensary to complete the final checking process so was able to oversee the medicines counter and retail area. The pharmacy had sufficient space to store its medicines in the dispensary but the storeroom and staff facilities were cluttered and untidy. There was a good-sized, private consultation room which was clearly signposted. Team members used this space to have private conversations with people.

There was a clean, well-maintained sink in the dispensary used for medicines preparation. And there was a staff toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy kept its heating and lighting to acceptable levels.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easy for people to access. And they are generally managed well and provided safely. The pharmacy receives its medicines from reputable sources and stores them appropriately. And the team carries out checks to help make sure they are kept in good condition.

Inspector's evidence

The pharmacy had a small, stepped access to its entrance door with a handrail to help people enter. There was an automatic door with pressure pad entry. The pharmacy advertised its services and opening hours in an information leaflet. And some other healthcare information leaflets were available for people to take away with them. There was access to a hearing loop for people with a hearing impairment.

The dispensary had separate areas for labelling, dispensing, and checking of prescriptions. Team members used dispensing baskets to store medicines and prescriptions throughout the dispensing process to prevent them becoming mixed-up. They signed dispensing labels to maintain an audit trail to identify which team member had dispensed and checked the medicine. The pharmacy gave owing slips to people it could not supply the full quantity prescribed. It offered a delivery service and kept records of completed deliveries.

Team members were aware of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They explained they would highlight any prescriptions for valproate for the attention of the RP. They knew to apply dispensing labels to the packs in a way that prevented the written warnings being covered up. The pharmacy supplied patient information leaflets and patient cards with every supply. The team had recently completed an audit of valproate patients which confirmed the pharmacy didn't currently supply to anyone in the at-risk groups. Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people which may require further intervention from the pharmacist.

The pharmacy sent some of their prescriptions to be dispensed at the company's offsite dispensing hub. Team members assessed the prescriptions to ensure they were suitable to be sent to the hub. Some prescriptions were unable to be sent to the hub and the team dispensed these locally. The prescriptions were labelled by team members, the RP completed an accuracy and clinical check of each prescription before submitting the data electronically to the hub. The dispensed medicines were received by the pharmacy approximately 48 hours after the prescription had been sent. The dispensed medicines were scanned by the team to confirm the pharmacy had received them.

The pharmacy dispensed medicines into multi compartment compliance packs (MDS) for some people, to help them take them at the right times. Team members kept medication record sheets for MDS patients, which contained a list of each person's medicines and dosage times. They cross referenced prescriptions with the record sheets to make sure prescriptions were accurate. Any changes to the person's medication regime were updated on the master sheets. The MDS trays were annotated with limited descriptions of the medicines inside, but these were not detailed enough to allow people to distinguish between each medicine within the pack. The pharmacy supplied the MDS trays with patient information leaflets, so people had access to full information about their medicines. The

compliance packs were signed by the dispenser and RP so there was a full audit trail of who had been involved in the process.

The pharmacy obtained medicines from licensed wholesalers and stored them tidily on shelves and in drawers. The team had a process to check the expiry dates of the pharmacy's medicines. The team demonstrated that it was up to date with the process and had a log of when checks were completed. A random selection of stock was checked and no out-of-date medicines were found. There was evidence of 'short-date' stickers being used to highlight medicines that were due to expire soon. The pharmacy had a medical grade fridge in use to store medicines that required cold storage. And the team kept records of the fridge's minimum and maximum temperatures. The records showed the fridges were operating within the correct range of between two and eight degrees Celsius. The team marked liquid medicines with details of their opening dates to ensure they remained safe to supply. Pharmacy-only (P) medicines were stored directly behind the pharmacy counter to prevent unauthorised access.

The pharmacy received medicine alerts electronically through email and the company intranet. The team actioned alerts and kept a printed record of the action taken. They returned items received damaged or faulty to manufacturers as soon as possible.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services. And it uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including hard copies of the British National Formulary (BNF) and the BNF for children. And they had use of the internet. The pharmacy used a range of CE marked measuring cylinders. There were separate cylinders to be used only for dispensing water which were marked. This helped reduce the risk of contamination. The pharmacy had a set of clean, well-maintained tablet counters.

The electronic blood pressure monitor was due to be replaced every two years. It had not been marked with date of first use, but team members knew of this date. All electrical equipment was subject to yearly Portable Appliance Testing (PAT) which gave assurance it was safe to use.

The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. Computer screens were positioned to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless telephones so team members could have private conversations with people.

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.