

# Registered pharmacy inspection report

**Pharmacy Name:** Greencross Pharmacy, 1 Allen Street,  
WARRINGTON, Cheshire, WA2 7JD

**Pharmacy reference:** 1029804

**Type of pharmacy:** Community

**Date of inspection:** 07/02/2023

## Pharmacy context

The pharmacy is off a main road on the outskirts of town, close to a medical centre. It dispenses NHS and private prescriptions and sells a range of over-the-counter medicines. It supplies medicines in multi-compartment compliance packs. And delivers medicines to people at home. The pharmacy provides a range of services such as New Medicines Service (NMS) blood pressure checks, seasonal flu vaccinations and emergency hormonal contraceptive (EHC) supply.

## 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

The pharmacy team members appropriately manage the risks associated with providing the pharmacy's services. They are clear about their roles and responsibilities and understand their role to help protect vulnerable people. Pharmacy team members have a process to record mistakes and learn from them, but this does not happen regularly so they may be missing opportunities to make their services safer.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in the dispensary which members of the team had signed and dated to confirm they had read and understood. The SOPs however were last reviewed in 2019. The pharmacy owner after the inspection committed to reviewing the SOPs. The SOPs defined the team members' roles and responsibilities. And they explained their main responsibilities and how they worked within their capabilities. There was a separate SOP for the delivery of medicines to people's homes. The drivers had read and signed this. The responsible pharmacist (RP) notice was visible from the retail area and identified the pharmacist on duty. The pharmacy team members knew clearly what they could and couldn't do in the absence of the RP.

The pharmacy team members highlighted and discussed mistakes during the dispensing process. This included mistakes which had been identified before the medicines had been supplied to a person (near misses). And those where a mistake had happened, and the medicines had reached a person (dispensing error). The pharmacy had some evidence of documenting near misses although this was not regularly done. Team members described actions they had taken following mistakes, such as using warning stickers for medicines that looked alike or had similar names to prevent the wrong medicines from being selected.

The pharmacy didn't have a documented complaints procedure to show at the time of inspection. But the pharmacy team members clearly understood how to deal with a complaint. There was also no visible notice in the retail area for people to refer to if they wanted to complain or provide feedback. If there was a complaint, the team members described how they would try and resolve the complaint and if they couldn't do so in the pharmacy, they would signpost people by giving them the superintendent's contact details.

The pharmacy had up-to-date professional indemnity insurance. The pharmacy team maintained appropriate records including controlled drug (CD) registers, RP records and private prescriptions records. The pharmacy kept running balances in all CD registers, and these were audited against the physical stock on a regular basis. The inspector checked the running balances against the physical stock at random for three products and they were all found to be correct. Records about private prescriptions and emergency supplies were recorded manually, in date order. The pharmacy retained unlicensed specials invoices and the certificate of conformity; these included details of the prescriber and the person receiving the medicine.

The pharmacy could not demonstrate any information governance policies as the pharmacy team members were unsure where these were kept. Pharmacy team members understood the principles of data protection and confidentiality. The pharmacy stored confidential information securely and separated confidential waste. And the confidential waste was disposed of by the superintendent. The

RP, who was a locum, had completed level 2 safeguarding training, but it was unclear what safeguarding training had been completed by other team members. However, the pharmacy team members understood what to do and explained what key safeguarding actions they would take. The pharmacy team members clearly explained different key safeguarding scenarios and how to report concerns. Details for local support agencies were available so concerns could be reported promptly. The pharmacy team members were aware of safe space initiatives to help people experiencing domestic abuse. A consultation room was available and pharmacy team members were aware this was an option which could be offered to people.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. The pharmacy has appropriate arrangements to make sure it has enough team members working and they receive the support they need. But team members do not have regular reviews of how they are doing so they could be missing out on opportunities to develop their skills and knowledge.

### Inspector's evidence

At the time of inspection, the pharmacy team members present were the locum pharmacist (who was the RP), three part-time qualified dispensers and a delivery driver. There were Four members of the team not present on the day, the regular pharmacist who is also one of the owners, a trainee technician, a trainee dispenser and a delivery driver. The team coped with their workload during the inspection and worked well together. The pharmacy team members felt the branch was adequately staffed and workload was manageable. The pharmacist tried to make sure there was always three members of the team working with him. As the team all worked part time this allowed for greater flexibility to cover each other's absences and holidays.

The pharmacy team members were up to date with their training and all the trainees were on track with their qualification courses. Team members could not recall if an appraisal took place over the years nor was there any evidence in the pharmacy. The pharmacy team members felt they could raise any training needs informally. Team members knew to take additional care when selling higher-risk over-the-counter medicines such as painkillers containing codeine. Team members asked relevant questions and referred to the RP if they had concerns. On observation during the inspection, they were only selling one pack per person and referring to the RP if people wanted more.

Team members were happy to raise any concerns and were comfortable sharing ideas with the regular pharmacist. The team members provided positive feedback about the working environment. They felt listened to and said how supportive the regular pharmacist was. The pharmacy did have targets in place, but team members did not feel they were pressured in achieving them. There was no whistleblowing policy seen and the pharmacy team explained that if they had a concern and could not raise internally, they would contact the GPhC for advice.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are safe, secure and appropriate for the pharmacy services provided. It has a small consultation room which is adequate for people to have private conversations with the pharmacist.

### Inspector's evidence

The pharmacy premises were clean, organised and adequately maintained. There was enough space to carry out dispensing tasks safely. The dispensary, benches and prescription storage areas were reasonably well-organised. The consultation room was small, but adequate for the services provided. It could be difficult for some people to access the room, as there was a step up.

There was a clean, well-maintained sink in the dispensary used for medicines preparation and it had hot and cold running water. There were toilets with a sink which provided hot and cold running water and other facilities for hand washing. The levels of ventilation and lighting were appropriate during the visit. The overall appearance was professional, including the pharmacy's exterior which portrayed a professional healthcare setting. The premises were protected against unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy makes its services accessible for people. And it manages and delivers its services safely and effectively. Team members give advice and provide written information to help meet people's healthcare needs. They source medicines appropriately. And they store and manage them properly.

### Inspector's evidence

People accessed the pharmacy via the main door however there is a step up into the shop that would make it difficult for people with prams and using wheelchairs to access unaided. The team explained that regular patients knocked, and the team would put a bespoke ramp there to help them in. However, this was not present during the inspection. Opening hours were clearly displayed in the window as people walked in. The pharmacy had various leaflets close to the door to encourage people to pick them up. These included leaflets on cancer screening, stopping smoking and drug or alcohol misuse.

The pharmacy had a clear flow for dispensing and checking activities. Dispensing audit trails were maintained to help identify who was involved in the dispensing, checking and handing out of prescriptions. Additional notes were added to the patient medication record (PMR) as appropriate. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. Members of the team were observed confirming people's names and addresses before handing out dispensed medicines.

The pharmacy supplied medicines in multi-compartment compliance packs to around 80 people. One of the dispensers held the responsibility for ordering people's prescriptions. She ordered the prescriptions in advance to allow time to resolve queries and dispense the medication. The pharmacy attached backing sheets to the packs, so people had written instructions about how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. And they provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet, which was a record of all their medicines and where they were placed in the packs. And on their electronic PMR. The pharmacy also provided medicines in packs to people living in a nursing home in the local community. There was a home delivery service with an associated audit trail. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

The pharmacy team kept higher-risk medicines such as methotrexate in a separate area in the dispensary. The team members were aware of the criteria of the valproate Pregnancy Prevention Programme and would highlight any people who might need additional information to the pharmacist. The pharmacist counselled people receiving prescriptions for valproate if appropriate and they checked if the person was aware of the risks if they became pregnant while taking the medicine. The pharmacy team asked people who received warfarin for their latest blood test result each time they received a prescription for warfarin. This was to check that their results were within the expected range.

The pharmacy got its medicines from licensed wholesalers and specials were obtained from special manufacturers. Over-the-counter medicines were stored appropriately. Medicine stock for dispensing

was generally stored in an orderly fashion in the dispensary and the pharmacy kept all stock in restricted areas of the premises where necessary. The pharmacy had medicinal waste bins to store out-of-date stock and patient-returned medication. It kept out-of-date and patient-returned CDs separate from in-date stock. The pharmacy stored its CDs securely. Pharmacy team members checked medicine expiry dates periodically and a short- dated sticker was attached to medicines that were due to expire within three months. They monitored the minimum and maximum temperature of the medicine's fridge daily and the records seen were within acceptable limits.

The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The RP said they would action any alerts and inform staff if any actions were needed. But there was no evidence of this documented since 2021. However, some copies of alerts were emailed after the inspection where they were signed and dated to confirm they had actioned it.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment properly to help protect people's confidentiality.

### Inspector's evidence

The pharmacy had a range of up-to-date references sources available, and the RP explained that he used the online BNF on his phone for ease of access and for more up-to-date information. The pharmacy had equipment available to help prevent the risk of transmission of Covid-19. This included hand sanitisers, cleaning equipment and masks. The pharmacy had a set of clean, well-maintained measures available for measuring liquids. This included separate measures for different medicines, to help avoid cross-contamination. The pharmacy computers were password protected and access to peoples' records was suitably restricted. The computer terminals were kept in a secure area of the pharmacy away from public view. Medicines awaiting collection were stored appropriately and patient-identifiable details were not in view of people from the retail area. The fridge was clean and suitable for storing medicines. The equipment was tested regularly to make sure it was safe and functional.

### 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.