

Registered pharmacy inspection report

Pharmacy Name: Fearn's Pharmacy Ltd., The Pharmacy, Britannia Road, Helsby, WARRINGTON, Cheshire, WA6 0DP

Pharmacy reference: 1029806

Type of pharmacy: Community

Date of inspection: 07/09/2021

Pharmacy context

This is a traditional pharmacy located on a row of shops in a busy village centre. NHS dispensing is the pharmacy's main activity. It also sells a range of over-the-counter medicines and some other merchandise. The inspection was carried out during the Covid pandemic

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 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 not all met	4.3	Standard not met	The pharmacy fridges are not properly monitored. So the pharmacy cannot show that medicines stored in the fridges are always kept at the right temperature .
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Members of the pharmacy team are experienced and understand their roles. They follow written instructions to help them work effectively. But some of the instructions are several years old, so changes may have happened since they were written. Members of the team keep some records of things that go wrong, so that they can learn from them. But they don't record everything, so they may be missing some opportunities to improve. They keep most of the records that are needed by law. But some information is missing, which means they may not always be able to show exactly what the pharmacy has done.

Inspector's evidence

The pharmacy had a full set of written SOPs in place, but they were dated to show they had been introduced in 2015 and 2016, so they may not always reflect current practice. Training records had been signed by all members of the team to show they had read the SOPs, but this had also been done around the time the SOPs were issued. Some newer versions of SOPs were available on the computer, which staff confirmed they had read, but there were no training records in relation to these. This could cause some confusion about which procedures were supposed to be followed.

The pharmacist explained that dispensing errors would be recorded using a standard proforma, which was available in a folder in the dispensary. Some completed records were present, but all were several years old. The pharmacy team could not remember any more recent errors having occurred. Separate record sheets were available to record details of near misses. Several incidents had been recorded earlier in the year but none in the last few months. The pharmacist said there were very few near miss incidents but accepted they may not always be recorded. And there was no evidence of the records being reviewed which means some learning opportunities may be missed.

A responsible pharmacist (RP) notice was prominently 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 certificate of professional indemnity insurance was displayed but was out of date. The pharmacist said the policy auto-renewed, but the certificate had not been replaced. Following the inspection, the pharmacy provided evidence of current cover.

The controlled drugs registers appeared to be in order. Running balances were recorded and some entries had been annotated and initialled to show the balance had been checked at the time of dispensing. A dispenser explained that balances were routinely checked when CDs were dispensed but they often forgot to annotate the record. A separate register was available to record patient returned CDs but no records had been made for several years. The pharmacy team could not remember any CDs being returned recently and none were present in the CD cupboards. RP records were kept on the pharmacy computer. The records were up to date, but the time the RP ended their tenure was often not recorded. This meant there could be uncertainty about who the RP was at specific times. Records of private prescriptions and unlicensed specials were in order. Emergency supplies were recorded on the patient's medication record, but there was no separate record. This meant it was difficult to review

what had been supplied. A new pharmacy computer system had been ordered, which the pharmacist believed had better record keeping capability.

An information governance (IG) folder contained various information about data handling, but it was not in a user-friendly format so would be confusing for the team if they needed to refer to it. All members of the team confirmed they had completed IG training. Confidential waste was collected separately from general waste and destroyed by incineration.

A safeguarding policy was in place and the pharmacist confirmed he had completed level 2 training. There were no details of local safeguarding contacts available, which could cause delays in reporting if concerns arose.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to safely manage the workload and they work well as a team. Staff receive the training they need for the jobs they do, but they do not have access to ongoing training so their knowledge may not always be up to date.

Inspector's evidence

There were two regular pharmacists, who covered each other's days off and also often worked together, two dispensers and a medicines counter assistant (MCA). The pharmacy team appeared able to comfortably manage the workload. All staff were appropriately trained and had worked at the pharmacy for several years. Although staff had completed the mandatory training for their roles, the pharmacy did not currently provide an ongoing training programme to help them keep up to date.

The MCA explained how she would ask questions when selling medicines, to help make sure they were appropriate for the patient. She would then refer to the pharmacist if she was unsure, for example, if the customer was taking other medicines. She knew that some medicines were liable to abuse but was not aware of anyone making regular requests for these. The pharmacist worked in an area where they had good oversight of the medicines counter.

Members of the pharmacy team appeared to work well together and had good rapport with customers. No specific performance targets were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy and fitted to a good standard. It provides a suitable environment for healthcare.

Inspector's evidence

The pharmacy was clean and tidy and fitted out to a good standard. There was enough space to allow safe working. A consultation room was available for privacy. It was clean and tidy and suitably equipped. The availability of the room was advertised by a sign on the door. There was a dispensary sink and a separate sink in the rear area for handwashing and canteen. Both were fitted with hot and cold water. Air conditioning was fitted, and all parts of the pharmacy were well lit.

Extensive perspex screens had been fitted between the medicine counter and the public area, to help prevent the spread of infection. The pharmacy had been limiting the number of customers in the pharmacy to two at a time. This had been relaxed recently, but it was still rare for more than two people to be present. PPE was available, but staff were no longer routinely wearing face masks when working behind the perspex screens - which means there may be an increased risk of inspection spread between the team. The pharmacist confirmed that he would wear a mask if he needed to speak to a customer in the consultation room.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy provides a range of services and they are easy to access. It manages them effectively so that people receive appropriate care and get the advice they need. It obtains medicines from licensed suppliers, and it carries out some checks to make sure that they are kept in good condition. But the pharmacy fridges are not properly monitored. So the pharmacy cannot show that medicines stored in the fridges are always kept at the right temperature.

Inspector's evidence

The pharmacy entrance was level, via a conventional door that could be operated automatically using a pushbutton. There was a spacious retail area with a consultation room that could be accessed by wheelchair users. There was a service ladder in the retail area identifying the services available and further detail was provided in a practice leaflet. Various posters and leaflets were on display providing information about pharmacy services and other healthcare topics.

The pharmacy offered a delivery service. Since the onset of the covid pandemic, patients were no longer asked to sign for deliveries they received. But the driver signed the delivery record to confirm when each prescription had been delivered. 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. Dispensing labels were initialled by the dispenser and the checker to provide an audit trail. Dispensed medicines awaiting collection were bagged and kept on shelves behind the medicines counter. Prescription forms were retained for reference and coloured tabs were attached to the bags to show when medicines needed to be added before handing out, or if the patient needed to be counselled. One of the pharmacists checked the shelves regularly to remove any expired prescriptions. The MCA confirmed that people were always asked to give their name and address 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. He had not completed an audit, but knew that the pharmacy currently only supplied four people with valproate. Only one of these met the risk criteria, and they had been counselled. He knew that any new patients would need to be advised about the risks. All stock packs included warning cards and information, but no other educational material was available to supply if medicines were dispensed outside their original containers.

The pharmacy supplied medicines in multi-compartment compliance aids (MDS) for about 12 patients. A chart on the dispensary wall listed each patient and the dates that their prescriptions needed to be ordered, dispensed, and delivered. Each patient had a record sheet showing their current medication and dosage times. This information was checked against repeat prescriptions and any changes would be confirmed with the surgery. The MDS trays were labelled with descriptions so that individual medicines could be identified.

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 the dispensary shelves were clean. A dispenser described how she regularly checked expiry dates and put stickers on any medicines that were close to expiry. Several medicines were seen to have these stickers attached, but no records were kept to show when the checks had been completed. This meant the pharmacy team would not know how much time had passed since the last check, and there was a risk that some storage areas could be overlooked. No expired medicines were found present. There was a medicines fridge in the dispensary used for stock medicines and another behind the medicine counter used for dispensed medicines awaiting collection. The dispensary fridge did not have a thermometer so there was no means of checking whether the storage temperature was appropriate. A dispenser explained that the previous thermometer had developed a fault and confirmed that a new thermometer had been ordered. The other fridge did have a thermometer, but it only showed the current temperature. Although the temperature appeared to be appropriate, there was no way of knowing whether it had deviated from the required range.

Controlled drugs were appropriately stored in two standard cupboards. Waste medicines were disposed of in a dedicated bin that was kept in the dispensary. The bins were collected periodically by a specialist waste contractor.

The pharmacist confirmed that drug alerts were received by e-mail. He said these were normally kept in an electronic folder, but was not able to access it during the inspection.

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, and it is used in a way that protects privacy.

Inspector's evidence

The pharmacy had various reference books, including a recent edition of BNF, and the team could access the internet for general information. Crown stamped measures were used to measure liquids and were kept clean. Electrical equipment appeared to be in good working order.

The dispensary was screened to provide privacy for the dispensing operation. The consultation room was available for services that required privacy and for confidential conversations and counselling. Phone calls could be made in the dispensary without being overheard in the retail area. 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.