



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: 28/06/2022

Pharmacy context

This is a traditional community 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.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 have written procedures to help them work effectively. But there are no training records or audits to provide assurance that the procedures are consistently being followed. So members of the team may not always be clear what is expected of them. And they do not always keep records of things that go wrong. So sometimes they may not learn from their mistakes and could miss opportunities to improve. They keep most of the records that are needed by law. But some information is missing, which means they may not be able to show exactly what the pharmacy has done.

Inspector's evidence

The pharmacy had a set of electronic standard operating procedures (SOPs) on the pharmacy computer. And the pharmacist confirmed that the team had been asked to read all the SOPs. But no records had been kept so the pharmacy could not show when the SOPs had been read or whether they had been understood. Older versions of printed SOPs were also present in the dispensary, which could cause confusion about which procedures were supposed to be followed. 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 pharmacist explained that dispensing errors and near miss incidents would be recorded on the pharmacy computer, which had recently been updated with a new system. He remembered making a record the previous week when there had been an error with a dispensing label but was not able to retrieve this or any other records. He said incidents would be discussed by the team to raise awareness. But there was no evidence of error records being reviewed which means some learning opportunities may be missed. 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. The controlled drugs (CD) registers were maintained electronically and appeared to be in order. Running balances were recorded but there was no evidence of any recent audits. Three random CD samples were checked and for two of them the balances were found to be correct. For the third sample, there were two packs more in stock than the recorded balance. This suggested an entry had been missed for stock received from the wholesaler. The pharmacist agreed to investigate and correct the register. A paper register was available to record patient returned CDs and the most recent records had been made in April 2022 when the medicines had been destroyed. Records of private prescriptions and unlicensed specials were in order. 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. 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. A notice on the consultation room door explained the chaperone policy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has 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 sometimes worked together. At the time of inspection just one of the pharmacists was present. There was also one full time dispenser and a medicines counter assistant (MCA). The MCA had been working at the pharmacy for about two months and had not yet been enrolled on a training course. Another assistant had started the previous day but had not reported for work. The pharmacy team appeared able to comfortably manage the workload. The pharmacy did not provide any sort of formal ongoing training programme to help the team keep up to date. Members of the team asked questions when selling medicines, to help make sure they were appropriate for the patient and would refer to the pharmacist if unsure. The pharmacist worked in an area where they had good oversight of the medicines counter, so was able to closely supervise the new assistant until she completed her training. 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 and was kept locked when not in use. 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. PPE was available, but staff were no longer routinely wearing face masks. The dispensary was located behind the medicine counter and access was restricted by a gate.

Principle 4 - Services ✓ Standards 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 stock medicines from licensed suppliers, and it carries out some checks to make sure that they are kept in good condition.

Inspector's evidence

The pharmacy entrance was level and had 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. The pharmacy team were heard confirming names and addresses before medicines were handed out, to make sure the patient was 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 confirmed that the pharmacy currently supplied four regular patients 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. The pharmacist said he was also able to access educational material online, which could be printed off and supplied if medicines needed to be 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. 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. A random sample of stock was examined, and 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. Both were equipped with Maximum/minimum thermometers and daily temperature checks were recorded on the pharmacy computer.

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. But no records were available to show what action the pharmacy had taken in response.

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 the 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.