

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 96 Capesthorne Road, Orford, WARRINGTON,  
Cheshire, WA2 9LN

**Pharmacy reference:** 1029814

**Type of pharmacy:** Community

**Date of inspection:** 01/02/2024

## Pharmacy context

This community pharmacy is in a residential area in the town of Warrington, Cheshire. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy supplies some people with their medicines dispensed in multi-compartment compliance packs, designed to help people remember to take their medicines. And it delivers some medicines to people's homes.

## 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
<b>1. Governance</b>	Standards not all met	1.2	Standard not met	The pharmacy does not keep adequate records when mistakes are made in the dispensing process and there is no evidence of learning from mistakes to improve patient safety.
		1.6	Standard not met	The pharmacy does not maintain all its legal records involving higher-risk medicines as it should. And it does not resolve identified issues in a timely manner.
<b>2. Staff</b>	Standards not all met	2.1	Standard not met	The pharmacy does not always have a sufficient number of suitably trained team members to manage the dispensing workload safely.
<b>3. Premises</b>	Standards not all met	3.1	Standard not met	The pharmacy's dispensary area is excessively cluttered and untidy. This increases the risk of a trip or a fall and compromises safe dispensing.
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy does not store all its medicines appropriately. And it does not complete adequate checks of them to ensure it supplies them to people safely.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy team does not make adequate records when it makes mistakes in the dispensing process. And there is no evidence of learning from mistakes to improve patient safety. The pharmacy does not maintain all its legal records as it should. It keeps people's sensitive information secure, and the team is suitably equipped to help safeguard vulnerable adults and children.

### Inspector's evidence

The pharmacy held electronic standard operating procedures (SOPs). Team members were unable to access the SOPs during the inspection and so they were not inspected. A dispenser had been working at the pharmacy for two weeks and had not accessed the SOPs in that time. The responsible pharmacist (RP) explained they were familiar with the SOPs and was made aware by the pharmacy's head office team when a new SOP had been issued.

Pharmacy team members had access to an electronic system to record mistakes made during the dispensing process. These were called near miss errors. The team felt they didn't have time to record details of near miss errors or discuss them and consider ways to prevent a similar mistake from recurring. And so may have missed out on the opportunity to learn from mistakes and make changes to ways of working to improve patient safety. The pharmacy had a process for near misses and dispensing incidents to be analysed each month to help identify trends or patterns. However, this process had not been completed for several months. The RP explained that they had been made aware of a dispensing incident on the morning of the inspection. However, the RP was not aware of how he could report the incident and didn't have the time to call for head office support.

The pharmacy had a procedure to support people in raising concerns about the pharmacy. It was outlined within a leaflet stored in the pharmacy's consultation room. Any concerns or complaints were usually raised verbally with a team member. If the team member could not resolve the complaint, it was escalated to the pharmacy's superintendent pharmacist (SI) team.

The pharmacy had current professional indemnity insurance. The pharmacy was displaying an RP notice which showed the full name and GPhC registration number of the RP on duty. A sample of the RP record inspected was completed correctly. The pharmacy held electronic controlled drug (CD) registers. The balances recorded in the registers were scheduled to be checked against physical stock each week to make sure they matched. However this process had not been completed for several months. A random check of two CDs showed that the physical stock did not match what the pharmacy had recorded in its registers.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate container to avoid a mix up with general waste. The confidential waste was periodically destroyed via a third-party contractor. Team members understood the importance of securing people's private information. They described how they offered people the use of the pharmacy's consultation room if people felt uncomfortable discussing their health in the retail area. The team members present during the inspection confirmed they had completed training on General Data Protection Regulation (GDPR). The RP had completed safeguarding training via the Centre for Pharmacy Postgraduate Education (CPPE).

Team members were unaware if the pharmacy had a safeguarding reporting policy or procedures, to support them in raising a safeguarding concern.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy does not have a sufficient number of team members to manage the dispensing workload safely. It provides its team with training material to support them in updating their knowledge and skills. But team members are unable to take the time to train during working hours.

### Inspector's evidence

The pharmacy team was working under significant pressure throughout the inspection. The RP had been working at the pharmacy for several weeks. They were supported by one full-time, qualified pharmacy assistant who had worked at the pharmacy for two weeks. The pharmacy employed another full-time, qualified pharmacy assistant who was on leave. The pharmacy didn't have a regular pharmacist or a manager. Three managers had left the pharmacy in the last 18 months.

The team was significantly behind with its dispensing schedule. Prescriptions issued several days before the inspection had not been dispensed. Team members explained many people were presenting at the pharmacy expecting to collect their medicines but were asked to wait or come back later while the team dispensed their medicines. The RP had taken the decision to close the pharmacy for an hour in the afternoon. The RP explained this step was taken to give the team time to dispense without distractions, such as people asking to speak to the RP for advice about their health. The pharmacy assistant was observed completing sales of medicines. They asked appropriate screening questions and involved the RP when necessary to ensure sales were appropriate.

The pharmacy had an online training programme for its team members to use. The programme consisted of several online modules based on healthcare topics and the pharmacy's SOPs. The pharmacy assistant was aware of the programme but was not sure how to access it. The RP confirmed that team members had not been provided any time to complete any learning since they had started working at the pharmacy.

The pharmacy supplied some people with medicines in multi-compartment compliance packs. The team was due to dispense many of these packs within the next few days however the pharmacy assistant present during the inspection had not completed any training for dispensing the packs. The RP had asked the pharmacy's area manager for additional staff support. Some support had been arranged for the week after the inspection.

## Principle 3 - Premises Standards not all met

### Summary findings

Some areas of the pharmacy are excessively cluttered and untidy. This increases the risk of a trip or a fall and compromises safe dispensing. The pharmacy has a suitable consultation room that people can use to have private conversations with a pharmacy team member.

### Inspector's evidence

The dispensary was spacious with several benches used for dispensing. The benches were full with baskets containing medicines. The RP used a separate bench to complete the final check of prescriptions. The pharmacy had sufficient space to store its medicines however, the dispensary floor was cluttered with boxes containing medicines that had been delivered to the pharmacy. The team had not had the time to unpack the boxes and store the medicines on the dispensary shelves. The boxes created a risk of a trip or fall. The retail area and the dispensary were generally well maintained. The pharmacy had a rear storage area, staff room and a first-floor storage room. The rear storage area was untidy and floor spaces were cluttered with boxes and retail material. Peeling plaster had fallen from a wall onto the stairs leading to the first floor. Many miscellaneous items were stored on the first floor. This included baskets of medicines that had been returned by people for destruction. Some of these medicines had dispensing labels affixed to them dating as far back as 2015.

There was a spacious and tidy consultation room available for people to use to have confidential conversations with team members about their health. The pharmacy had separate sinks available for hand washing and for the preparation of medicines. Team members controlled unauthorised access to restricted areas of the pharmacy. Lighting was bright in the dispensary and retail area. However, the first floor was poorly lit. The room had low beams which were difficult to see, and this created a risk of injury. The room was not actively used and team members had not entered it for a significant period of time.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy team doesn't store and manage all its medicine as it should. And there is a risk it may supply some medicines that are not fit for purpose. The pharmacy's services are suitably accessible to people.

### Inspector's evidence

The pharmacy had level access from the street. Its opening times were clearly advertised. It had the facility to provide large-print labels to people with a visual impairment. 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 were aware of recently issued legislation to ensure people received valproate in the original manufacturers packaging.

Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. However, much of the pharmacy's recently delivered medicinal stock had not been unpacked from their boxes. Team members were seen picking medicines directly out of the boxes to dispense. This practice further increased the risk of errors being made.

The pharmacy offered an optional delivery service and kept records of completed deliveries. The pharmacy had prescriptions assembled at the pharmacy's offsite hub pharmacy. Team members inputted data from each prescription onto the pharmacy's computer system. However, they didn't often find the time to do this. The team had not dispensed most of the prescriptions it had received four days before the inspection. The team was observed apologising to people if their prescriptions had not been dispensed on time. And asking them to return to the pharmacy at an agreed, later time.

The pharmacy had a process for the team to follow to ensure medicines were within their expiry date before being supplied to people. However, the team was unable to demonstrate any records to confirm when the process had been completed. Team members were not seen checking the expiry dates of medicines during the dispensing process. 10 expired medicines were found following a check of around 30 randomly selected medicines. The expired medicines were brought to the attention of the RP who removed them from the dispensary and gave assurances they would be destroyed following the completion of the inspection. The pharmacy kept most of its prescription-only medicines on shelves and in drawers in the dispensary. These medicines were kept untidily in several areas. Medicines that had similar names or of different strengths were stored on top of each other and not separated. This increased the risk of picking errors being made during the dispensing process. The pharmacy used two clinical-grade fridges for storing medicines that required cold storage. Team members had recorded the temperature ranges of the fridges on some days. On most of these days the ranges, including the day of the inspection, were outside of the accepted range, however this had not been reported to the RP. The RP gave assurances they would raise this with the pharmacy's head office for advice following the inspection.

## 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 appropriately to help protect people's confidentiality.

### Inspector's evidence

The pharmacy used a range of CE marked measuring cylinders. There was a suitable, electronic blood pressure monitor to support the team in measuring people's blood pressure.

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

### 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.