

# Registered pharmacy inspection report

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

**Pharmacy reference:** 1029814

**Type of pharmacy:** Community

**Date of inspection:** 01/08/2024

## Pharmacy context

The 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 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
<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 suitably assesses the risks associated with its services. And the team has up-to-date written procedures to help them work consistently and provide services safely. They keep people's confidential information secure, and they know their role in helping protect vulnerable people's welfare. They mostly keep accurate records as required by law. And team members record and learn from mistakes they make whilst dispensing.

### Inspector's evidence

The pharmacy had a range of electronic standard operating procedures (SOPs), which were relevant to its services. These included for controlled drug (CD) management, responsible pharmacist (RP) regulations and for the NHS services it provided. The SOPs were available to view on the company's intranet and by individual log-in to training records. A dispenser demonstrated their training records for SOPs, which were up to date. Of the sample checked the review dates were due in 2025. The correct RP notice was displayed, and team members were aware of their roles and responsibilities. Each SOP detailed the responsibilities for different roles, to make it clear which tasks certain team members could and couldn't perform.

Pharmacy team members recorded near miss errors on a paper log. These were mistakes identified during the dispensing process. And from the records seen, regular entries were made each month, which was an improvement since the previous inspection. There were some basic actions and learning documented, mainly for team members to be careful and double check their work. The team leader demonstrated that following near miss selection errors of gabapentin, the different strengths were stored on different shelves to help reduce the risk of the same mistake happening again. The team transferred these paper records to an electronic platform to allow the data to be analysed. Any complaints and dispensing incidents were entered onto this electronic system. This meant the superintendent (SI) team had visibility of errors and complaints. The team leader produced a monthly patient safety report from the data on the system and discussed the report with the team. They received communications from the SI team about errors that had occurred in other pharmacies in the company. This allowed the team to learn from these mistakes. The pharmacy advertised to people how they could provide feedback about its services and team members understood the process to follow to record any complaints. They reported that the number of complaints had reduced since the last inspection, and people had recently commented on how the service had improved.

The pharmacy had current professional indemnity insurance. From a sample seen, most of the records required were completed correctly. This included CD register entries and private prescription records. There was an occasional missing sign-out time in the RP record and a certificate of conformity record for a recently supplied unlicensed medicine did not have the details of the prescriber completed. The frequency of CD checks of physical stock against the register balance had significantly improved since the last inspection and were completed weekly. For two CDs checked, the physical stock was correct against the register balance.

Team members had completed training on General Data Protection Regulation (GDPR) and knew how to protect people's privacy and confidential information. There was a privacy notice displayed, detailing how the pharmacy managed personal data. They separated confidential waste and stored it in a sealed

bin, which was collected by a third-party contractor. The pharmacist had completed safeguarding training via the Centre for Pharmacy Postgraduate Education (CPPE) and team members were aware of the pharmacy's safeguarding policy. They described if they had any concerns over vulnerable people they would speak with the RP and they identified people receiving medicines in multi-compartment compliance packs as potentially vulnerable and needed additional support. The pharmacist knew how to access local safeguarding contact details on the internet. The delivery driver explained how they referred any changes in health and behaviours of people they were worried about to the pharmacy team. And how on one occasion they had contacted the GP surgery when a person had fallen in their home. The pharmacy advertised the consultation room as a safe space, which supported people experiencing domestic abuse. The team had some knowledge about the service. There was a chaperone notice displayed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has sufficient team members, and they manage the workload in an organised and safe manner. They are suitably skilled and experienced to complete tasks confidently. Team members complete regular training, relevant to their role, to keep their skills up to date. And they feel comfortable to suggest and implement ideas to improve ways of working.

### Inspector's evidence

The personnel in the pharmacy team had changed since the previous inspection. The RP was a full-time, experienced employed pharmacist. They were working with two team members, the pharmacy's team leader, who was a dispenser and also a pharmacy technician in training. All team members had worked at other pharmacies owned by the company before, and so were experienced in the pharmacy's procedures and ways of working. A full-time dispenser had recently left employment and there was planned recruitment for the role but for 25 hours rather than full time hours. The team leader felt supported to raise any staffing concerns with their area manager. And another team member was aware of the whistleblowing policy and felt confident to raise concerns with the pharmacist and team leader in the first instance. Team members were seen communicating well with each other and workload was up to date and being managed well, which was an improvement from the last inspection. For example, the pharmacist had completed the daily checks and submission of prescription data for the prescriptions to be assembled at the company's hub pharmacy. And the dispenser responsible for the dispensing of medicines into multi-compartment compliance packs was managing the workload well, and completing the dispensing about a week in advance of when people needed their medicines. The delivery driver had many years of experience and was confident in their role.

The pharmacy had a wide range of online training modules for its team members, including healthcare topics and SOPs. A team member demonstrated their training record, which showed they completed regular learning. The trainee pharmacy technician was progressing with the qualification course and the pharmacist supported with any questions. The pharmacist had completed a range of continuous professional development training modules to ensure competence for the services delivered and their role in community pharmacy. The team was comfortable discussing mistakes that happened to ensure shared learning. And the trainee pharmacy technician had the support of the team leader to make changes to the way medicines in compliance packs were dispensed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean, tidy, and secure. They provide a suitable space for the pharmacy's services. Team members use a suitably sized, private consultation room for people to have confidential conversations and access services.

### Inspector's evidence

The pharmacy premises were clean, well maintained, secure and hygienic. The pharmacy had a maintenance log, and a recent issue had been reported and resolved. There were two areas to the dispensary, one area behind a full wall, which allowed privacy for dispensing, including for multi-compartment compliance packs, to be completed with few distractions. The pharmacist checked prescriptions in the other area, which had good visibility of the pharmacy counter to supervise advice and sales of medicines. Team members controlled unauthorised access to restricted areas of the pharmacy. There was enough bench space for labelling, dispensing, and checking. Some prescriptions awaiting checking were stored on shelving to avoid benches from becoming cluttered. The dispensary floor was mostly clear, with some neatly stacked empty wholesaler boxes stored in a pile awaiting collection. The team explained how they prioritised putting wholesalers' orders away to keep the dispensary clear from clutter. The pharmacy's rear storage area, staff room and first-floor storage room were tidy. The fire exit was kept clear. The first-floor storage area had been significantly cleared of the historical items that had cluttered the area at the last inspection. The stairs leading to the first floor were clear, with a handrail for team members to use.

There was a spacious and tidy consultation room for confidential conversations and the provision of services. The pharmacy had sinks for hand washing and for the preparation of medicines, with hot and cold running water. Lighting was bright in the dispensary and retail area. The first floor was poorly lit, and the room had low beams. These were highlighted with yellow tape to help reduce the risk of injury and the room was rarely used.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are suitably accessible to people. And it delivers its services safely and effectively. It sources its medicines from recognised suppliers. And it stores and manages its medicines as it should. It makes regular checks to ensure its medicines are safe to supply to people.

### Inspector's evidence

The pharmacy had level access from the street. Its opening times were clearly advertised, and it had healthcare leaflets and posters displayed to help people access services. The pharmacy advertised blood pressure checks and it provided the NHS Pharmacy First Service. There were up-to-date patient group directions (PGDs) for the service's treatment pathways. The pharmacy provided large print labels for people who needed them. There was a hearing loop in the consultation room. It was not currently working and although this had been reported to head office it was not yet resolved. The pharmacy delivered medicines to people at home, and the driver used an electronic handheld device, which planned the route for them. The medicines for delivery were stored in a separate area of the dispensary and the driver scanned the barcode on the name and address labels to create an audit trail of deliveries.

Team members helped reduce risk in the dispensing process by using baskets to hold people's prescriptions and medicines together. They initialled the dispensed by and checked by boxes on dispensing labels to keep an audit trail of which team members had been involved. And they used separate areas of the dispensary for labelling, dispensing, and checking prescriptions. The pharmacy scanned barcodes on medicine bags awaiting collection into specific storage locations in the retrieval area. This made it easier to locate people's prescriptions when they came to collect them, and it helped minimise the risk of people not receiving all items dispensed. Team members scanned the barcodes when handing out the medicines to people, which creating an audit trail in case of queries. Some prescriptions were assembled at the company's offsite hub pharmacy. The pharmacist processed these prescriptions and completed the clinical check in the mornings to ensure the information was submitted to the hub pharmacy in suitable time. The prescriptions were annotated to show which items were assembled at the hub and which were to be dispensed locally. The team matched up medicines returning from the hub with any items to be dispensed locally and stored them together on the retrieval shelves. The team was aware of the requirement for the pregnancy prevention programme for valproate and topiramate, and the pharmacist described the conversations they had with people. Team members were aware of the requirement to dispense valproate in the original manufacturer's pack and not to hide the warnings and the embedded patient card with the dispensing label.

The pharmacy dispensed some medicines into multi-compartment compliance packs. The processes were organised, with prescriptions ordered around a week in advance, so there was time to resolve any queries. The dispensing workload was up to date and the packs were ready in advance of people needing them. This had improved since the previous inspection. There were record cards, detailing people's current medication, dosage, and administration times, which were used alongside the prescriptions throughout the dispensing and checking process. And there was an event diary sheet for each person to record any changes to medication or conversations with other healthcare professionals. The pharmacy used a workload tracker, to monitor when each part of the process was complete.

The pharmacy obtained medicines from recognised wholesalers. Pharmacy-only (P) medicines were displayed behind the pharmacy counter, to help the pharmacist supervise sales. There were up-to-date records of expiry date checks completed and short-dated medicines had been highlighted with stickers to alert the team to use these first. And the team used stickers to indicate the date of opening for liquid medicines. Medicines were stored neatly on the shelves and those checked were found to be in date. The pharmacy had two medical fridges, and there were records of daily temperature checks. These records showed the fridge temperatures were kept within the required range and the temperatures of both fridges were in range during the inspection. The pharmacy stored pharmaceutical waste bins and sealed sharps bins tidily in the back room. The pharmacy team printed a copy of the medicine recalls it received, and signed and dated the sheet with the action taken. Recently actioned recall sheets were seen stored in a file.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Team members have access to the equipment they need to provide the pharmacy's services. And they use the equipment appropriately to protect people's confidentiality.

### Inspector's evidence

The pharmacy had equipment to provide its services. This included a range of CE marked measuring cylinders used for dispensing. And it had a blood pressure monitor to support the pharmacy's hypertension service, which had a date in 2025 when it needed re-calibrating or replacing. The team had access to reference resources, the internet and the company's intranet for up-to-date information on services and for clinical information.

The pharmacy stored dispensed medicines awaiting collection on shelves behind the pharmacist's checking area. This prevented people in the retail area seeing confidential information on prescriptions and name and address labels on bags. Computer screens were positioned so unauthorised people couldn't see any confidential information. And computers were password protected. There were cordless telephones, so 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.