

Registered pharmacy inspection report

Pharmacy Name: Hawkes Pharmacy, 52 Windermere Road,
CHELTENHAM, Gloucestershire, GL51 3PH

Pharmacy reference: 1031517

Type of pharmacy: Community

Date of inspection: 10/09/2024

Pharmacy context

This is a community pharmacy located in a small row of shops, in a residential area and close to the centre of Cheltenham, Gloucestershire. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter (OTC) medicines and offers a few services such as the New Medicines Service (NMS), local deliveries and Pharmacy First. And it supplies medicines inside multi-compartment compliance packs for many people if they find it difficult to manage their medicines at home.

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	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake, or they are undertaking accredited training.
		2.4	Good practice	The pharmacy has an environment where learning and development for team members is supported and encouraged.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy team ensures suitable checks are made for people prescribed higher-risk medicines and provides its services in a safe way.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy manages its risks appropriately and members of the pharmacy team have access to written instructions to help them to work safely. They understand how to protect the welfare of vulnerable people and can safeguard people's confidential information appropriately. The pharmacy largely keeps the records it needs to by law. And team members deal with their mistakes responsibly. But they are not always documenting details when they review them. This could make it difficult for them to show that they regularly spot patterns and prevent similar mistakes happening in future.

Inspector's evidence

This was a very busy pharmacy. Members of the pharmacy team understood their roles well and they knew what they could or could not do in the absence of the responsible pharmacist (RP). Team members had set tasks which helped manage risks and efficiently manage the workload. People using the pharmacy's services could easily identify the pharmacist responsible for the pharmacy's activities as the correct notice was on display. Staff worked in accordance with set procedures. This included standard operating procedures (SOPs) which provided the team with guidance on how to carry out tasks correctly. They were currently in the process of being updated. The pharmacy had an appropriate complaints and incident management procedure where any issues raised were dealt with by the superintendent pharmacist (SI) who routinely worked alongside the RP.

Staff explained that because the pharmacy's workspaces were limited and challenging, they had set jobs and worked in specific areas in the dispensary. After receiving deliveries from the wholesalers, one member of staff completed any outstanding prescriptions with owed medicines in one area, another member of staff processed all the prescriptions in the consultation room to generate dispensing labels, they were then placed into individual baskets ready to be assembled. Another team member was responsible for preparing multi-compartment compliance packs. The later explained that she ensured that there was enough bench space for her to work safely, that this was cleared before compliance packs were prepared and relevant stock ordered before assembly took place. There were also separate sections for both pharmacists to work and undertake the final accuracy-check of assembled prescriptions, if required which helped minimise distractions. The pharmacy's workspaces could have been tidier, but this was managed by the team and observed to be work in progress.

In addition, the pharmacy had accuracy checking technicians (ACTs) to assist with the workload. Pharmacists undertook a clinical check and details were marked on the prescription through a specific stamp. This helped identify that this stage had been completed. Once prescriptions were assembled, the ACTs could then conduct the final accuracy-check. They were not involved in any other dispensing process other than the final check, and there was an SOP to cover this process.

Errors that occurred during the dispensing process (near miss mistakes) were routinely seen to be recorded. Look-alike and sound-alike medicines were identified, different forms of some medicines were highlighted, and warning signs were present on dispensary shelves. This helped reduce the chance of selection errors occurring. Staff described always being made aware of mistakes and they frequently discussed details. However, the review was an informal process with no details documented which could help verify that this had taken place.

Staff had been trained to safeguard the welfare of vulnerable people. The pharmacists had been trained to level three and team members could recognise signs of concerns; they knew who to refer to in the event of a concern and contact details for the local safeguarding agencies were also easily accessible.

The pharmacy's team members had also been trained to protect people's confidential information. The team ensured confidential information was protected. No sensitive details were left in the retail area or could be seen from the retail space. Bagged prescriptions awaiting collection were stored in a way where personal information was not easily visible. Confidential information was stored and disposed of appropriately. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions. The pharmacy also displayed details about how it protected and maintained people's sensitive information.

The pharmacy had suitable professional indemnity insurance arrangements in place. The pharmacy's records were mostly compliant with statutory and best practice requirements. This included the RP record, a sample of electronic registers seen for controlled drugs (CDs) and the pharmacy's CD destruction register which held details about CDs returned by people for destruction. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records about emergency supplies and unlicensed medicines had also been appropriately completed. However, incorrect, details about prescribers had been documented within the electronic private prescription register.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have a range of skills and experience. They work well together and are supported by the owner. And the pharmacy provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

On the day of the inspection, the SI and regular, locum pharmacist was present, along with a pharmacy technician, two trained dispensers and a trainee medicines counter assistant (MCA). The latter was enrolled on appropriate accredited training to support this role. One of the dispensers was a regular, locum dispenser. The SI was also the owner of the pharmacy. The pharmacy routinely used locum staff and there were always two to three pharmacists present. At the inspection, the pharmacy had an adequate number of team members to support the workload. Some members of staff were on leave at the time and contingency cover was routinely arranged. Team members confirmed that they could manage dispensing and routine tasks and the pharmacy was up to date with this. People were also observed to be served promptly.

Staff were observed to support and assist each other when required. A positive rapport was observed between the team and the inspector was told that staff enjoyed working at the pharmacy. The MCA asked relevant questions before selling medicines and they referred appropriately. The SI supported staff to progress and develop their knowledge, they learnt about new topics or refreshed existing knowledge through online training resources and had access to training material through pharmacy support organisations. The team's performance was reviewed with them, and staff were confident to raise concerns as well as provide feedback. In turn, they described receiving constructive feedback from the SI.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises present a professional image and provide an adequate environment for people to receive healthcare services. The pharmacy is kept clean. And it has a separate space where people can have confidential conversations with the pharmacy team.

Inspector's evidence

The pharmacy was bright and professionally presented. It had suitable ambient temperature and ventilation for storing medicines and safe working. The premises were secure from unauthorised access. The retail area was clean and tidy with a few chairs for people to use while they waited. The dispensary was also suitably screened to enable privacy for the team to carry out dispensing tasks safely. The size of the pharmacy was, however, small in comparison to the volume of dispensing. This included the dispensary which had a limited amount of workspace for staff to carry out dispensing tasks safely. This was managed by the way that the team worked, as described under Principle 1. There was also a separate consultation room to hold private conversations and provide services. The room was small but adequate and clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. The pharmacy obtains its medicines from reputable sources, and it manages them appropriately. Members of the pharmacy team routinely identify people prescribed medicines which require ongoing monitoring, so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

Inspector's evidence

The pharmacy's front door had steps leading up to it. Staff explained that they helped people with restricted mobility or using wheelchairs to easily access the pharmacy's services by serving them at the door. The pharmacy also had a portable ramp that they could use if needed. The pharmacy's opening hours were displayed alongside posters indicating services provided and several leaflets advising about different health matters. Staff offered a separate area or the consultation room when required, they spoke slowly and clearly to help people to lip read, used written communication if needed and representatives where possible.

The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. The baskets were also colour coded which helped identify priority. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. The team routinely used this.

The pharmacy offered a delivery service for people who found it difficult to attend the pharmacy and the team kept suitable records about this service. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and no medicines were left unattended.

People who required compliance packs were initially assessed and had been identified as having difficulty in managing their medicines. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and additional records that were kept for each person were maintained and updated accordingly. This included when the team received details about changes after being discharged from hospital. Descriptions of the medicines inside the packs were provided, all medicines were removed from their packaging before being placed inside the compliance packs and patient information leaflets (PILs) were routinely supplied. Compliance packs were not left unsealed overnight.

Staff were aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). They ensured these medicines were dispensed in the original manufacturer's packs, that relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them and had identified people in the at-risk group who had been supplied sodium valproate. Team members routinely identified people prescribed medicines which required ongoing monitoring. They asked details about relevant parameters, such as blood test results for people prescribed these medicines, recorded this information, and routinely supplied the appropriate warning leaflets and cards when needed.

The pharmacy obtained its medicines and medical devices from licensed wholesalers. Short-dated medicines were identified. The team checked medicines for expiry and kept suitable records of when

this had taken place. CDs were stored securely and medicines requiring refrigeration were stored in a suitable way. Records verifying that the temperature of the fridge had remained within the required range had been appropriately completed. Medicines returned for disposal, were accepted by staff, and stored within designated containers. Sharps were also accepted provided they were in sealed bins. Drug alerts were received electronically. Staff explained the action the pharmacy took in response and relevant records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is suitably clean. And team members use them appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy's equipment included current and online access for reference sources, standardised conical measures for liquid medicines, appropriately operating pharmacy fridges and legally compliant CD cabinets. Triangle tablet counters included a separate one marked for cytotoxic use only. This helped avoid any cross-contamination. The pharmacy's equipment was clean and a certificate to verify that portable appliance testing had taken place in April 2024 was displayed. Computer terminals were password protected and they were situated in places which were not accessible to members of the public. Their screens were therefore not visible to people using the pharmacy which helped prevent unauthorised access. The pharmacy also had portable telephones which meant that conversations could take place in private if required.

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.