

Registered pharmacy inspection report

Pharmacy Name: Wymans Brook Pharmacy, Unit 1, Wyman Shopping Centre, Windyridge Road, CHELTENHAM, Gloucestershire, GL50 4RA

Pharmacy reference: 1031518

Type of pharmacy: Community

Date of inspection: 13/11/2024

Pharmacy context

This is a community pharmacy in a residential area of Cheltenham, Gloucestershire. The pharmacy dispenses NHS and private prescriptions, sells over-the-counter medicines, and provides health advice. It also offers a range of services such as the New Medicine Service (NMS), local deliveries, blood pressure checks, seasonal flu, and travel vaccinations as well as Pharmacy First. In addition, its team members provide medicines inside multi-compartment compliance packs for people who find it difficult to manage their medicines at home.

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
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.
		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	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

The pharmacy appropriately manages risks. Members of the pharmacy team understand their role in protecting the welfare of vulnerable people. The pharmacy generally maintains its records as it should. And team members deal with their mistakes responsibly. But they are not always documenting details when they are reviewed. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future.

Inspector's evidence

The pharmacy had current documented standard operating procedures (SOPs) which provided the team with guidance on how to carry out tasks correctly. The staff had read and signed them. Members of the pharmacy team understood their roles well. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display and this provided details of the pharmacist in charge of the pharmacy's operational activities.

Once prescriptions had been assembled, the responsible pharmacist (RP) usually carried out the final accuracy-check but the accuracy checking dispenser (ACD) could also assist with this. When the ACD undertook this task, the RP clinically checked the prescription first before other staff assembled it. The clinical check was marked on the prescription which helped identify that this stage had been completed. The ACD was not involved in any other dispensing process other than the final check, and there was an SOP to cover this process.

The pharmacy had ordered processes in place. Staff concentrated on one task at a time. They were observed to take care when dispensing, used prescriptions to select medicines against and if interrupted, they ensured relevant checks against the prescription, dispensing label and medicine took place again during the assembly process. Team members also worked in set areas and rotated tasks. Multi-compartment packs were prepared from a separate area in the dispensary.

The RP oversaw incidents, her process was suitable and in line with requirements. Staff routinely recorded their near miss mistakes. The details were reviewed and fed back during to staff to help reduce the likelihood of mistakes recurring. The team explained that medicines were rearranged, certain tablets and capsules were separated and highlighted to help with this. However, there were no details recorded about the review.

The pharmacy's records were largely compliant with statutory and best practice requirements. This included records for emergency supplies, unlicensed medicines, supplies made against private prescriptions and a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. Records to verify that fridge temperatures had remained within the required range had also been appropriately completed. However, the electronic RP record had gaps where pharmacists had not recorded the time that their responsibility ceased. This was discussed at the time.

Staff had been trained to safeguard the welfare of vulnerable people and the RP was trained to level

three. Team members could recognise signs of concerns, they knew who to refer to in the event of a concern and described managing concerns appropriately. Details about the pharmacy's chaperone policy was also on display. However, there were no relevant contact details present for the local safeguarding agencies. This could make it harder to raise concerns in a timely manner.

The pharmacy displayed details about how it protected people's sensitive data and staff had been trained to protect people's confidential information. Confidential waste was separated and disposed of appropriately. Documented details to provide guidance on maintaining people's privacy were also present for the team and computer systems were password protected. However, a member of staff's NHS smart card had been left within one computer terminal and was being used during the inspection. This person was not on the premises at the time and their password was known. The inspector was told that the pharmacy had a software issue which prevented certain team members smart cards from functioning and so they had been told to manage this situation in this way. The system was due to be updated in January when this would be fixed. However, this limits the pharmacy's ability to control access to people's confidential information.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team are suitably qualified for their roles. They work well together. 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

Staff at the inspection consisted of the RP, a trainee pharmacist, a pharmacy technician, ACD, dispensing assistant and a medicines counter assistant (MCA). An apprentice arrived towards the end of the inspection. The MCA had almost finished her accredited training and the ACD was undertaking the NVQ3 in dispensing. Both were provided with protected time at work to complete this. Staff wore uniforms and name badges and were up to date with the workload. The pharmacy's team members knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions were asked before selling medicines and repeat requests were monitored. All staff had been trained to provide additional services such as flu vaccinations and how to check people's blood pressure. Certificates to verify completed training were seen.

Staff received updates about new services or guidance through the company, emails, and instruction from the RP. There were also two noticeboards on display which conveyed relevant information. They were a close team, who worked well together with a good rapport observed. Discussions took place regularly and staff who prepared compliance packs used a notebook to communicate relevant details so other team members were kept informed. Formal performance reviews took place annually, and staff were provided with resources for ongoing training. This helped ensure they kept their knowledge up to date. Staff were confident to raise concerns. The pharmacy had some targets in place to achieve services. There was no pressure to complete services, most of the targets were achievable and the team had, for some services often surpassed what was expected of them. If staff did not manage to deliver on some of them, there were no repercussions in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are professional and provide a suitable environment to deliver healthcare services from. The pharmacy is clean, and secure. Its retail area is presented well. And the pharmacy has a separate space where confidential conversations or services can take place.

Inspector's evidence

The pharmacy's premises consisted of a medium sized retail area and dispensary with minimal staff areas at the very rear. The premises were bright, well ventilated, and very professional in appearance. Fixtures and fittings were modern. The pharmacy was secure against unauthorised access and kept clean, tidy, and free from clutter. The dispensary had sufficient space to carry out dispensing tasks safely and store medicines. Although open plan, it was appropriately screened in some locations to promote privacy when preparing people's medicines. Signposted consultation rooms were available to provide services and hold confidential conversations. They were suitable for their intended purpose and accessible for people with wheelchairs.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services appropriately and efficiently. It's team members help ensure that people with different needs can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers and manages them suitably. But the pharmacy's team members are not always identifying people who receive higher-risk medicines, making the relevant checks or recording this information. This makes it difficult for them to show that people are routinely given the right advice when they supply these medicines.

Inspector's evidence

People could enter the pharmacy from an automatic front door with sloped access leading to it. The retail area consisted of clear, open space which helped people with restricted mobility or using wheelchairs to easily access the pharmacy's services. There were four chairs inside the pharmacy if people wanted to wait for their prescriptions and a car park at the rear of the premises. Staff could make suitable adjustments for people with diverse needs as they knew and recognised people who routinely used their services. This included using the consultation room, providing written communication, using representatives, physically assisting people if needed and speaking slowly and clearly to allow people to lip read. Details about some of the pharmacy's services as well as its opening times were clearly advertised, and the pharmacy had some details on display to provide information about various health matters.

The workflow involved prescriptions being prepared by staff in set locations and the RP checked medicines for accuracy from a separate area. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. They were also colour coded to highlight priority and different workstreams. 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. Team members routinely used these as an audit trail.

The pharmacy's stock was generally stored appropriately although some sections could have been tidier. Licensed wholesalers were used to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and short-dated medicines were routinely identified. There were no date-expired medicines seen. Dispensed medicines requiring refrigeration and CDs were stored within clear bags. This helped to easily identify the contents upon hand-out. CDs were stored under safe custody. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were within appropriate containers. Drug alerts were received electronically and actioned appropriately with suitable records kept verifying this.

The pharmacy was registered with the National Travel Health Network and Centre (NaTHNaC) to administer yellow fever vaccinations and the RP was accredited to vaccinate people requiring this as well as other travel vaccinations. The PGDs to authorise this and to supply medicines under the Pharmacy first service were also readily accessible and signed by the RP. People requiring compliance packs 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. Changes and queries were checked appropriately, and the records were updated accordingly. Descriptions of the medicines inside the packs were provided but patient information leaflets (PILs)

were not routinely supplied. This is a legal requirement and risked people not having up to date information about their medicines. Staff were aware of the risks associated with valproates. They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them. Team members identified people who had been prescribed other higher-risk medicines which required ongoing monitoring. However, they did not routinely ask details about relevant parameters such as blood test results, nor were any recent records kept verifying that this occurred.

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 clean.

Inspector's evidence

The pharmacy's equipment and facilities included access to reference sources, a range of clean, standardised conical measures for liquid medicines, tablet counting triangles, legally compliant CD cabinets and appropriately operating pharmacy fridges. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Relevant equipment for the Pharmacy First service included an otoscope, thermometer, and tongue depressors. Computer terminals were positioned in a location that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and confidential waste was suitably disposed of.

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.