

Registered pharmacy inspection report

Pharmacy Name: Chesterton Pharmacy, 16 Chesterton Lane,
CIRENCESTER, Gloucestershire, GL7 1XQ

Pharmacy reference: 1031527

Type of pharmacy: Community

Date of inspection: 03/08/2022

Pharmacy context

This is a community pharmacy along a small parade of shops close to the centre of Cirencester, Gloucestershire. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter medicines, offers a delivery service, supplies medicines to people in residential care homes and inside multi-compartment compliance packs to people who find it difficult to manage their medicines.

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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy has not produced any evidence to show that it identifies and manages several risks associated with its services as indicated under the relevant failed standards and Principles below. There is evidence that things have gone wrong because of this.
		1.2	Standard not met	The pharmacy does not have a robust process in place to manage and learn from incidents. The pharmacy is not routinely recording details about incidents, complaints or near misses and there is no evidence of remedial activity or learning occurring in response to mistakes.
2. Staff	Standards not all met	2.2	Standard not met	Not all members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they carry out. The pharmacy is not meeting the GPhC's 'Requirements for the education and training of pharmacy support staff' as one member of the pharmacy team has been working at the pharmacy for longer than three months and is undertaking tasks without being enrolled on accredited training appropriate for this. In addition, there are no resources provided to the staff to help keep their skills and knowledge current. Nor are staff effectively trained before taking on additional responsibilities.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy is not managing its medicines in a satisfactory way. This compromises the safe supply of medicines and medical devices. The team has not consistently been checking medicines for expiry. The pharmacy has some date-expired medicines in amongst its stock and short-dated medicines are not identified.
		4.4	Standard not met	The pharmacy cannot fully verify that it has the appropriate procedures in place to raise concerns when medicines or medical devices

Principle	Principle finding	Exception standard reference	Notable practice	Why
				are not fit for purpose. No specific emails were located about the drug alerts issued by the Medicines and Healthcare products Regulatory Agency and team members cannot fully demonstrate that they have actioned the drug alerts appropriately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy doesn't effectively identify and manage all the risks associated with its services. The pharmacy has mostly outdated procedures in place to help guide its team members and team members are not always following them. This is a direct result of the pharmacy's unstable staffing situation. The pharmacy is unable to fully demonstrate that it records all its mistakes or learns from them. And, it has not been able to show that it is maintaining all its records, in accordance with the law or best practice. But team members understand their role in protecting the welfare of vulnerable people. And the pharmacy protects people's private information appropriately.

Inspector's evidence

The pharmacy was inspected as a result of a number of concerns received by the GPhC from members of the public. This was a busy pharmacy, dispensing a large volume of prescriptions. The inspector was aware that the pharmacy had been struggling to recruit staff and the team confirmed that they had been significantly behind with the workload. They had mostly caught up at the point of inspection, but some routine tasks were not being completed because of the staffing situation (see below and Principle 4). It was evident however, that staff had been working extremely hard and in a somewhat high-pressured environment to try and maintain a safe service.

The pharmacy had documented standard operating procedures (SOPs) present, which should have provided guidance to the team on how to carry out tasks appropriately. However, some were dated as having been reviewed or created from 2011, others from 2015, 2018 and the odd few from 2020 in several different folders. There was also a complete new set of SOPs from the National Pharmacy Association (NPA) which could have sufficed for this purpose. The latter had not been annotated to reflect the pharmacy's current procedures, nor had they been read and signed by anyone. This situation risked confusing team members and indicated that the SOPs may not have been reviewed recently. The older SOPs had been signed by members of the team who had worked at the pharmacy for a few years but not by new staff members. Team members were not always working in line with the SOPs (see below and Principle 4). This was due to the lack of staff and no current management in place. However, they were a sensible team and understood their roles and responsibilities. There was no notice to identify the pharmacist responsible for the pharmacy's activities on display at the start of the inspection. The inspection took place shortly after the pharmacy opened but this was rectified when highlighted.

Once prescriptions had been assembled, the responsible pharmacist (RP) carried out the final accuracy-check but the accuracy checking technicians (ACT) could also assist with this. For the latter, the RP clinically checked the prescription first before it was assembled by other staff. The clinical check was marked on the prescription, previously with a stamp or initials marked clearly. This helped identify that this stage had been completed. The ACT was not involved in any other dispensing process other than the final check. However, she had not seen or read an SOP to cover this process. The ACT said that she had raised this previously and received no response. The inspector was also unable to locate a full SOP which specifically covered the ACT's role during the inspection.

Staff described incidents that had happened and they relayed details direct to the owner who was also the superintendent pharmacist. The responsible pharmacist's (RP) process to manage incidents was suitable. However, whilst there were procedures in place to record relevant details, there were no

documented details present at the pharmacy. The inspector was aware that mistakes had happened due to the nature of the concerns that the GPhC had received. The last recorded near miss mistakes seen were from 2021, they had been reviewed previously every month but not for the past several months. There had been no recent details recorded to verify that incidents had been reviewed, about the contributory factors, or the learning and action taken. This meant that there was no evidence that the near misses or incidents had been formally identified, reviewed, any trends or patterns identified, or that any remedial action had been taken in response. There was therefore no evidence that the pharmacy was currently and routinely identifying its mistakes or learning from them.

Team members were trained to protect people's confidential information and to safeguard the welfare of vulnerable people. Staff knew who to refer to in the event of a concern and contact details for the relevant agencies were seen. The responsible pharmacist (RP) was trained to level 2 through the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy team protected people's confidential information. Sensitive details could not be seen from the retail space. Confidential material was stored and disposed of appropriately. The pharmacy's computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

Some of the pharmacy's records were compliant with statutory and best practice requirements, others required improvement. A sample of registers were inspected 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 largely complete, records verifying that fridge temperatures had remained within the required range and records of unlicensed medicines had been completed appropriately. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association (NPA) and due for renewal after 30 June 2023. Out of date information including employer liability details were on display in the pharmacy but the inspector checked and verified the renewal with the NPA direct. However, the RP record had some details missing, prescriber information was incomplete from records of supplies made against private prescriptions and insufficient information had been documented to justify emergency supplies.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has an adequate number of staff to manage its workload safely. The pharmacy provides services using a team with different levels of experience. But some members of the team are carrying out tasks that they are not appropriately trained for or qualified in. And the pharmacy team is not provided with any additional resources to keep their skills and knowledge up to date. This adds unnecessary risks and can affect how well the pharmacy cares for people as well as the advice that it gives.

Inspector's evidence

The pharmacy had not had a regular pharmacist for several months. Staff at the inspection included a locum pharmacist, two locum dispensers, two part-time delivery drivers, a trained dispensing assistant, a relatively newly employed ACT, a retired pharmacist and a medicines counter assistant (MCA). There were also two other, new medicines counter assistants who had started working at the pharmacy within the last three months. The retired pharmacist had very recently come off the GPhC's register, she described working at the pharmacy as and when needed, as a dispenser for the past few months. Some of the pharmacy's staff had left recently, this included the manager and an ACT. The team described being behind and struggling to keep up with the workload, this included dispensing medicines inside compliance packs on the day they were due. They had mostly caught up with the workload at the point of inspection. Some routine tasks however, (as described under other principles) had not been completed. Overall, though, despite some of the issues seen, it was clear that the team had worked hard to recover some of the pharmacy's standards. They were observed to be a sensible, hard-working team, with different levels of experience who assisted each other where possible.

The MCA confirmed that she had been working at the pharmacy for the past four months. At the point of inspection, she had not been enrolled onto any accredited training for the counter assistant's role. She described calling the pharmacist for every query and before medicines were sold and handed out assembled prescriptions on her own. The MCA's role was therefore not in line with the GPhC's 'Requirements for the education and training of pharmacy support staff'. This specifies that support staff must be enrolled on a training course as soon as practically possible and within three months of starting their role.

The inspector was told that the owner had been to the pharmacy recently, but staff were not provided with any ongoing learning or training material, there were no team meetings, and no performance reviews held. Previous documented details of staff appraisals were seen from 2018. As the pharmacy had no members of management left, some staff had taken on additional responsibilities, but they said they had not been trained effectively on these areas and described the bare minimum being completed because of this.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises have enough space to deliver its services from. The pharmacy is suitably clean and secure. And the pharmacy has made some sensible adaptations to its premises to help reduce the spread of airborne viruses. But parts of it are cluttered.

Inspector's evidence

The pharmacy's premises consisted of a spacious retail space and dispensary with a separate area to assemble compliance packs and staff areas to one side. The pharmacy was clean, bright, and the retail space was professional in its appearance. Both dispensaries had enough space to carry out dispensing tasks safely. However, at the point of inspection, most of the benches in the main dispensary were taken up with prescriptions that needed checking or required assembly. Staff were observed to work in separate areas in safe ways, using baskets and concentrating on their tasks. There were also assembled bags of prescriptions stored on the floor which was a trip hazard or risked medicines being damaged. Staff were advised at the time to place these inside appropriate boxes to minimise this risk. The pharmacy had two sign-posted consultation rooms available for private conversations and services, one was quite small, the other large and spacious. However, both were also quite cluttered and could have been presented more professionally. The front section of the dispensary also had wires overhanging which were linked to the front PC although they were placed out of harm's way. The premises had been adapted to help prevent the spread of infection from COVID-19. A screen had been placed in front of the medicines counter to help shield the staff and there were markers on the floor to indicate where people could stand. This helped them to socially distance.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy doesn't always store and manage its medicines safely. It cannot show that the appropriate checks are made to ensure that medicines are not supplied beyond their expiry date. The current process is inadequate, and the pharmacy's records are unsatisfactory. The pharmacy cannot show that it routinely deals with safety alerts appropriately. The pharmacy's team members are not always identifying people who receive higher-risk medicines or making the relevant checks. And it is potentially risking supplying out-of-date prescriptions. But the pharmacy obtains its medicines from reputable sources. It delivers prescription medicines to people's homes appropriately and supplies medicines inside compliance packs in a suitable way.

Inspector's evidence

People could enter the pharmacy from the street through a wide, double front door. There was enough space inside the retail area for people with wheelchairs or restricted mobility to use the pharmacy's services. Sofa style seating for two people was available in the retail space for people to wait if required although, this looked a bit worn. There were some car parking spaces available outside the pharmacy and several leaflets were on display in one area of the retail space promoting health.

The pharmacy provided local deliveries and the team kept records about this service. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and if medicines were left unattended or posted through the letterbox, this could be justified with details documented and the situation risk-assessed. The pharmacy supplied many people's medicines inside compliance packs once the person's GP had identified a need and liaised about this. 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 the records were updated accordingly. Descriptions of the medicines inside the packs were provided and staff modified their processes at the inspection to ensure patient information leaflets (PILs) were routinely supplied in future.

Although staff could identify higher-risk medicines, they were not routinely identifying prescriptions for these medicines, asking specific and relevant questions about people's treatment nor recording this information. There were also out-of-date prescriptions in the prescription retrieval system (from December 2021, and a course of antibiotics from April 2022). Newer members of the team could not identify Schedule 4 CDs and they had not been highlighted to indicate their CD status or 28-day prescription expiry. There was therefore a risk that new or untrained members of the team could have inadvertently handed these medicines out. Team members confirmed that they were behind with removing date-expired prescriptions and had not checked for this routinely because of the staffing situation.

Staff generally prepared prescriptions requiring collection in the back section of the dispensary, the RP checked medicines for accuracy from another section, people waiting for their prescriptions were labelled and dispensed from the front section of the dispensary and a separate section in the dispensary was being used to assemble compliance packs. 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 which helped identify priority or deliveries. Once staff 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. Dispensed CD medicines were stored within clear bags. This helped to easily identify the contents upon hand-out.

The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. CDs were stored under safe custody and keys to the cabinets were maintained in a way that prevented unauthorised access during the day as well as overnight. Medicines returned for disposal, were accepted by staff, and stored within designated containers, this included sharps or needles provided they were within the appropriate containers.

There were, however, some issues seen with the pharmacy's management of its stock. Short-dated medicines had not been identified. The team had not been regularly checking the stock for expiry for the past several months. The most recent records of when this had been done were from 2021. A few date-expired medicines were seen on checking some of the dispensary shelves. Staff confirmed that they had not been undertaking this task routinely and were advised to routinely incorporate a date-check of each medicine into their accuracy checks when they dispensed prescriptions.

Team members confirmed that drug alerts and product recalls were usually received through the pharmacy's email account. They said that the stock had been regularly checked and appropriate action taken in response. However, on checking the pharmacy's email, there were no emails present to verify receipt of the recalls, nor could an up-to-date audit trail be located which could verify that this process had been followed. The pharmacy therefore could not show that it had taken the appropriate action in response to affected batches of medicines.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And the team ensures they are suitably used to protect people's sensitive information.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources, online access and relevant equipment. This included counting triangles, clean, standardised, conical measures, appropriately operating fridges, legally compliant CD cabinets and a largely, clean sink that was used to reconstitute medicines. Hot and cold running water was available as well as hand wash and hand sanitisers. The pharmacy had its computer terminals positioned in a way and location that prevented unauthorised access. The team also had cordless phones available so that private conversations could take place away from the retail space if needed.

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.