

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: 27/02/2023

Pharmacy context

This is a community pharmacy in 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 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	N/A	N/A	N/A
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 has suitable systems to identify and manage the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. But some of its records could be better maintained.

Inspector's evidence

The pharmacy was inspected due to it failing standards at the previous inspection, six months ago. The inspector found the pharmacy's situation to have vastly improved since then. It was clean, tidy and organised with enough staff to manage the workload effectively. The pharmacy had standard operating procedures (SOPs) which provided the team with guidance on how to carry out tasks correctly. They had been read by the staff, team members understood their roles and worked in accordance with these procedures. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had several systems in place to identify and manage risks associated with its services. Team members described ensuring stock was put away quickly and the dispensary was free from trip hazards. One person labelled and generated dispensing labels and another dispensed the medicine(s) before the prescription was accuracy-checked by the responsible pharmacist (RP). Relevant details were double-checked against the prescription and by using different people in the process, this helped ensure mistakes were identified. The dispensary also had separate areas for different processes to take place. This included the assembly of multi-compartment compliance packs, labelling and the preparation of repeat prescriptions, assembled prescriptions requiring delivery and a section for the pharmacist to undertake the final accuracy-check of assembled prescriptions. When people came to collect their prescriptions, staff asked for all their information to verify the details. This helped minimise the likelihood of hand-out errors occurring. The RP's process to handle incidents was suitable and involved the situation being handled appropriately, formally reported and investigated to identify the root cause. The necessary changes were then implemented in-house. Staff routinely recorded their near miss mistakes. Trends or patterns were identified, and changes implemented to help minimise mistakes. Look-alike and sound-alike medicines were highlighted and separated, and the team's awareness raised.

Team members were trained to protect people's confidential information and to safeguard the welfare of vulnerable people through the Centre for Pharmacy Postgraduate Education (CPPE). The RP was trained to level three. Staff knew who to refer to in the event of a concern and contact details for the relevant agencies were seen. 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.

The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association (NPA) and due for renewal after 30 June 2023. Most of the pharmacy's records were compliant with statutory and best practice requirements, but some 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 complete as were records of unlicensed medicines. Records verifying that fridge temperatures had remained within the required range were seen but there were some gaps, the electronic RP record had some details missing, prescriber information was incomplete from records of supplies made against private prescriptions and on occasion, insufficient information had been documented to justify emergency supplies.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy's team members are suitably trained or now undertaking the appropriate training. And they have access to ongoing resources to keep their knowledge and skills up to date.

Inspector's evidence

Staff at the inspection included the RP who was a regular locum, four trained dispensing assistants, one of whom was a locum dispenser and two medicines counter assistants (MCA). The pharmacy's staffing profile also included an accuracy checking technician (ACT) and a few new members of staff.

Both MCAs at the inspection knew which activities could or could not take place in the absence of the RP and had some knowledge about the medicines that could be purchased over the counter. People were asked appropriate questions before they were sold and if unsure or if people requested more than one product, staff checked with the RP. They were supervised by trained members of staff. However, at the point of inspection, neither of the MCAs had been enrolled onto any accredited training for the counter assistant's role. This 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. One MCA had worked at the pharmacy for the past year, the other MCA's employment started at the beginning of November 2022. Both were keen to undertake further training and improve their knowledge. Confirmation was received following the inspection that the superintendent pharmacist (SI) had subsequently enrolled the relevant members of staff onto the appropriate accredited training.

The pharmacy was largely quiet with walk-in trade during the inspection but busy with dispensing prescriptions. The team was up to date with the workload. Staff were observed to be organised, they worked well and independently from the RP. Team meetings had been held recently and were described as taking place as and when required. Staff were also kept informed by the SI. Performance reviews were informal, but staff were given opportunities to complete additional training and progress. Team members undertook courses, used online resources and training materials from pharmacy support organisations to help keep their skills and knowledge current. They described recently learning about safe spaces, completing training on blood pressure and weight management.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises provide a suitable environment for people to receive healthcare services. It is clean and tidy, professionally presented and secure against unauthorised access. And it has a separate space where confidential conversations or services can take place.

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 professional in its appearance. It was clean and tidy, suitably ventilated and sufficiently bright. The ambient temperature was suitable for the storage of medicines. The pharmacy was also secure against unauthorised access. Both dispensaries were clear of clutter and had enough space to carry out dispensing tasks safely. Two signposted consultation rooms were available, one was quite small, the other large and spacious. The latter was usually used for private conversations and services, it was clean and tidy and suitable for its intended purpose. The second consultation room contained confidential waste and material. At the inspection this was being used by the locum dispenser and counter staff were always in the vicinity. Keeping the door to this room locked when it was not in use was advised at the time.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has safe working practices and provides useful services. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. Team members identify people with higher-risk medicines so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

Inspector's evidence

People could enter the pharmacy from the street through a wide and automatic 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 workflow involved prescriptions for people waiting being prepared, labelled and dispensed from the front section of the dispensary and those requiring collection, in the back section. The RP checked medicines for accuracy from a separate area and a separate section in the dispensary was 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.

The pharmacy's stock was stored in an organised way. Licensed wholesalers such as Alliance Healthcare, AAH and Phoenix were used to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were routinely identified. There were no date-expired medicines or mixed batches seen. Medicines were kept appropriately in the fridge and dispensed CDs were stored within clear bags. This helped to easily identify the contents upon hand-out. CDs were stored under safe custody and the keys to the cabinet were maintained in a way which prevented unauthorised access. 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. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

The pharmacy provided compliance packs after people's needs had been assessed. The team ordered prescriptions on behalf of people and kept schedules to highlight when different stages in the process had been completed. Staff identified any changes that may have been made, maintained individual records to reflect this and queried details if required. This included changes made to people's medicines after they were admitted and discharged from hospital. These details were also routinely obtained, and a noticeboard helped keep staff informed about this. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. Descriptions of the medicines inside the compliance packs were provided and a discussion held about ensuring patient information leaflets (PILs) were routinely supplied. The pharmacy offered a delivery service 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, this could be justified with

details documented and the situation risk-assessed.

People prescribed higher-risk medicines requiring compliance packs were provided with these medicines separately. Team members were also aware of 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, and had identified people at risk, who had been supplied this medicine. An audit was in the process of being completed. People were counselled accordingly, and educational material was provided upon supply. The team identified people prescribed higher-risk medicines and asked details about relevant parameters, such as blood test results for people prescribed these medicines. After obtaining this information, records were sometimes kept about this.

Travel vaccinations were provided by the SI who worked at the pharmacy one day a week. The RP explained that the NMS was very beneficial to people and numerous interventions had been made. This included people being switched to a different anticoagulant without the previous anticoagulant being stopped (such as being co-prescribed apixaban and rivaroxaban or rivaroxaban and edoxaban when one should have been stopped). Without the pharmacy's intervention, considerable harm could have resulted in these situations. Other examples provided included effectively identifying side effects and recommending dose titrations to help manage this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment it needs to provide its services safely. And its equipment is kept clean.

Inspector's evidence

The pharmacy held the necessary equipment needed to provide pharmacy services. This included current versions of reference sources, counting triangles, clean, standardised, conical measures, appropriately operating fridges, legally compliant CD cabinets and a 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's computer terminals were positioned in locations that prevented unauthorised access and cordless phones were 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.