

Registered pharmacy inspection report

Pharmacy Name: Cainscross Pharmacy, Cashes Green Road,
Cainscross, STROUD, Gloucestershire, GL5 4JG

Pharmacy reference: 1031585

Type of pharmacy: Community

Date of inspection: 29/05/2024

Pharmacy context

This is a community pharmacy located in a supermarket in Stroud, Gloucestershire. The pharmacy dispenses NHS and private prescriptions, sells a few over-the-counter medicines, and its team members provide health advice. The pharmacy offers COVID-19 and seasonal flu vaccinations, the New Medicine Service (NMS), local deliveries and Pharmacy First. And its team members provide multi-compartment compliance packs for some 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	1.2	Good practice	The pharmacy ensures that the safety and quality of its services are regularly reviewed and monitored. Team members routinely record, review and seek to learn from their mistakes.
2. Staff	Standards met	2.1	Good practice	The pharmacy has plenty of staff to support the volume of work and provide a safe and effective service.
		2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake. New staff and team members in training are appropriately supported and, or undertaking accredited courses.
		2.4	Good practice	Team members are provided with training resources which helps ensure their skills and knowledge remain current.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy's team members have embedded safe practice for people prescribed higher-risk medicines into their working routine.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy consistently meets the GPhC's standards. It has safe and effective processes in place and 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. And the pharmacy maintains its records as it should.

Inspector's evidence

The inspection took place mid-morning, and the inspector found the pharmacy to have organised processes in place, and plenty of capable members of staff. The pharmacy had current standard operating procedures (SOPs) which provided the team with guidance on how to carry out tasks correctly. The staff had read and signed them. Team members understood their roles well and worked in accordance with set procedures. They also had designated roles but rotated tasks and were observed to work independently of the responsible pharmacist (RP) in different areas of the pharmacy. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had strong internal processes and systems to identify and manage risks associated with its services. The premises were clean and tidy. Dispensing benches were kept clear of clutter aside from work in progress. The dispensary also had separate, and designated areas for different processes to take place. This included the assembly of multi-compartment compliance packs, labelling and the preparation of repeat prescriptions, and a section for the pharmacist to undertake the final accuracy-check of assembled prescriptions.

During the dispensary process, staff undertook a three-way check of prescriptions, medicine(s), and generated dispensing labels to ensure the correct product was supplied. The pharmacy had a complaints as well as an incident management policy. The RP's process to handle incidents was suitable and in line with requirements, it involved appropriate management of the situation, formal reporting, and investigation to identify the root cause. Necessary changes were subsequently made to minimise the risk of the mistake recurring.

Staff explained that dispensed prescriptions were handed back to them so that they could identify, highlight, and learn from their near miss mistakes. The details were routinely recorded, collated, and reviewed formally every month which helped identify any trends or patterns. Remedial activity was then undertaken to help minimise mistakes. The documented information seen helped demonstrate this, and discussions were held with the team to raise their awareness. Staff described patterns with errors involving incorrect strengths of medicines being selected, medicines involved were effectively separated and look-alike or sound-alike medicines were highlighted.

Once prescriptions had been assembled, the RP usually carried out the final accuracy-check but the accuracy checking dispensers (ACD) could also assist with this. The ACD was not involved in any other dispensing process other than the final check, and there was an SOP to cover this process. After the ACD undertook this task, the RP clinically checked the prescription.

The pharmacy's team members had been trained to protect people's confidential information and to

safeguard vulnerable people. They recognised people who could need assistance and signs of concern. They also knew who to refer to in the event of a concern. Contact details for relevant agencies were seen. The pharmacist had been trained to level three on this and staff to level one. The team ensured confidential information was protected. Confidential information was stored and disposed of appropriately. No sensitive details could be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were compliant with statutory and best practice requirements. This included 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. The RP record, records about supplies made against private prescriptions, of unlicensed medicines and records verifying that fridge temperatures had remained within the required range had all been appropriately completed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has plenty of staff to manage its workload appropriately. Members of the pharmacy team work well together. They have a range of skills and experience. And the pharmacy provides additional resources to help keep their skills and knowledge up to date.

Inspector's evidence

On the day of the inspection, the regular RP and manager were present. The pharmacy had, in total, twenty members of dispensing staff, most of whom were trained through accredited routes, a few were undertaking accredited training appropriate for their role, and some were new. The latter were being suitably supervised, had read the pharmacy's SOPs, and knew when to refer appropriately. There was also an accuracy checking technician who was on a period of leave and two ACDs. Staff worked a mixture of full-time and part-time hours. And they wore uniforms. Contingency plans for absences were in place. The team did not feel pressurised and were able to complete tasks properly and effectively. This included in advance of deadlines for example when preparing compliance packs. The inspector was also aware that this pharmacy had previously been short-staffed in comparison to the volume of work undertaken and at times, concerns had reached the GPhC about mistakes made. They were dealt with appropriately at the time. The manager explained that the pharmacy's ownership had changed and since then, the staffing levels had been reviewed, and more team members had been recruited. The pharmacy now had plenty of staff to manage its workload and the team was up to date with this.

The team's certificates of qualifications obtained were not seen but their competence was demonstrated. The pharmacy's team members knew which activities could take place in the absence of the RP. They asked relevant questions before selling medicines or products. Meetings and discussions took place regularly, the team used an electronic messaging application to help communicate and formal performance reviews occurred annually. Staff in training were provided with protected learning time at work to complete their course(s). Members of the pharmacy team were also provided with resources for ongoing training which helped ensure they continually learnt and kept their knowledge up to date. In addition, some staff had been appropriately trained to deliver additional services such as COVID-19 vaccinations.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy premises were located on the ground floor of the supermarket and to the left-hand side of the entrance. The pharmacy consisted of a very small retail area, two consultation rooms, a medium-sized dispensary behind the front medicines counter, with an enclosed area at the very rear. This was used to store some stock, one side by staff, and the central part of this area used to prepare and store compliance packs. Space in this section was limited but this area was enclosed which helped reduce distractions and errors for the team preparing the latter. In line with the pharmacy's volume of dispensing, the dispensary needed more but currently had an adequate amount of space to carry out dispensing tasks safely. The consultation rooms enabled private conversations and services to take place. The rooms were signposted, kept locked when not in use and were of an appropriate size for their intended purpose. The pharmacy was clean and tidy. The premises were suitably ventilated and bright, and the ambient temperature was suitable for the storage of medicines. The pharmacy was secured against unauthorised access. The pharmacy's retail space was professional in its appearance although its fixtures and fittings were somewhat dated but still functional.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has safe working practices. People can easily access the pharmacy's services and the pharmacy provides useful services. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. Team members regularly 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

The pharmacy's opening hours were on display along with some leaflets and posters which promoted health. Some seating was available if people wanted to wait for their prescriptions and timed car parking spaces available outside. People could enter the supermarket to use the pharmacy's services through wide, automatic doors which were at street level and step-free. And the pharmacy's retail area consisted of clear, open space. These measures assisted people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. Staff could also make suitable adjustments for people with different needs, they would use simple language, speak slowly and clearly to help people to lip read, or use the consultation rooms when needed.

The workflow involved prescriptions being prepared on one side of the dispensary, the RP checked medicines for accuracy from another section. 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 deliveries, collections, and acute prescriptions. 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 identified people prescribed higher-risk medicines. Stickers for different higher-risk medicines were attached to prescriptions during the dispensing process. On hand-out, relevant parameters, such as blood test results for people prescribed these medicines were asked about. After obtaining this information, records were kept about this. 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. People were counselled accordingly, and educational material was available to provide upon supply.

The pharmacy's stock was stored in an organised way. Licensed wholesalers were used to obtain medicines and medical devices. The pharmacy's team members date-checked medicines for expiry regularly, this included checking the expiry date when stock was put away and they 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. CDs were stored under safe custody and the keys to the cabinet were maintained in a way which prevented unauthorised access. Dispensed medicines requiring refrigeration and CDs were stored within clear bags. This helped to easily identify the contents upon hand-out. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were within sealed containers. Drug alerts and serious shortage protocols (SSPs) were received electronically and actioned appropriately. Records were kept verifying this.

The pharmacy provided compliance packs after people's needs had been assessed which involved a three-way agreement between the pharmacy, people requesting this service and the person's GP. Staff completed a specific assessment form to help verify this process. The team ordered prescriptions on behalf of people, any changes that may have been made, were identified. Staff maintained individual records to reflect this and queried details if required. Information about people's medicines when they were discharged from hospital were also routinely obtained and retained. 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 patient information leaflets (PILs) were routinely supplied.

People's medicines were delivered to them, and the team kept records about this service through a specific application. This helped verify and trace who had received their medicines in this way. CDs and fridge lines were highlighted. Failed deliveries were brought back to the pharmacy and notes were left to inform people about the attempt made. If people requested for their medicines to be left unattended in specific circumstances, staff assessed the risks of this practice, and they documented relevant details to help justify it.

SOPs, service specifications and Patient Group Directions (PGDs) to authorise services were readily accessible and had been signed by relevant staff, including the RP. Suitable equipment was also present which helped ensure that the service was provided safely and effectively (see Principle 5). The RP had also created an additional folder to help manage and support people requesting the Pharmacy First Service. This included information, leaflets, and guidance from the NHS which were provided as an adjunct under this service. People could have their BP checked by appropriately trained staff who explained that this service had helped identify people with undiagnosed BP. On occasion some people had required emergency assistance but after referral, people often returned with prescriptions for prescribed medicine(s). The RP explained that the NMS was also beneficial to people as the service had helped identify side effects associated with certain medicines and better enabled him to advise, face-to-face, on inhaler technique for people with asthma.

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. And the team ensures they are used appropriately to protect people's confidential information.

Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included access to current versions of reference sources, a range of clean, standardised conical measures for liquid medicines, counting triangles and a capsule counter, legally compliant CD cabinets and an appropriately operating pharmacy fridge. The dispensary sink for reconstituting medicines was clean and the pharmacy had hot and cold running water available. Additional equipment for the pharmacy's services included an otoscope, tongue depressors, a torch and BP machines which were new. Computer terminals were positioned in a location and manner that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and staff used their own NHS smart cards.

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.