

# Registered pharmacy inspection report

**Pharmacy Name:** Wotton Family Pharmacy, 43 Long Street,  
WOTTON-UNDER-EDGE, Gloucestershire, GL12 7BX

**Pharmacy reference:** 1031611

**Type of pharmacy:** Community

**Date of inspection:** 31/10/2024

## Pharmacy context

This is a community pharmacy in the centre of the market town of Wotton-under-Edge, Gloucestershire. The pharmacy dispenses NHS and private prescriptions. It's team members sell over-the-counter medicines and provide advice. And the pharmacy offers a few services such as Pharmacy First, the New Medicine Service (NMS) as well as local deliveries.

## 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  |
|--|-------------------|------------------------------|------------------|--|
| <b>1. Governance</b>                               | Standards met     | 1.2                          | Good practice    | The pharmacy regularly reviews and monitors the safety and quality of its services.  |
| <b>2. Staff</b>                                    | 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.                         |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A  |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A  |
| <b>5. Equipment and facilities</b>                 | Standards met     | N/A                          | N/A              | N/A  |

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has a range of suitable systems to identify and manage the risks associated with its services. Members of the pharmacy team regularly monitor the safety of their services by recording their mistakes and learning from them. They understand how to protect the welfare of vulnerable people. The pharmacy safeguards people's confidential information appropriately. And it maintains its records as it should.

### Inspector's evidence

This pharmacy had competent staff, efficient processes, and systems in place which helped promote safe practice. A range of suitable standard operating procedures (SOPs) provided guidance for the team on how to carry out tasks correctly. The staff had read and signed them. Members of the pharmacy team understood their roles well and worked in accordance with the pharmacy's set procedures. In line with legal requirements, the pharmacy displayed a notice to identify the responsible pharmacist (RP), and this had the correct details of the pharmacist in charge of the pharmacy's operational activities.

Members of the pharmacy team helped ensure their working practices were safe and minimised risks in different ways. They worked in different areas with a separate section for the pharmacist to work which helped minimise distractions and enabled them to supervise retail transactions easily. The pharmacy was clean and tidy with dispensary benches kept clear of clutter. Staff were observed to concentrate on one task at a time. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer and prescriptions requiring priority were highlighted.

Once staff generated the dispensing labels, there was no facility on them to help identify who had been involved in the dispensing process. However, the pharmacy's internal dispensing system recorded who had processed each prescription. The pharmacy's patient medication record (PMR) system also required the barcodes of medicines to be scanned during the dispensing process. This helped ensure the correct medicine was being dispensed as it prompted or alerted dispensing staff that they had selected an incorrect medicine. Medicines which had no bar code were manually processed and kept separate. Prescriptions for controlled drugs (CDs) were also kept separate and processed differently.

The RP undertook a clinical check of each prescription at the start of the dispensing process and details could be verified through the internal dispensing system. This helped identify that this stage had been completed. The accuracy checking dispenser (ACD) 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. There were also clear lines of accountability between the pharmacy team and staff knew what they were responsible for.

The regular RP managed incidents, their process was suitable, in line with requirements and documented details about this were available to verify the process. The pharmacy team consistently recorded their near miss mistakes, the details were regularly reviewed and documented. This helped them to identify trends and patterns. In addition, the pharmacy had a notice board in the dispensary which contained relevant safety information. This included visually identifying different medicines which looked-alike and sounded-alike (LASA's), as well as information about ensuring the safety for

people prescribed valproates.

Following the inspection and immediately outside the pharmacy, the inspector overheard people who used the pharmacy's services telling each other, as they walked down the street how "brilliant" the pharmacy was since its ownership had changed. This echoed the pharmacy's online reviews. The inspector also observed people to be served promptly and efficiently during the inspection.

The pharmacy's team members had also been trained to protect people's confidential information. Details were on display in the retail area explaining the pharmacy's privacy policy. No sensitive details were left or could be seen from the retail space. This included bagged prescriptions awaiting collection. Team members used their own NHS smart cards to access electronic prescriptions. They stored and disposed of confidential material appropriately.

Staff had been trained to safeguard the welfare of vulnerable people; the pharmacist 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 contact details for the local safeguarding agencies were readily accessible.

The pharmacy had current professional indemnity and public liability insurance. The RP record, records of supplies made against private prescriptions, records of unlicensed medicines and to verify that fridge temperatures had remained within the required range had all been routinely completed. A sample of registers seen for CDs had been maintained in accordance with legal requirements. 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 had also been maintained appropriately.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team has enough appropriately skilled staff to deliver the pharmacy's services. Members of the pharmacy team have a range of skills and experience. And the pharmacy provides them with sufficient support as well as the resources they need, so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date

### Inspector's evidence

The team on the day included the RP, who was the regular pharmacist and three trained dispensing assistants, one of whom was a regular locum and the other was an ACD and the supervisor. There were also two part-time medicines counter assistants (MCA) and a further trained dispensing assistant who were not present during the inspection. One of the MCAs was enrolled onto the appropriate accredited training for their role and the other was fully trained. In accordance with the pharmacy's volume of work, there was enough staff to appropriately support the workload. The team was also up to date with this. Team members ranged in their experience and the time that they had worked at the pharmacy. They were observed to be capable and efficient in their roles. They also worked well together. Staff knew which activities could take place in the absence of the RP and referred appropriately. They used appropriate sales of medicines protocols before selling medicines, knew which medicines could be abused and sales of them were monitored. Staff also felt supported by the new owners. They explained that they had annual performance reviews and were provided with resources for ongoing training. Certificates to verify this were seen. As they were a small team, they communicated verbally and received updates by email as well as through a group messaging service which helped keep the team informed about any changes or guidance.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises present a professional image and provide a suitable environment for people to receive healthcare services. The pharmacy is kept clean. And a separate space is available 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. There was also a separate consultation room to hold private conversations and provide services. The room was of an appropriate size and clearly signposted with lockable cabinets and appropriate equipment present. The dispensary had an adequate amount of space for staff to carry out dispensing tasks safely.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely. People can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. And team members routinely identify people who receive higher-risk medicines. They ensure that people are provided with appropriate advice when these medicines are supplied.

### Inspector's evidence

People could enter the pharmacy from the main entrance, which was wide and had a ramp as well as steps leading to it. The pharmacy's retail area consisted of wide aisles and clear, open space which further assisted people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. Staff described making reasonable adjustments for some people with different needs if this was required. This included providing people with written details, communicating verbally to people who were visually impaired, and they spoke slowly and clearly when needed.

The pharmacy provided local deliveries on certain days and the team kept records about this service. CDs and fridge items were highlighted. Failed deliveries were brought back to the pharmacy with notes left to inform people about the attempt made. Medicines were not left unattended.

Team members were aware of risks associated with valproates. Staff 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. The team also routinely identified and knew which people had been prescribed higher-risk medicines such as methotrexate, they asked about relevant parameters, such as blood test results for people prescribed these medicines and ensured people were suitably advised as needed.

The pharmacy offered a few services. This included Pharmacy First. The service specification, and legal frameworks [Patient Group Directions (PGDs)] to authorise this were readily accessible and had been signed by the RP. Suitable equipment was present which helped ensure that the service was provided safely and effectively (see Principle 5). The RP had been trained on how to use them. This service was described as useful and convenient for people requiring treatments for some common ailments. The RP also attended monthly meetings with the local surgery where they could discuss and highlight issues or identify training needs for certain people such as receptionists on the inclusion criteria for the services provided. This was said to have been well received.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were stored in a very organised way. The team checked medicines for expiry regularly and kept records of when this had taken place. Short-dated medicines were routinely identified. CDs were stored securely and the keys to the cabinet were maintained in a way which prevented unauthorised access. Fridge temperatures were checked daily. Records verifying this and that the temperature had remained within the required range had been appropriately completed. Medicines which were returned to the pharmacy by people for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were within suitable containers. A list identifying hazardous and cytotoxic medicines was also on display which helped staff to clearly separate these medicines. Drug alerts were received electronically and actioned appropriately. 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 clean. And team members use them appropriately to keep people's confidential information safe.

### Inspector's evidence

The pharmacy's equipment was suitable for its intended purpose. This included standardised conical measures for liquid medicines, triangle tablet counters and capsule counters. There were separate measures for methadone and equipment for measuring cytotoxic medicines was clearly highlighted. All the pharmacy's equipment was clean and washed regularly by the team. The pharmacy had an appropriately operating pharmacy fridge, legally compliant CD cabinets and access to current reference sources. Staff also had access to hot and cold running water. Additional equipment for services included an otoscope, tongue depressors, torch, a thermometer, and blood pressure machine which were new. Portable telephones helped conversations to take place in private if required. The pharmacy's computer terminals were password protected and their screens faced away from people using the pharmacy. Team members took their NHS smart cards home overnight or stored them securely which helped prevent unauthorised access. Staff had access to lockers to store personal belongings.

### 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.  |