

Registered pharmacy inspection report

Pharmacy Name: Taylors Pharmacy, 1-2 St. Owens Mews, St Owens Street, HEREFORD, Herefordshire, HR1 2JB

Pharmacy reference: 1031977

Type of pharmacy: Community

Date of inspection: 15/05/2023

Pharmacy context

This community pharmacy is located in Hereford city centre. There are several GP surgeries close by. The pharmacy dispenses prescriptions and sells medicines over the counter. It offers additional services including the New Medicine Service (NMS) and blood pressure monitoring. The pharmacy also supplies some medicines in multi-compartment compliance aid packs, to help make sure people take their medicines at the right time. It also operates an online non-prescription ordering system so district nurses can order stock items from the pharmacy, such as dressings.

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 met | N/A | N/A | N/A |
| 2. Staff | Standards not all met | 2.1 | Standard not met | The pharmacy does not have enough staff to manage the current workload. This means that pharmacy team members are working under increased pressure and that services are not being delivered as effectively as they could be. |
| 3. Premises | Standards not all met | 3.1 | Standard not met | The dispensary is cluttered and unorganised which increases the risk of mistakes. |
| 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

Pharmacy team members understand their roles and responsibilities. They keep people's private information safe and understand how to raise concerns to protect the wellbeing of vulnerable people. The pharmacy keeps the records it needs to by law and it has up to date procedures to help manage risks associated with the services it provides.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs) which covered the services provided. Pharmacy team members had signed the procedures as a record to show they had read them and agreed to follow them. Through discussion pharmacy team members demonstrated a clear understanding of their roles and responsibilities. And a medicine counter assistant (MCA) understood what activities could take place in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a certificate displayed in the dispensary was valid until December 2023.

The pharmacy had a near miss log. One team member was primarily responsible for ensuring that entries were captured on the log. There had been a lapse in recording when she was absent, which meant underlying patterns and trends may not be effectively identified. Pharmacy team members explained some of the changes that had previously been made in response to near misses which included separating medicines with similar names, and highlighting other 'look alike, sound alike' medicines, to help prevent picking errors. The locum pharmacist explained the action she would take in response to a dispensing incident, this included discussing the incident with the area manager, and seeking advice on how to record the error.

A complaint procedure was in place. The pharmacy had recently experienced some staffing issues which had impacted on the team's ability to deliver the services. Some people had become frustrated by this and so notices had been placed at the entrance advising people of the staffing shortages. Team members said that some people had written to head office to express their concerns about the pharmacy. General feedback and concerns raised with the pharmacy team were escalated to the pharmacist in charge on the day. Team members provided with the details of the pharmacy's head office if needed.

The correct RP notice was displayed at the medicine counter. The RP log was held electronically. In the sample portion viewed, there were several missing entries which meant it may not always be possible to identify who was responsible for the safe and effective running of the pharmacy at a set point in time. Records for private prescriptions and unlicensed specials were in order. Controlled drug (CD) registers kept a running balance.

The pharmacy had an information governance folder which contained several policies and procedures and a copy of its privacy notice was displayed near to the medicine counter. Pharmacy team members had signed confidentiality agreements and they were able to explain how they kept people's private information safe. Computer equipment was password protected and most team members held their own NHS Smartcards.

The pharmacist had completed safeguarding training and she discussed some of the types of concerns that might be identified. The pharmacy had resources explaining how to escalate concerns to local safeguarding agencies, if required. A chaperone policy was also in place, and this was displayed near to the medicine counter.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not have enough staff to manage the current workload. This means that pharmacy team members are working under increased pressure and that services are not being delivered as effectively as they could be. The pharmacy provides some access to ongoing learning and development, but a lack of available training time means that the pharmacy may not always be able to demonstrate how its team members stay up to date.

Inspector's evidence

The pharmacy team comprised of a locum pharmacist, a registered pharmacy technician, three dispensing assistants and two MCAs. The pharmacy employed four other MCAs who were not present on the day. All team members worked part-time. The staffing profile within the pharmacy was not sufficient to manage the current dispensing workload, which had increased in recent weeks due to the closure of a nearby pharmacy. Three team members, one of whom was the pharmacy manager, had left within the last six months and had not been replaced and another team member was on long term sick leave. Two team members who worked part time were working additional hours on their scheduled days off, to provide support but there was a backlog in dispensing of over one week. The backlog and increased pressure had also led to the pharmacy becoming unorganised. Team members had to search for prescriptions in multiple locations, which caused large queues to form at the pharmacy entrance. The backlog in dispensing workload had also impacted on other tasks in the pharmacy with team members struggling to complete house-keeping activities such as date checking. The pharmacy was experiencing difficulty in recruiting, including locum support. Team members were required to apply for overtime in advance, which made it difficult to be flexible to the changing demands of the workload.

Pharmacy team members had access to some additional training which was released by the company. New modules were communicated via email, but team members had not completed any recent modules, due to lack of time. Team members had not had a recent review to help identify and address any potential learning and development needs.

Pharmacy team members worked well together, but moral was low due to ongoing problems with workload. The team members were happy to raise feedback and concerns, but they did not always feel that their concerns were addressed and there seemed to be a lack of leadership within the pharmacy. There were targets or incentives in place for some additional services offered by the pharmacy, but the team said that their main focus was on ensuring prescriptions were dispensed safely.

Principle 3 - Premises Standards not all met

Summary findings

The dispensary lacks space which impacts on general organisation. This may cause health and safety issues and increases the risk of medicines being mixed up. The retail area of the pharmacy is well maintained and professional in appearance. There is a consultation room where people can speak to pharmacy team members in private.

Inspector's evidence

The pharmacy was well maintained and professional in its appearance. The retail area stocked a range of goods which were suitable for a healthcare-based business and pharmacy restricted medicines were secured behind the medicine counter. The dispensary was fitted with large work benches and shelving units to store medicines but it lacked space for the current workload. Workbenches for dispensing were cluttered and filled with prescription baskets which were stacked in some instances four baskets high. Pharmacy team members were using stacked tote trays as a base on which to dispense due to the lack of workbench space. The lack of space increased the risk of mistakes happening. Several items including excess stock medicines and spare tote trays were being stored on the floor, which created a trip hazard. Medicines were also being stored at the top of shelving units in the dispensary. Team members were unable to reach this area using ladders provided by the pharmacy and were standing on workbenches to reach medicines stored on the highest shelves. This was a health and safety risk. There was a separate sink for the assembly of medicine. At the time of the inspection, this was awaiting a repair and a sink in the staffing area was being utilised. This sink was clean and appropriately maintained.

Pharmacy team members had access to a tearoom area in an adjacent flat and a staff WC. The lighting and ambient temperature throughout the premises were suitably maintained.

The pharmacy had a consultation room, which was compact but suitably maintained. It was signposted from the retail area and equipped with a desk and seating to enable private and confidential discussions.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy suitably manages its services. Team members identify people on high-risk medicines for additional counselling. The pharmacy gets its medicines from reputable suppliers, and team members carry out some extra checks to make sure they are in suitable condition. But the pharmacy cannot always demonstrate that it has appropriate systems in place to make sure it stores and manages its medicines appropriately.

Inspector's evidence

The pharmacy services were accessible and were advertised at the pharmacy entrance. Team members used resources including the internet to signpost patients to other services as required and a range of health promotion material was available in the retail area.

Prescriptions were dispensed using baskets, but these were stacked in large piles on workbenches which may increase the risk of medicines being mixed up. A colour coded system had been in place to prioritise inspections, but due to the backlog in workload, this was no longer effective. Delivery, waiting and call-back prescriptions were all highlighted to the pharmacist. Owing slips were provided when the full quantity of medicine could not be supplied, and team members signed dispensed by and checked by boxes as an audit trail for dispensing.

Stickers were used to highlight prescriptions for high-risk medicines so additional counselling and monitoring could be provided. The pharmacist was aware of the risks of supplying valproate-based medicines to people who may become pregnant. The pharmacist was not aware if the pharmacy dispensed prescriptions for any person who fell within the at-risk category. Prescriptions for CDs were highlighted to help ensure that medicines were supplied within the valid expiry date.

The pharmacy supplied some medicines in multi-compartment compliance aid packs. A pharmacy team member ordered prescription medication and an audit trail was kept identifying any unreturned prescriptions. Each patient had a communication record sheet which recorded a master list of their medicines and the details of any changes. Completed compliance aid packs contained descriptions of individual medications and patient leaflets were supplied.

The pharmacy completed non-prescription orders for supplies for district nurses. The order system was checked daily, and orders were placed with a reputable supplier before being delivered to the relevant GP surgery.

Signatures were obtained for deliveries, with additional records in place for the delivery of controlled drugs. Medicines from failed deliveries were returned to the pharmacy.

The pharmacy sourced its medicines from reputable suppliers and unlicensed specials from a specials manufacturer. A date checking matrix was in place, but this had lapsed due to the backlog in workload. Pharmacy team members were checking the expiry date of medicines at the time of dispensing. Several expired medicines were identified during random checks of the dispensary shelves. Expired and obsolete medicines were stored in medicines waste bins. Alerts for the recall of faulty medicines and medical devices were received via email, alerts were actioned, and a report was issued to head office

confirming the action that had been taken.

The pharmacy refrigerators were fitted with maximum and minimum thermometers, and both were within the recommended temperature range on the day. A temperature monitoring log contained multiple gaps so, the pharmacy was not always able to demonstrate that medicines were being stored appropriately. CDs were stored appropriately, and random balance checks were found to be correct.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. Pharmacy team members use equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to a British National Formulary and internet access was available to facilitate further research. There was a range of Crown Stamped and ISO approved liquid measuring cylinders and counting triangles for tablets were also available. The equipment seen was clean and suitably maintained.

Electrical equipment was in working order and had been PAT tested. Computer systems were password protected and screens faced away from public view. Cordless phones were available to enable conversations to take place in private.

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. |