

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: 08/12/2023

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 NHS New Medicine Service (NMS), blood pressure testing and emergency hormonal contraception. Flu vaccinations and a substance misuse service are also available. The pharmacy also supplies some medicines in multi-compartment compliance aid packs, to help make sure people take their medicines at the right time.

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 suitably identifies and manages risks. Its team members understand their roles and they follow written procedures to help make sure they work effectively. Team members raise concerns to help protect the wellbeing of vulnerable people, and they record their mistakes to help them learn and improve. The pharmacy keeps people's private information safe, and it maintains the records it needs to by law.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering the tasks and activities within the pharmacy. The procedures were in the process of being reviewed and a cover letter from the pharmacy's head office confirmed that this process was ongoing. Pharmacy team members signed training records to confirm their acknowledgement and understanding of the procedures. Team members were clear about their roles and responsibilities and a medicine counter assistant clearly explained the activities which could and could not be completed in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a certificate displayed was valid until the end of December 2023.

Pharmacy team members recorded their near misses onto a paper record sheet, before they were transcribed onto an electronic system. The system analysed near misses at the end of each month and any patterns or trends were discussed with team members. A team member explained how shelf edge warning labels were used to encourage caution to help reduce the risk of picking errors. Dispensing incidents were also recorded through the electronic system and there was a flow chart displayed in the dispensary, to assist with the reporting process. The locum pharmacist was aware of the incident reporting process and explained how he would manage any incidents that were reported to him. Team members described the action that had been taken in response to a recent incident, which had been discussed as a team to promote learning.

People using the pharmacy's services could provide feedback using a keypad system on the medicine counter. The unit asked several questions about how people felt about their visit to the pharmacy, providing a rating system for them to press. Team members reported that this was used, but they were unable to recall any specific feedback results that they had received from the survey. People were also able to provide feedback verbally. Feedback was usually positive, but team members reported that there were sometime frustrations from patients regarding medicines shortages. The team managed these situations as best as possible, often seeking alternative options from the GP where they were able to. A formal complaint procedure was also in place, which was promoted on a poster displayed near to the medicine counter.

The correct RP notice was clearly displayed behind the medicine counter and an RP log was maintained. The log contained a couple of entries where the time RP duties ceased had not been recorded and there was one missing entry, so it was not technically fully compliant. Records of private prescriptions and for the procurement and supply of unlicensed specials were in order. Controlled drugs (CD) registers kept a running balance and regular balance checks were completed. Patient returned CDs were recorded in a designated register.

Pharmacy team members had completed information governance training and they had an understanding of confidentiality. They had their own NHS smartcards and the pharmacy's privacy notice was displayed near to the medicine counter. Confidential waste was segregated and removed for suitable disposal by an external contractor.

The pharmacist had completed safeguarding training and the contact details of local safeguarding agencies were available. Team members were heard raising concerns regarding a vulnerable patient to a local GP during the inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are trained for the jobs that they do. They work effectively together as a team and feel comfortable raising concerns and providing feedback. Team members are provided with some resources to support their ongoing learning and development, but a lack of available training time may make it more difficult for team members to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team comprised of a locum pharmacist, a registered pharmacy technician, who was completing an accuracy checking accreditation, four dispensers and two MCAs. Most team members worked part-time, and four other part-time team members were on scheduled days off. The regular pharmacist, who had been in post for a few months was on leave. The team was generally managing the workload, and team members described changes that had been made since the previous inspection which meant that other tasks were also being completed in good time. They had noted a slight increase in the workload on the week of the inspection due to upcoming bank holidays but said that they were otherwise managing well.

Pharmacy team members were trained for their roles. One team member confirmed that she had been enrolled on an accredited training course but had not yet progressed with the training programme. The team member discussed the sale of medication in the pharmacy. She outlined the questions that she would ask to help make sure sales were suitable and any concerns were referred to the pharmacist. The team member also identified several medicines which may be subject to abuse and misuse and were closely monitored.

The pharmacy provided ongoing training using e-Learning. Team members had completed recent modules ranging from antimicrobial stewardship to health and safety-based training. There was a training folder and certificates for each module had been filed as an audit trail. Time to complete the online learning was not always available during work hours, and some activities were completed at home. Team members had not received any recent appraisals. But they said that training and development opportunities were discussed on an ongoing basis with the pharmacist.

There was an open dialogue amongst the pharmacy team. Team members were happy to approach the regular pharmacist with any feedback and concerns. The locum pharmacist also said that the area manager was also contactable in the event of any queries. He noted a positive and open environment within the pharmacy.

Numbers pertaining to pharmacy services were recorded on a board in the dispensary, but team members reported that they ensured that patient safety was the primary concern.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is well maintained and provides a professional space for the delivery of healthcare services. There is a consultation room where people can speak to pharmacy team members in private.

Inspector's evidence

The pharmacy portrayed a professional appearance, and the premises were well maintained. There was a spacious retail area which stocked a range of goods that were suitable for a healthcare-based business and chairs were available for use by people waiting for their medicines. All pharmacy restricted medicines were secured behind the medicine counter. There was adequate lighting throughout the premises and the ambient temperature was suitably maintained.

The dispensary was generally wellorganised, but workbench space was at capacity for the current dispensing workload. The dispensing of compliance aid packs had been moved to a small area off the main dispensary to create more space. Stock medicines were stored on large shelving units. The pharmacy had received a large delivery the day prior to the inspection, so there were a small number of tote boxes being stored on the floor, which presented a potential trip hazard. Items such as consumables were stored in a separate area to the pharmacy, where team members also had access to a tearoom facility. Staff WC facilities were also available and were fitted with appropriate handwashing materials.

The consultation room was clearly signposted from the retail area. It was well maintained and equipped with a desk and seating to enable confidential consultations.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are suitably managed, so people receive appropriate care. The pharmacy generally supplies medicines safely. And team members identify prescriptions for high-risk medicines to help make sure people receive additional counselling. The pharmacy gets its medicines from reputable suppliers and team members carry out checks to help ensure that medicines are appropriately stored and fit for supply.

Inspector's evidence

The pharmacy had two entrance doors, which were both accessed via a single step from the street. The main front entrance was visible from the medicine counter, so people who needed assistance could be identified. The pharmacy's services were advertised, and a range of health promotion literature was also displayed.

Prescriptions were dispensed using baskets, which were colour coded to help prioritise the workload. Team members signed 'dispensed by' and 'checked by' boxes and on dispensing labels as an audit trail. The pharmacy used stickers to identify prescriptions for high-risk medicines and team members had been updated on new guidance for the dispensing of valproate-based medicines. Stickers were also used to highlight prescriptions for CDs to help make sure that supplies were made within the valid 28-day expiry date.

Repeat prescriptions were requested for people who received their medicines in multi-compartment compliance aid packs. Patients were organised into a four-week schedule and requests for repeat prescriptions were sent via email, with an audit trail in place to track the dispensing process. Master records of medication were maintained for each patient. The records were updated to reflect any changes that were made to regular medicines. Completed compliance aid packs had patient identifying labels to the front, descriptions were present to enable individual medicines to be identified and patient leaflets were supplied. There was one example seen where finasteride was placed into a compliance aid pack. The pharmacy team members had recognised the risks surrounding this, and an additional large warning label was placed on the front of the tray to alert people not to handle the medication.

The delivery driver obtained signatures from patients to confirm delivery. He planned his route to prioritise fridge medications and CDs. A second attempt at delivery was made for any initial failed deliveries, as long as time permitted. If unsuccessful, the medication was then returned to the pharmacy.

The pharmacist was trained for the provision of flu' vaccinations. Training certificates for both he and the regular pharmacist were seen. The pharmacy had access to the necessary procedures and service specification and a flu kit, including adrenaline was available. The service primarily operated via a bookings system, to help manage the busy workload in the pharmacy.

Patient group directives (PGDs) were available to support the provision of the emergency hormonal contraceptive service and the pharmacist provided certificates to confirm that training had been undertaken.

The pharmacy sourced its medicines from a variety of wholesalers and unlicensed specials from a specials manufacturer. Stock medicines were stored in an organised manner and in the original packaging provided by the manufacturer. Recent date checking had been completed and short-dated medicines had been marked, recorded and were removed from the shelves when due to expire. No expired medicines were identified during random checks of the dispensary shelves. Returned and obsolete medicines were stored in medicines waste bins. Alerts for the recall of faulty medicines and medical devices were received via email. The system was checked daily, and any alerts received were recorded on a log sheet, along with any action that had been taken in response.

Both pharmacy refrigerators were within the recommended temperature range and a log was kept. There were a couple of recent incidents where the maximum temperature in one refrigerator had exceeded 8 degrees Celsius. Pharmacy team members explained the action that had been taken in response to this, but no record had been made as an audit trail. Team members agreed to review and action this moving forwards. CDs were stored appropriately, and two 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. The equipment is suitably maintained, and team members use it in a way that protects people's privacy.

Inspector's evidence

The pharmacy had a large range of approved glass liquid measures. The measures were clearly marked for use with different liquids, and they were suitably maintained. As were counting triangle for tablets. Paper reference materials including a British National Formulary (BNF) were available and the pharmacy also had internet access to support further research.

Electrical equipment was in working order and valid PAT test stickers were seen. The computer systems were password protected and screens faced away from public view. There was a cordless phone to enable telephone 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.