

Registered pharmacy inspection report

Pharmacy Name: Whitworth Chemists Ltd, 27 Common Edge Road,
BLACKPOOL, Lancashire, FY4 5AX

Pharmacy reference: 1033212

Type of pharmacy: Community

Date of inspection: 27/06/2022

Pharmacy context

This is a community pharmacy situated in a residential area of Blackpool, near to a GP surgery. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the 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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again

Inspector's evidence

The pharmacy had an electronic set of standard operating procedures (SOPs). An electronic audit trail confirmed that each member of the pharmacy team had read and accepted the SOPs. Near miss incidents were electronically recorded and a review of the records was completed each month by the pharmacist. The pharmacist said she would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. Members of the team gave examples of action which had been taken to help prevent similar mistakes, such as moving different strengths of alendronic acid away from each other.

Roles and responsibilities of the pharmacy team were described in the SOPs. The pharmacy had recently employed a new member of staff. She was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure which was explained in the practice leaflet. Any complaints were recorded and followed by the pharmacist manager.

A current certificate of professional indemnity insurance was seen. Records for the private prescriptions, emergency supplies, unlicensed specials and the RP appeared to be in order. Controlled drugs (CD) registers were electronically maintained with running balances recorded and checked each week. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team completed IG training and each member had signed a confidentiality agreement. When questioned, a trainee dispenser was able to describe how confidential waste was segregated to be removed by a waste carrier. A privacy notice was on display in the retail area. Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist said she had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date. But this is not structured so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included a pharmacist manager, a trainee pharmacy technician, two dispensers, one of whom was in training, and two medicine counter assistants (MCA), one of whom was in training. All members of the pharmacy team were appropriately trained or being suitably supervised in their role. The normal staffing level was a pharmacist and three to four members of the team. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The pharmacy provided the team with e-learning training packages. The training topics appeared relevant to the services provided and those completing the e-learning. But this was done in an inconsistent manner which may allow for learning and development opportunities to be missed. The new starter was seen to be working behind the medicines counter. When questioned, she had an understanding of what questions to ask people when selling a pharmacy only medicine and she was suitably supervised by a trained member of the team. If she was unsure about selling a medicine, she would refer people to the pharmacist. The pharmacist said she felt able to exercise her own professional judgement and this was respected by the head office.

Appraisals were conducted annually by the pharmacy manager. A dispenser said the manager discussed her performance, training requirements and areas for improvement. The team held huddles about issues that had arisen, including when there were errors or complaints. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head office. There were no professional based targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and steps have been taken to make the premises COVID secure. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric heaters. Lighting was sufficient. Members of the pharmacy team had access to a kitchenette area and WC facilities.

A consultation room was available with access restricted by use of a lock and was clean in appearance. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. The pharmacy provides services safely, and it has a process to carry out additional checks when higher-risk medicines are supplied to ensure they are being used appropriately.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Information about the services offered was on display. The pharmacy also had a website. A range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and logged onto an electronic delivery platform. Delivery drivers obtained an electronic signature from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

The pharmacy had a process to contact people whose prescription was due to expire before they became invalid. The pharmacist said she would use a sticker to highlight any high-risk medicines (such as warfarin, lithium and methotrexate) and members of the team would refer people to the pharmacist for counselling. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. Members of the pharmacy team said the pharmacist had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacist completed an assessment to check their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were usually supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Members of the pharmacy team said they would check the expiry dates of stock on a regular basis. But this was not recorded, so some stock might be overlooked as part of this

process. A spot check did not find any out-of-date medicines. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received electronically on an online website. This produced an audit trail to show what action had been taken, when and by whom.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required.

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.