

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 120 -122 Chew Valley Road, Greenfield,  
OLDHAM, Lancashire, OL3 7DB

**Pharmacy reference:** 1033742

**Type of pharmacy:** Community

**Date of inspection:** 11/12/2023

## Pharmacy context

This community pharmacy is located in the centre of the village. Most people who use the pharmacy are from the local area. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. Over 50% of prescriptions are sent to the company's hub to be dispensed.

## 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	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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 adequately manages risks and generally completes the records that it needs to by law. Pharmacy team members record their mistakes so that they can learn from them, and they act to help stop the same sort of mistakes from happening again. Team members keep people's private information safe. And they complete training, so they know how to protect children and vulnerable adults.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided. Members of the pharmacy team confirmed electronically that they had read and accepted the procedures. The dispenser was able to demonstrate which SOPs he had read and that there was a new SOP which he was required to read. Roles and responsibilities of were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. The incorrect responsible pharmacist (RP) notice was on display at the start of the inspection, but the RP printed out a notice, with his name on it, and displayed it when this was pointed out.

The pharmacy team recorded dispensing incidents on the intranet, which could be viewed at the pharmacy superintendent's (SI) office. Action taken at branch was completed to show the appropriate action had been taken at branch level to help avoid a re-occurrence. Clear plastic bags were used for assembled CDs, insulin and compliance aid packs to allow an additional check at hand out. Near misses were also recorded on the intranet. These were reviewed by the pharmacy manager and discussed with the pharmacy team. Following near misses, ramipril capsules and tablets, which were in very similar packaging, had been separated and highlighted. Alert messages popped up on the patient medication record (PMR) system when look-alike and sound-alike drugs (LASAs) were labelled, so extra care would be taken when dispensing these. A notice was on display which gave the details of head office, in case of a complaint and it also encouraged customers to give feedback. Professional indemnity insurance was in place.

The pharmacy maintained a written record of private prescriptions. This was generally in order but there were around ten prescriptions which had not been entered, from the previous month. Following the inspection, the pharmacy manager confirmed that all the outstanding prescriptions had been entered and the register was now up to date. Patient details were not always recorded when medicines were obtained from 'Specials' which meant that there might be a delay in responding in the event of a problem or query. The RP record and the controlled drug (CD) register were electronic and were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

Team members had completed training on confidentiality and the dispenser explained that confidential waste was placed in designated bins which were collected by a specialised disposal company. The delivery driver understood how to protect people's confidential information. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's

details could not be seen by members of the public. A privacy statement was on display, in line with the General Data Protection Regulation (GDPR).

The RP had completed level 2 training on safeguarding. Other members of the team had completed safeguarding training appropriate to their role. The delivery driver said he would voice any concerns regarding vulnerable adults to the pharmacist working at the time. The RP explained that he would discuss any concerns with the safeguarding champion at head office and record the details on the patient's record. The dispenser described an occasion when he had a safeguarding concern and he had contacted the patient's GP. There was a safeguarding policy in place. The pharmacy had a chaperone policy, and this was highlighted to people on a notice on the consultation room door. The pharmacy team were aware of the 'Safe Space' initiative, where pharmacies were providing a safe space for victims of domestic abuse, and the dispenser confirmed that the consultation room was always available for anyone requiring a confidential conversation.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members work well together. They have the right qualifications for the jobs they do, and they get some ongoing training to help them keep up to date. Team members are comfortable providing feedback to their manager and they receive feedback about their own performance.

### Inspector's evidence

There was an RP, a NVQ2 qualified dispenser and a delivery driver on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the people who visited the pharmacy. There was a second qualified dispenser on the pharmacy team, who was not present. Planned absences were organised so that there was always at least one qualified dispenser on duty with the RP. There was an area relief team which included dispensers who could be contacted to provide support if necessary. The pharmacy manager was a pharmacist. They were not present at the inspection. The RP was a regular pharmacist who worked one day every week to cover the pharmacy manager's day off.

Team members carrying out the services had completed appropriate training. They were able to access training resources via the company's online learning system and this maintained a record of their completed training. Team members were notified when there was some training which was required to be completed. For example, training on the new contraceptive service which was due to start in January. Staff had formal appraisals with the pharmacy manager where performance and development were discussed. Communication within the company was via the intranet and there was an online alerting system, which highlighted when new information was available such as messages from the SI's office and new SOPs. Daily, weekly, and monthly tasks were assigned via this system. The area manager communicated with the pharmacy via various methods including an electronic messenger system. Informal team huddles were held where a variety of issues were discussed, and concerns could be raised. The dispenser said he felt there was an open and honest culture in the pharmacy and said he was comfortable admitting and reporting errors. He said the staff were able to make suggestions or criticisms informally. There was a whistleblowing policy.

The pharmacists were empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because they felt it was inappropriate. A notice was on display in the dispensary showing the pharmacy team's performance against targets and actions for the current week, which had been completed by the pharmacy manager. Team members explained that targets were in place for various things including electronic prescription nominations and gap monitoring in the retail area, but that there wasn't any pressure to achieve these, and targets didn't ever compromise patient safety.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has a private consultation room so people can receive services in private and have confidential conversations with members of the pharmacy team.

### Inspector's evidence

The pharmacy premises, including the shop front and fascia, were clean and in a good state of repair. The retail area was free from obstructions and professional in appearance. The temperature and lighting were adequately controlled. Maintenance problems were reported to head office and the response time was appropriate to the nature of the issue.

There was a separate stockroom where excess retail stock was stored. Staff facilities were limited to a small kitchen area, and a WC with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sinks. Hand sanitizer gel was available.

There was a consultation room equipped with a sink, which was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as flu vaccinations and also when customers needed a private area to talk.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are generally well managed and easy for people to access. It provides healthcare advice and support to people in the community. The pharmacy sources, stores and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

### Inspector's evidence

There were two steps up to the front door of the pharmacy. Team members said they would always be ready to serve customers at the door if necessary. But there wasn't a doorbell to alert member of the team, so it relied on them noticing people outside. The dispenser said they had looked into fitting a ramp, but it hadn't been possible as the footpath was too narrow.

Services were advertised in the pharmacy. Team members were clear what services were offered and where to signpost people to a service not currently offered, such as covid vaccinations. There was a health promotion zone which contained a range of health information literature such as leaflets on weight management and mental health.

There was a home delivery service with associated audit trail. The service had been adapted to minimise contact with recipients, during the pandemic. The delivery driver described the delivery process which was in line with the SOP. He recorded the safe receipt of the medicine in his records. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was adequate in the dispensary and the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat, and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Pharmacist' stickers were used to highlight when counselling was required and high-risk medicines such as valproate were targeted for extra checks and counselling. The pharmacy had carried out a valproate audit and the RP said he didn't think any of the regular patients were in the at-risk group. The team were aware of the requirement for a robust pregnancy prevention programme to be in place and that valproate had to be supplied in original packaging to ensure people in the at-risk group were given the appropriate information and counselling.

Multi-compartment compliance aid packs were generally well organised. Medicine descriptions were added to enable identification of the individual medicines and packaging leaflets were included, so people had easy access to information about their medicines. Disposable equipment was used.

The dispenser explained what questions he asked when making a medicine sale and when to refer the person to a pharmacist. He was clear which medicines could be sold in the presence and absence of a

pharmacist and understood what action to take if he suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in a CD cabinet which was securely fixed to the wall. The keys were under the control of the RP during the day and stored securely overnight. Date expired and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain medicines. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and recorded electronically. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins. Alerts and recalls were received via the company's intranet. These were read and acted on by the pharmacist or member of the pharmacy team and the action taken recorded.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe, and they use it in a way that protects privacy.

### Inspector's evidence

The pharmacy team could access the internet for the most up-to-date information. The RP said he used an App on his mobile phone to access the electronic British National Formulary (BNF). There were two clean medical fridges. The minimum and maximum temperatures were being recorded daily and had been within range throughout the month. All electrical equipment appeared to be in good working order.

There was a selection of clean liquid measures with British Standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy also had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. PMRs were password protected. Cordless phones were available in the pharmacy so staff could move to a private area if the phone call warranted privacy.

### 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.