

Registered pharmacy inspection report

Pharmacy Name: Well, 36 Church Road, Rainford, ST. HELENS,
Merseyside, WA11 8HD

Pharmacy reference: 1034696

Type of pharmacy: Community

Date of inspection: 28/02/2023

Pharmacy context

This is a community pharmacy situated next to a GP surgery in the village of Rainford, near St Helens. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of vaccinations and a blood pressure checking service. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time. Some medicines are assembled at an off-site hub and returned to the pharmacy a few days later for them to supply to the patients.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.2	Good practice	Members of the pharmacy team complete regular training to help them keep their knowledge up to date.
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 so that they can learn from them. But the records are not regularly reviewed, so some learning opportunities may be missed.

Inspector's evidence

The pharmacy had electronic standard operating procedures (SOPs) to underpin its services, and these were regularly updated by the head office. Members of the pharmacy team were asked to read the procedures and then complete a quiz to demonstrate that they had understood them. This was then recorded on their training records.

The pharmacy had systems in place to investigate dispensing errors and identify any learning outcomes. Near miss incidents were electronically recorded. The pharmacist said he highlighted any mistakes to staff at the point of accuracy check and asked them to rectify their own errors so that they could learn from them. Records of near miss errors were supposed to be reviewed each month to help identify any trends, but this had not been done since November 2022.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee dispenser 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. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team or head office. Any complaints would be recorded and followed up. Appropriate professional indemnity insurance was in place.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and generally checked each week. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. Members of the pharmacy team had completed IG training and when questioned, understood the need to protect people's information. The trainee dispenser was also able to correctly describe how confidential information was segregated to be removed by a waste carrier. A notice in the retail area provided information about how the pharmacy handled people's information.

Safeguarding procedures were included in the SOPs, and the pharmacy team had completed safeguarding training. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were on display. The trainee 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 regular training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy technician, and two dispensers – one of whom was in training. All members of the pharmacy team were appropriately trained or on accredited training programmes. There was usually a pharmacist supported by two other members of the team. The volume of work appeared to be well managed. Staffing levels were maintained by relief staff and a staggered holiday system.

The pharmacy provided the team with a structured e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing that ongoing training was routinely completed and up to date. Staff were allowed learning time to complete training.

A trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist had only been working at the pharmacy for two weeks but said he felt able to exercise his professional judgement, which was respected by members of the team and the company. The trainee dispenser said she felt a good level of support from the pharmacist and felt able to ask for help if she needed it.

Appraisals were conducted annually. The pharmacy technician felt she was able to openly discuss her work during the appraisal. There was a weekly team meeting about the pharmacy's performance, and they would discuss any errors or complaints. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head office. There were various targets set by the company, but team members said they did not feel under pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. 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 using electric heaters. Lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available. The space was clutter free with an examination bed, desk, computer seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. 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. Additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

Inspector's evidence

Access to the pharmacy was level via a power-assisted door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided. Opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. An electronic delivery record was kept. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Some medicines were dispensed by an automated hub as part of the company's central fulfilment programme. Prescriptions for the hub were processed at the pharmacy and each item on the prescription was marked to indicate whether it was to be dispensed locally at the pharmacy or at the hub. Before transmission to the hub, the pharmacist was required to complete an accuracy check of the computer data and a clinical check on the prescription. Some items could not be dispensed by the hub, including items out of stock, split-packs, CDs and fridge items. The system used a personal log in to show who had labelled the prescription and who had performed the accuracy check.

Dispensed medicines were received back from the hub within 24-48 hours. They were delivered in totes that clearly identified that they contained dispensed medicines. The medicines were packed in sealed bags with the patient's name and address on the front. These did not need to be accuracy checked by the pharmacy unless a member of the team opened the bag, in which case the responsibility for the final accuracy check fell to the pharmacy rather than the hub. As part of the process the pharmacist would check a number of bags each day to confirm the accuracy of the dispensed medicines as an additional checking step. If the pharmacist identified any discrepancies, he was expected to inform the head office. But none had been found to date.

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. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were kept on a shelf and their location was recorded on an electronic device. When a person came to collect their dispensed medicines, members of the team used the device to find their location. Prescription forms were retained with the dispensed medicines, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen to

confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. And high-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted, so people could be counselled when they were handed out, and the latest blood test results were recorded on their PMR. Members of the team 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. An audit had been recently completed to identify patients at risk to make sure they had been made aware of the pregnancy prevention programme. And this was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would complete an assessment form 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 information was obtained, 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 routinely supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 3-monthly basis. An electronic diary was used as a record to show what had been checked. Short-dated stock was highlighted using a sticker and recorded in the electronic diary for it to be removed at the start of the month of expiry. 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. There were clean medicines fridges, each equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received electronically from the head office. A record was kept showing what action was 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

Members of the team 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. 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 team members 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.