

Registered pharmacy inspection report

Pharmacy Name: Fingerpost Pharmacy, 80-82 Higher Parr Street, ST. HELENS, Merseyside, WA9 1AG

Pharmacy reference: 1034706

Type of pharmacy: Community

Date of inspection: 13/08/2024

Pharmacy context

This community pharmacy is located in a residential area in St Helens. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and the NHS Pharmacy First service. The pharmacy supplies medicines in multi-compartment compliance packs for some people to help them 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 has written instructions that are intended to help its team work safely and effectively. But they do not always reflect the way in which some services are provided. This may mean that team members are not fully aware of the correct processes to follow. Members of the pharmacy team understand their role in protecting vulnerable people and keep people's personal information safe. Team members respond appropriately when mistakes happen during the dispensing process, but they do not always make a record when things go wrong so some learning opportunities may be missed.

Inspector's evidence

Standard operating procedures (SOPs) were available. SOPs were issued and reviewed by the head office team. Team members confirmed they had read the SOPs, but had not all signed to say that they had accepted them. There was an SOP for dispensing compliance packs, but this did not cover prescriptions being sent to the hub pharmacy to be dispensed, the pharmacy manager provided an assurance that she would raise this with the head office team. There was no evidence of SOPs being reviewed since February 2021 despite having a next review date of June 2023 recorded. This may mean that SOPs may not be current and contain the most up to date information.

Dispensing mistakes which were identified before a medicine was supplied to people (near misses) were highlighted to the team member involved in the dispensing process, rectified and recorded on a near miss log. The last recorded near misses were from March 2024. Team members explained that more records had been made but they were unable to locate these. As a result of past near misses, medicines had been separated on shelves and shelf edges had been highlighted where certain medicines were kept such as gabapentin, pregabalin and different eye drops. Near misses were also discussed between the team. Team members felt that because fast-moving lines were kept in a separate section this had also helped to reduce mistakes. Any instances where a dispensing mistake had happened, and the medicine had been supplied, (dispensing errors) it would be investigated, reported to head office and a record would be made. Team members said there had not been any reported dispensing errors recently.

A correct RP notice was displayed. When questioned, team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure the pharmacy manager was usually the first point of contact for people and depending on what they person wanted, they could be referred to head office. The team was relatively new and most feedback received had been positive relating to the changes that had been made.

Private prescription records, unlicensed specials dispensed, controlled drug (CD) registers and RP records were well maintained. Running balances for CDs were recorded and regularly checked against physical stock held in the pharmacy. A random balance was checked and found to be correct. CDs that people had returned to the pharmacy were recorded in a register and appropriately destroyed. Emergency supplies were not frequently issued and there were no records available to view.

Team members had completed information governance (IG) training their previous place of work at other pharmacies. Confidential waste was separated and sent to the head office for destruction.

Assembled prescriptions were stored on shelves that were not visible to people using the pharmacy. Pharmacists had access to National Care Records and obtained verbal consent from people before accessing it. The pharmacy manager was unsure if delivery drivers had completed any training and provided an assurance that she would speak to the head office team.

A safeguarding policy was in place and the locum pharmacist confirmed he had completed level two training. Team members had completed safeguarding training at their previous place of work and knew to speak to the pharmacist if they had any concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough team members to manage the workload effectively. And they are appropriately trained for the jobs they do. But team members do not complete ongoing training, so there may be gaps in their knowledge and skills.

Inspector's evidence

The pharmacy team included a locum pharmacist, a trained dispenser who was also the pharmacy manager, a trained healthcare partner, who had completed a combined medicines counter and dispensing assistant qualification and a trainee healthcare partner. The pharmacy did not have a regular pharmacist and was by locum pharmacists. Absences were covered by team members, or the head office team sent dispensing assistants from other nearby branches to help. Most compliance packs were dispensed at one of the pharmacy's other branches called the hub. Team members described that the workload varied each week, depending on how many people were due to collect their medicines. And so, some weeks were busier than others. The team felt that there were enough staff depending on the workload for that week.

Staff performance was managed informally, and team members received feedback from the pharmacy manager. Training needs and role progression was discussed with a member of head office. There was no formal process for completing ongoing training for team members. They were sent product information with pharmacy magazines which the manager left in the staff area for them to look through. Head office provided training if a new service was to be launched and locum pharmacists briefed the team on any updates. Team members who were completing formal training courses were supported by colleagues and tried to complete their work at work where possible.

Team members asked appropriate questions and counselled people before recommending over-the-counter medicines. They were aware of the maximum quantities of medicines that could be sold over the counter and would refer any requests for multiple quantities to the RP.

As the team was small and worked closely together pharmacy related topics and issues were discussed as they arose. A non-pharmacist manager from head office conducted store visits. Targets were set by head office for the services provided. There was some pressure to achieve these, but the RP said targets would not affect his professional judgement in any way.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacy team members in private.

Inspector's evidence

The pharmacy was clean, tidy and organised. The dispensary was of a reasonable size and had ample workspace which was allocated for certain tasks. There was a dispensary sink for preparing medicines that needed mixing before being supplied to people. Cleaning was done by team members daily. The premises were kept secure from unauthorised access.

A signposted consultation room was available and suitable for private conversations;. The staff WC and area used for the management and preparation of compliance packs was accessed via the consultation room. The pharmacist explained that the doors to all the rooms were closed when patients were using the consultation room. All areas of the pharmacy were well lit and air conditioning was fitted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely provides its services safely. It obtains its medicines from licensed sources and manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy was easily accessible from the street. The door leading into the pharmacy was heavy and had been fitted with an alarm which alerted the team if someone was trying to open the door. Team members helped anyone who required assistance. The shop floor was clear of any trip hazards and the retail area was easily accessible. Information about the services provided in the pharmacy were displayed. When it was necessary, the pharmacy team used the internet to find out the details of local services and signposted people who needed services that the pharmacy did not provide.

The team felt that the 'Care in the Chemist' service had the most impact on the local population. They described that the service was not provided by many pharmacies. The service was popular and used often by mothers with young children. All team members were trained to provide the service. In the event that the pharmacist working was not accredited, people were signposted to other nearby branches although this was rare.

The pharmacy had an established workflow in place prescriptions were dispensed by one of the dispensers and checked by the RP. The pharmacy had allocated shelves for incomplete prescriptions and used a system to scan the barcode on the partially assembled prescription and the shelf it had been allocated. This allowed for the prescription to be easily reconciled with the stock once it was received. The team used clear plastic bags to store fridge lines and CDs so that a visual check could be done at handout to make sure the correct medicine was supplied. 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.

The pharmacy team were aware of the risks associated with the use of valproate containing medicines during pregnancy. Anyone in the at-risk group had been identified and counselled. The pharmacy supplied one person with sodium valproate not in its original pack. A written risk assessment had not been completed, however, following the inspection, evidence was sent to show that this had been completed. Additional checks were carried out when people were supplied with medicines which required ongoing monitoring. The pharmacy team were aware of the guidance for dispensing topiramate and had the warning books available.

Most prescriptions for compliance packs were prepared at another branch within the same company, also called the hub pharmacy. Prescriptions were ordered by the pharmacy and compared against individual records which were held for each person using the service. Any changes were recorded on this. Backing sheets for the multi-compartment compliance packs were prepared at the pharmacy and were checked by a pharmacist alongside the prescription and labels. Once they completed this, the prescription form and labels were put together and sent to the hub where the pack was prepared. The prepared packs were received back in three to four working days. A few packs were prepared at the

pharmacy by one of the dispensers. The packs were labelled with mandatory warnings and patient information leaflets were supplied each month. Product descriptions were not always included, so this could make it difficult to identify the individual medicines.

Deliveries were carried out by the delivery drivers. The pharmacy used an electronic system to book in prescriptions for delivery. The driver updated the system when medicines were delivered. Signatures were obtained when medicines were delivered. In the event that someone was not home, medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Expiry date checks were carried out every month and records were kept. Short dated stock was marked with a highlighter. A random sample of stock was checked, and no expired medicines were found. The medicines fridge was equipped with a thermometer and maximum and minimum temperatures were checked and recorded daily; these were seen to be within the required range for the storage of medicines. However, at the time of the inspection the minimum and maximum readings on the probes were not within the required range. The pharmacy manager provided an assurance that she would request new probes. Waste medicines were disposed of in bins that were collected periodically by a specialist waste contractor. Drug alerts were received by e-mail, via a messaging application and on invoices from wholesalers but no records were kept showing whether they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Equipment is kept clean so that it is safe and ready to use.

Inspector's evidence

The pharmacy team had access to the internet for general information. There was a selection of liquid measures with which were clean and ready for use. Separate measures were designated and used for liquid CDs. The pharmacy also had counting triangles for counting loose tablets. A blood pressure monitor and otoscope were also available to use as part of the services provided. The pharmacy manager was unsure as to how old the blood pressure monitor was and provided an assurance that she would find out and arrange for the monitor to be replaced if needed. Two fridges were available.

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 team members to 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.