Registered pharmacy inspection report

Pharmacy Name: Well, Forest Road, New Ollerton, NEWARK, Nottinghamshire, NG22 9PL

Pharmacy reference: 1035578

Type of pharmacy: Community

Date of inspection: 29/03/2023

Pharmacy context

This pharmacy is on a main road in the small town of New Ollerton in Nottinghamshire. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. And it offers a medicine delivery service to people's homes.

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	2.2	Good practice	The pharmacy actively supports the ongoing learning and development of its team members through protected training time and regular reviews. And its team members demonstrate how they apply their learning to support the safe delivery of pharmacy services.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy team is dedicated to improving the health and wellbeing of the community it serves through regular health promotion engagement events.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy acts effectively to identify and manage risks associated with providing its services. It advertises how people can provide feedback, and it acts on the feedback it receives appropriately. The pharmacy keeps the records it needs to by law. And it keeps people's confidential information secure. Pharmacy team members act openly and honestly by recording and discussing their mistakes. And they act with care to reduce risk following these discussions. They understand how to respond to concerns to protect potentially vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) to support its safe and effective running. These covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and pharmacy services. The pharmacy held the SOPs electronically and its superintendent pharmacist's team reviewed them on a rolling two-year rota. The pharmacy held records confirming that all team members had completed appropriate learning associated with the SOPs. And team members were observed completing dispensing tasks in accordance with SOPs. But not all team members demonstrated a sound understanding of what tasks they could not complete in the event the RP was absent from the pharmacy. Team members explained they were not usually in a position where the RP took absence from the pharmacy. And they were clearly aware of what tasks could not be completed if no RP was signed in. The pharmacy's team leader acknowledged a need for refresher learning to support the team in the event RP absence did occur.

Pharmacy team members engaged well in learning opportunities during the dispensing process. They worked with the RP to correct and record mistakes made and identified during the dispensing process, known as near misses. They used an electronic reporting tool to support them in reflecting on the mistake. The team used the same reporting tool to record mistakes that were made and identified following the supply of a medicine to a person, known as dispensing incidents. The reporting tool analysed the type of mistakes being made. And the team used this information to inform regular patient safety reviews. It acted on near misses by separating medicines that looked similar and sounded alike on the dispensary shelves. The pharmacy undertook comprehensive reviews following dispensing incidents. This included investigating the root-cause of an incident and encouraging reflection on the events that had occurred. The team demonstrated improvement measures it had implemented following mistakes. For example, ensuring that any medicine supplied in a split box had a label attached to the bottle or box with the batch number and expiry date of the medicine inside.

The pharmacy advertised its complaints procedure. And team members knew how to manage feedback and escalate a concern. The team demonstrated how it used feedback to inform improvements to its services. For example, it had re-introduced audit trails for its managed repeat prescription service. This allowed it to effectively communicate any queries with surgery teams. The pharmacy had procedures to support its team members in managing a concern about a vulnerable person. It had contact information available for safeguarding teams. And pharmacy team members had completed learning associated with protecting vulnerable people. They were aware of how to support a person requesting support through either the 'Ask for ANI' or 'Safe Space' safety initiatives, designed to support people suffering from domestic abuse.

The pharmacy displayed a privacy notice informing people of how it managed their information. It stored personal identifiable information in staff-only areas of the premises. And it communicated with the local surgery through secure NHS email. It held confidential waste securely and this was collected periodically by a secure shredding service. The pharmacy had up-to-date indemnity insurance. The RP updated the RP notice as the inspection began with their details. A sample of pharmacy records including the RP register, private prescription records and records associated with the supply of unlicensed medicines complied with legal and regulatory requirements. The pharmacy held its CD register electronically. Records conformed to legal requirements. The team checked physical stock levels against the balances recorded in the CD register most weeks. It held a record of patient returned CDs and team members entered these into the record at the time of receipt.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a dedicated team of people working together well to provide its services. It fully supports the learning needs of its team members through protected training time and structured reviews. And team members' learning is aligned to support the ongoing delivery and development of the pharmacy's services. Pharmacy team members engage in conversations designed to maintain patient safety. And they are empowered to share their ideas and feedback at work.

Inspector's evidence

The RP on duty was the regular full-time pharmacist. They were supported by a pharmacy technician working in a team leader role, two qualified dispensers, a trainee dispenser, and a delivery driver. The pharmacy employed another dispenser who was on planned long-term leave. Skill mix and staffing had changed within the last year. The pharmacy team planned its workload well and as such was supporting another pharmacy struggling with its staffing levels. This involved a team member providing regular cover at the other pharmacy. The pharmacy team was in the process of planning for additional workload associated with the multi-compliance pack service. It had risk assessed the change in workload. And it was working with its area manager to manage identified risks prior to expanding the service.

Pharmacy team members benefited from a structured appraisal process to support their learning and development. The team leader was completing an accuracy checking technician (ACT) qualification. They were progressing well through this course. The team had identified how this new role would support the safe management of services. The trainee dispenser felt well supported at work, their learning was monitored, and they received training time to support them in their role. Pharmacy team members had protected training time to complete regular learning associated with their roles and the safe supply of medicines. And the pharmacy retained certificates associated with this ongoing learning. Team members demonstrated how they applied this learning in practice. For example, the team had recently shared learning with a pharmacist about the importance of a medicine being supplied in its original blister packaging. The pharmacy had some targets that its team was expected to meet and performance against targets was monitored. The RP and team leader discussed targets and it was clear that they were empowered to apply their professional judgment when providing pharmacy services.

Pharmacy team members worked well together to manage workload. They communicated through both informal conversations such as daily briefings, and formal discussions such as structured patient safety reviews. The pharmacy had a whistle blowing policy. Its team members understood how to raise concerns at work, and how to escalate these if needed. Team members were confident in feeding back their concerns and ideas. And they demonstrated how their feedback supported the safe supply of medicines to people. For example, the team had identified some concerns with the timeliness of receiving prescriptions associated with it multi-compartment compliance pack service. In response the team leader had organised a meeting with the surgery. And the team now shared a schedule of its compliance pack work with the surgery to support it in receiving prescriptions in a timely manner.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is adequately maintained, and it is clean and secure. People can speak to pharmacy team members in a quiet room that suitably protects their privacy and dignity.

Inspector's evidence

The pharmacy was secure and maintained to an adequate standard. Some fixtures and fittings were worn, such as the external signage outside the pharmacy and paintwork in some areas of the premises. The team reported maintenance issues to its head office and stated that these were generally dealt with in a timely manner. The pharmacy was generally clean and work areas were organised. A storeroom at the back of the premises was cluttered and required attention. The team used this room to store items such as dispensary sundries and medicine waste. The pharmacy had plinth heaters and fan heaters to heat the premises in winter months, and fans were available to circulate air. Lighting was bright throughout the premises. Pharmacy team members had access to sinks equipped with antibacterial hand wash and paper towels. And staff kitchen and toilet facilities were clean and accessible.

The public area was a good size. It was fitted with wide-spaced aisles to support people using wheelchairs or pushchairs with access. The pharmacy's consultation room was professional in appearance and was clearly advertised. It offered a suitable space for people wanting to speak to a team member in private. There were two workflows within the dispensary, and the pharmacist's checking station was situated between these. This allowed the RP to supervise activity associated with both workflows and listen to conversations taking place at the medicine counter. Pharmacy team members used the available workspace well.

Principle 4 - Services ✔ **Standards met**

Summary findings

The pharmacy makes its services accessible to all by reaching out to the community and promoting health and wellbeing. It obtains its medicines from reputable sources and stores them appropriately. Its team members follow effective processes to support them in managing pharmacy services safely. And they engage well with people to ensure they have the information they need to help them take their medicines correctly.

Inspector's evidence

People accessed the pharmacy from street level, through a power-assisted door. The pharmacy displayed its opening times and details of the services it provided. Its window display was eye-catching. It used seasonal artwork provided by children from a local primary school to promote the benefits of knowing your blood pressure reading. This effectively promoted the NHS hypertension case-findings service. The pharmacy team had built a relationship with the school and the artwork was updated throughout the year. It had organised a 'meet the team' event for students through a visit to the pharmacy. And had plans to develop the engagement further.

The pharmacy provided a dedicated seating area for people waiting for a prescription or service. Pharmacy team members knew how to signpost people to other local pharmacies and healthcare providers should they be unable to supply a medicine or provide a service. They were committed to promoting pharmacy services and supporting the local community. For example, they arranged fundraising events for both local charities and the company's charity of the year. These events had achieved a positive response in the community and the team had actively supported a local foodbank during the ongoing cost of living crisis. The RP and team leader had recently provided a blood pressure check service in the community by providing the service on a health bus at a popular shopping venue. They had supported over 100 people in accessing the service during the session. And they shared examples of how the IT infrastructure supported them in referring people immediately to their own GP should they require follow-up. The team provided examples of positive outcomes from the services it provided, particularly the hypertension case-finding service which had successfully supported people in accessing immediate medical attention for previous undiagnosed hypertension.

The pharmacy protected Pharmacy (P) medicines from self-selection as it displayed them behind the medicine counter and in plastic units to the side of the medicine counter. The pharmacy held assembled cold-chain medicines and CDs in clear bags. This informed additional safety checks when handing out these medicines. The team engaged in audits associated with the supply of higher-risk medicines. And the RP provided examples of counselling interventions recorded on people's medication record (PMR). Pharmacy team members had a good understanding of medicines associated with Pregnancy Prevention Programmes (PPPs), and demonstrated the checks made to ensure they complied with the requirements of the PPPs. They had recently engaged in an audit focussed on the safe supply of valproate to people within the at-risk group.

Pharmacy team members demonstrated effective processes for managing its work. This included a system for managing the medicines it could not supply immediately, known as owings. And it monitored owings to help ensure people did not run out of their medicines prior to a supply being made. It kept

effective records associated with the supply of medicines through its substance misuse service. And it engaged regularly with the local substance misuse team. The pharmacy had an electronic audit trail of the medicines it delivered to people's homes. This supported the team in answering any queries relating to the service. Pharmacy team members routinely signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. They used coloured baskets throughout the dispensing process. This effectively kept medicines with the correct prescription form and helped inform workload priority. The team had introduced pink baskets to support it in managing prescriptions it sent to the company's dispensing hub pharmacy. This supported workflow associated with prescriptions that were part dispensed at the hub and part dispensed in the pharmacy. Team members processed data ready to send it to the hub pharmacy. The RP accuracy checked the data and clinically checked prescriptions prior to submitting the data to the hub pharmacy. The hub then dispensed the prescription and sent the medicine back to the pharmacy to be collected by or delivered to people. The turnaround time for the service was two working days. The pharmacy team used barcode technology to track prescriptions through the entire dispensing process to support them in managing queries and to ensure all medicines on a prescription were handed out.

The pharmacy had effective processes and space to support its team supplying medicines in multi-compartment compliance packs. It engaged with people before dispensing medicines in this way to assess their individual needs. The service was organised well with up-to-date schedules to support weekly and monthly dispensing. The team used the PMR system and kept paper-based records for each person on the service. The records contained supportive information about changes applied to people's medicine regimens. Team members clearly recorded changes and introduced updated sheets when applying the changes. This helped to ensure all information about a person's medicine regimen was clearly recorded. A sample of assembled compliance packs contained full dispensing audit trails and descriptions of the medicines inside them. The pharmacy routinely supplied patient information leaflets alongside compliance packs at the beginning of each four-week cycle.

The pharmacy sourced medicines from licensed wholesalers and a licensed specials manufacturer. It stored medicines in an orderly manner, within their original packaging, on shelves throughout the dispensary. The pharmacy stored medicines requiring safe custody in secure cabinets. Medicines inside were stored in an orderly manner with separate areas for holding assembled medicines and out-of-date medicines. The pharmacy had two fridges used to store medicines. The fridges were an appropriate size for the level of stock held. Fridge temperature records confirmed they were operating within the correct temperature range of two and eight degrees Celsius.

Date checking records confirmed that team members carried out regular checks of its stock. Team members also routinely checked expiry dates during the dispensing process. A random check of dispensary stock found most short-dated medicines were annotated with stickers. One out-of-date medicine was found and brought to the attention of the team. The team annotated liquid medicines with details of their shortened shelf-life once opened. This helped to ensure they remained safe to supply. The pharmacy had appropriate medical waste bins, sharps bins and CD denaturing kits available. It received and actioned medicine alerts electronically through a task tracker system on its intranet. These alerts were actioned to date.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has appropriately maintained equipment for providing its services. And its team members use the equipment in a way which protects people's privacy.

Inspector's evidence

Pharmacy team members had access to current written and electronic reference resources, including via the internet and through smartphone applications. They used NHS smart cards and passwords to access people's medication records. The layout of the premises adequately protected information on the pharmacy's computer monitors from unauthorised view. And the team stored bags of assembled medicines with care to ensure people's personal information was not visible from the public area of the pharmacy.

The pharmacy had a range of suitable equipment to support its team members in counting and measuring medicines. For example, they used crown stamped glass measures to accurately measure liquid medicines. And they used separate equipment when measuring higher-risk medicines to mitigate the risk of cross contamination. Equipment used to support the delivery of pharmacy services was from reputable manufacturers. For example, the pharmacy's blood pressure monitor was on the list of monitors validated for use by the British and Irish Hypertension Society. The pharmacy maintained its equipment to help ensure it remained safe to use and fit for purpose. For example, electrical equipment was subject to regular portable appliance testing.

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.