

Registered pharmacy inspection report

Pharmacy Name: Well, 412-414 Broxtowe Lane, Aspley,
NOTTINGHAM, Nottinghamshire, NG8 5ND

Pharmacy reference: 1035610

Type of pharmacy: Community

Date of inspection: 18/10/2022

Pharmacy context

This community pharmacy is situated on a busy road in a Nottingham suburb. Most of its activity is dispensing NHS prescriptions and selling and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own home. Other services that the pharmacy provides include seasonal flu vaccinations and Covid-19 vaccinations. The pharmacy also delivers medicines 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 | 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

Overall, the pharmacy identifies and manages the risks associated with the provision of its services. The pharmacy has procedures to learn from its mistakes. Its team members have defined roles and accountabilities. And the pharmacy manages people's electronic personal information safely.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs). Staff understood and mainly followed SOPs and were seen dispensing medicines and handing dispensed medicines out to people safely. Staff understood how to sell medicines safely and knew the advice to give during a sale. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. According to the pharmacy's own SOPs, dispensed CDs should have had a sticker that showed the date by which the medicine needed to be supplied so that it was easy to check that they were still valid, but this was not always done. The pharmacy had processes for recording dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time and were then recorded on a paper near miss log. According to SOPs these were meant to be entered on an electronic near miss log, but records seen showed that no near misses had been recorded for the last four weeks. Staff said that near misses were discussed in the team meeting.

The pharmacy maintained the necessary records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) record, the CD registers, and the private prescription book. At the start of the inspection the RP notice from the previous day was on display. The RP had signed in on the RP log at the beginning of the day. She changed the RP notice displayed to the correct person. The pharmacy had an electronic CD register. The pharmacist carried out checks of CDs to make sure the balance matched the quantity in the register, but not as often as required in the SOP. A random check of the recorded running balance of a CD reconciled with the actual stock in the CD cabinet. The pharmacy managed patient-returned and out-of-date CDs appropriately.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential paperwork was stored and destroyed appropriately. Professional indemnity insurance was in place. The pharmacy understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work together to cope with the day-to-day workload within the pharmacy. And they have the appropriate range of experience and skills. Team members can raise concerns if needed.

Inspector's evidence

During the inspection, the pharmacy team worked hard to manage the day-to-day workload of the pharmacy. But the team was struggling to keep up with all the required tasks. Team members were slightly behind in dispensing prescriptions and there were a lot of multi-compartment compliance packs to check. CD balance checks were not being carried out as regularly as the SOP required and near misses were not being entered in the electronic register. The pharmacy's pharmacist manager had recently left but the pharmacy had started to have consistent relief pharmacists which was helping.

During the inspection there was one relief pharmacist, two qualified dispensers and a counter assistant who was waiting to start the dispensing course. Although staff felt under pressure, they said there was support, and they were able to discuss any issues and raise concerns if necessary. The pharmacy team was up-to-date with its mandatory training.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And it has made changes to help keep its team members and people using the pharmacy safe.

Inspector's evidence

The public area of the pharmacy was a good size, but the dispensary was a little small for the services provided. Work benches had a number of multi-compartment compliance packs waiting to be checked and part-dispensed prescriptions waiting for stock. This reduced the space for dispensing activities. There were also boxes on the floor which could be a trip hazard. There was adequate heating and lighting with hot and cold water available. A small-sized consultation room was available for people to have a private conversation with pharmacy staff. The pharmacy had a clear plastic screen at the pharmacy counter which provided re-assurance to both the staff and the customers. There was hand sanitiser available. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's healthcare services are suitably managed and are accessible to people. The pharmacy team show care and concern for people using its services. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it knows the right actions to take if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy had a push-pull door and a small step which made it a little more difficult for people with a disability to get into the pharmacy. Staff said that, if necessary, they served people at the door. The pharmacy team members showed a people focus and were heard engaging with people, looking to answer questions and resolve problems they had. The pharmacy was providing a flu vaccination service and a Covid-19 vaccination service. Staff had been trained and had the required patient group directions in place.

The pharmacy team understood the signposting process and used local knowledge to direct people to local health services. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacist gave advice to people using the pharmacy's services. This included advice when they had a new medicine or if their dose changed. The pharmacist didn't make records when she spoke to people who took medicines that required ongoing monitoring such as warfarin or methotrexate. This could mean helpful information is not available for other pharmacy staff to refer to.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label to help identify who had done each task. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error. The pharmacy supplied medicines in multi-compartment compliance packs to people living in the community who needed help managing their medicines. The pharmacy dispensed a large number of compliance packs and was currently carrying out a review to see if compliance packs were appropriate for all the people who were using the service. It had processes to make sure people got their medicines in a timely manner. Charts recording people's medicines, changes and interventions were kept in weekly folders. The charts were untidy with previous entries being covered with correction fluid and medicines and doses crossed through, and new entries made. This made the charts harder to read and increased the risk that a mistake might be made. The compliance packs seen recorded the colour and shape of the medicines to make it easier for people to identify the medicine. The pharmacy sent patient information leaflets (PILs) every month.

Medicines were stored on shelves in their original containers. The shelves were untidy with different strengths of medicines stored on top of each other. Opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable for use. The pharmacy team had a process for date checking medicines. A check of a small number of medicines didn't find any that were out of date. CDs were stored appropriately. The two fridges in the pharmacy were overfull with medicines pushed to the back which increased the risk of them freezing. A record of invoices showed that medication was obtained from licensed wholesalers. A member of the pharmacy team explained the process for managing drug alerts.

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 to use.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridges were in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy had the necessary equipment for the flu and Covid-19 vaccination service. Records showed the pharmacy's portable electronic appliances had been last tested to make sure they were safe in August 2019. The portable electronic appliances looked in reasonable condition.

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. |