Registered pharmacy inspection report

Pharmacy Name: Well, 130-132 Forest Road, Annesley Woodhouse, Kirkby-in-Ashfield, NOTTINGHAM, Nottinghamshire, NG17 9HH

Pharmacy reference: 1035643

Type of pharmacy: Community

Date of inspection: 13/02/2023

Pharmacy context

This pharmacy is on a main road in the village of Annesley Woodhouse 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.

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 identifies and manages the risks associated with most of its services effectively. It keeps people's confidential information secure. And it advertises how people can feedback about the pharmacy services they receive. Pharmacy team members understand how to recognise and respond to safeguarding concerns. And they engage in conversations to help reduce risk following mistakes made during the dispensing process. The pharmacy generally keeps the records it must by law. But it doesn't always do this in a consistent way. This may make it difficult for its team members to answer queries or locate entries in records if a query arises.

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 services. It held SOPs electronically and reviewed them on a rolling two-year rota. A sample of training records showed that some trainee team members had yet to complete the full learning process associated with the SOPs. These team members were not on duty at the time of inspection. The RP was the pharmacy manager and had very recently started in this role. They acknowledged the need to support team members in this core learning. Training records for other team members indicated that they regularly completed learning and sign-off processes associated with the SOPs. And they were observed completing tasks with competence.

The pharmacy had been operating mainly with locum pharmacists providing RP cover for some time. Team members identified how they used a paper record to record details of near misses, where a dispensing mistake was made and identified during the dispensing process. But records identified they did not always transfer the data onto the pharmacy's electronic reporting system. The RP demonstrated how details from the paper record were now routinely transcribed to the pharmacy's electronic reporting system. The team also used this system to support it in reporting dispensing incidents, where a mistake was made and identified following the medicine being received by a person. Pharmacy team members discussed their mistakes with each other regularly. They provided examples of how they acted to reduce risk. For example, separating different formulations of the same medicine on the dispensary shelves to reduce the risk of a picking error occurring. The team had not engaged in a formal patient safety review for some time. But the new manager was familiar with how they could use tools on the reporting system to assist in the review process and they had identified this as a priority area for improvement within the team.

The pharmacy had a complaints procedure, and this was advertised. Pharmacy team members knew how to manage feedback and they understood how to escalate a concern when required. They had a good rapport with people coming into the pharmacy and discussed how they worked to manage people's expectations relating to timescales associated with dispensing prescriptions. Team members engaged in mandatory learning associated with protecting vulnerable people. And they understood how to recognise and raise safeguarding concerns. Information to support the team in reporting these concerns was available.

The pharmacy stored personal identifiable information in staff-only areas of the premises. It held

confidential waste in locked units and sealed bags in the staff area of the premises whilst waiting for secure disposal. The pharmacy had up-to-date indemnity insurance. The RP notice displayed contained the correct details of the RP on duty. A sample of pharmacy records examined found some gaps in the RP register. Further investigation found that some locums were signing into an electronic RP record available on the patient medication record (PMR) system, rather than signing into the manual RP register as the company required. The pharmacy's private prescription register was also held in two parts with some pharmacists completing records manually and others relying on the PMR record to generate an entry into an electronic Prescription Only Medicine (POM) register. The pharmacy team had acknowledged that it had fallen behind with some tasks in 2022, including the completion of regular CD balance checks. There was evidence of regular balance checks completed recently. But a random check of physical stock against the register balance identified a discrepancy with the balance recorded in the register. This prompted an investigation by the pharmacy team following the inspection. The pharmacy recorded patient-returned CDs on its electronic CD register. But it did not always record these in the register at the time of receipt.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy employs a small team of people who have the appropriate skills and knowledge to deliver its services effectively. Pharmacy team members engage in some learning associated with their roles. They share learning by discussing their mistakes. And they understand how to raise a professional concern if needed.

Inspector's evidence

The RP was supported by two qualified dispensers during the inspection. One dispenser held the role of supervisor. The pharmacy also employed two trainee dispensers. One of the team members was on leave on the day of inspection which meant staffing levels were lower than normal. Team members worked effectively to manage workload and prioritised dispensing tasks well. Pharmacy team members understood how to escalate concerns relating to staffing levels. And they explained how they worked together with other local pharmacies owned by the company to support cover during periods of absence. The team was undergoing change with a new manager and area manager in post. And team members shared examples of how the change was supporting their morale and wellbeing at work. Pharmacy team members completed learning associated with their job roles and the pharmacy services provided. They were currently working towards completing learning associated with the NHS Pharmacy Quality Scheme(PQS).

The pharmacy team had been focussing on keeping up to date with dispensing tasks whilst it didn't have a regular pharmacist or manager. This meant some daily housekeeping tasks such as date checking had fallen behind schedule. Team members were working hard with the support of their manager to catch up with tasks. Daily conversations related to both workload and risk management. For example, team members had discussed the risk of the gaps in date checking and was managing this through increased checks during the dispensing process. Pharmacy team members discussed some of the targets the team was required to meet. They felt there had been a recent positive change in culture towards the achievement of targets. And provided examples of how the pharmacy's area manager helped motivate team members in identifying occasions where people may benefit from a pharmacy service. The RP confirmed they were able to apply their professional judgement when completing pharmacy services. The pharmacy had a whistle blowing policy. Its team members understood how to raise concerns at work, and how to escalate these if needed.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are safe and secure. They provide a suitable space for delivering healthcare services. People accessing the pharmacy can speak with a member of the team in private when required.

Inspector's evidence

The pharmacy was secure and appropriately maintained. Pharmacy team members understood how to report maintenance concerns and there were no current outstanding concerns. The pharmacy was generally clean, but there was some dust and debris on the floors throughout the premises which distracted slightly from the otherwise professional appearance of the pharmacy. The pharmacy had plinth heaters to heat the premises in winter months, and fans were available to circulate air on summer months. Lighting was sufficient throughout the premises. Pharmacy team members had access to sinks equipped with antibacterial hand wash and paper towels.

The public area was small and open plan. Some worn signage on the floor in this area advised people to socially distance when using the pharmacy. The consultation room door was kept closed between use. The room was clean and professional in appearance. It offered a suitable space for holding private conversations and was used throughout the inspection to hold consultations for the NHS Hypertension Case-Findings service. The dispensary consisted of two rooms. There was sufficient space to manage day-to-day workload with higher-risk tasks completed in the second room which led off the public-facing section of the dispensary. Rooms at the back of the premises provided staff break facilities.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy makes its services accessible to people. It obtains its medicines from reputable sources. And it generally stores these medicines safely and securely. Pharmacy team members use audit trails effectively to help manage dispensing services. And they provide information when supplying medicines to help people take them safely.

Inspector's evidence

People accessed the pharmacy through a simple push/pull door up a step from street level. A support button next to the door alerted team members to somebody needing support with access. Pharmacy team members explained they had enquired about a ramp to help with access. But they had been advised that this could be a health and safety concern due to the narrow pavement outside the pharmacy. Team members reported how they supported people struggling with access by helping them into the pharmacy or serving them at the pharmacy door. And they knew how to signpost people to other local pharmacies that were accessible at street level. The pharmacy's designated waiting area had seats available for people to sit down whilst waiting. And it had information leaflets available about the pharmacy's services.

The pharmacy protected Pharmacy (P) medicines from self-selection as it displayed them behind the medicine counter. And the RP was able to supervise the activity taking place in the public area from the dispensary. The pharmacy team identified higher-risk medicines and medicines with specific storage requirements during the dispensing process. This helped prompt additional counselling when handing out these medicines. But the team didn't routinely record the outcome of these interventions on people's PMR to support them in delivering consistent care. Pharmacy team members had a general awareness of the requirements of the valproate Pregnancy Prevention Programme (PPP). The pharmacy team discussed a recent audit that had identified it didn't regularly dispense valproate to anybody within the at-risk group. And the RP discussed the steps required to comply with the PPP.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped inform workload priority. Pharmacy team members routinely signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy had a system for managing the medicines it could not supply immediately, known as owings. The number of medicines owed to people had increased in recent months. The team discussed some of the issues they had recently experienced with obtaining stock of some medicines and how they kept people informed to help ensure they did not run out. It kept the original prescription and used this throughout the dispensing process when supplying owed medicines. The pharmacy kept 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. The pharmacy used individual patient record sheets when supplying medicines in multi-compartment compliance packs. Team members documented changes to people's medicine regimens on these sheets. But they commonly used correction fluid when recording these changes which meant that full audit trails of the changes were not kept. A sample of assembled compliance packs contained full dispensing audit trails and basic 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 used the company's offsite dispensing hub to help it manage a high volume of the prescriptions it received. This process involved the team securely transferring data from people's prescriptions to the dispensing hub. The hub then dispensed the prescription and sent the medicine back to the pharmacy to be collected by or delivered to people. The team received bags of assembled items from the hub around two days after sending the data. The pharmacy kept a clear audit trail showing who had entered the data on the computer and which pharmacist had undertaken a data accuracy check and a clinical check of the prescription. Pharmacy team members demonstrated how they managed prescriptions when part was dispensed at the hub and part was dispensed in the pharmacy. They used barcode technology to track prescriptions through the entire dispensing process. Team members scanned assembled bags of locally dispensed medicines and hub dispensed medicines to the same storage location. They explained how this mitigated the risk of only supplying part of the prescription to people.

The pharmacy sourced medicines from licensed wholesalers. It generally stored medicines in an orderly manner, within their original packaging, on shelves throughout the dispensary. But some areas of the dispensary required organisation as some medicines had fallen into those stored next to them. The pharmacy stored its CDs within secure cabinets. Medicines inside were stored in an orderly manner but the cabinets were nearing their storage capacity. The pharmacy had two fridges used to store medicines. Both fridges were operating at their maximum storage capacity. The team acknowledged it was working on reducing stock levels of these medicines. Fridge temperature records confirmed they were operating within the correct temperature range of two and eight degrees Celsius. The team kept an electronic record of its date checking tasks, these had last been completed in September 2022. A random check of dispensary stock found no out-of-date medicines and most short-dated medicines were highlighted. Team members had engaged in some recent risk reduction learning prompting them to check expiry dates during the dispensing process to reduce the risk of supplying an expired medicine. The team annotated liquid medicines with details of their shortened shelf-life once opened. The pharmacy had appropriate medical waste bins and CD denaturing kits available. It received and actioned medicine alerts electronically through a task tracker system on its intranet.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Pharmacy team members have access to appropriately maintained equipment to provide the pharmacy's services safely. And they manage and use this equipment with care.

Inspector's evidence

Pharmacy team members had access to appropriate written reference resources such as the British National Formulary and they could access information on the internet and intranet. The pharmacy protected its computers from authorised access through the use of passwords and NHS smart cards. It stored bags of assembled medicines on shelving to the side of the dispensary. People in the public area could not read personal details on bag labels and prescription forms. Pharmacy team members used a cordless telephone handset when speaking to people over the telephone and moved out of earshot of the public area when the phone call required privacy.

The pharmacy team used crown-stamped measuring cylinders for measuring liquid medicines. Equipment for counting capsules and tablets was clean. There was separate equipment available for counting and measuring higher-risk medicines. This mitigated any risk of cross contamination when dispensing these medicines. 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's 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.