

Registered pharmacy inspection report

Pharmacy Name: Well, 137 Nottingham Road, Selston,
NOTTINGHAM, Nottinghamshire, NG16 6BT

Pharmacy reference: 1035697

Type of pharmacy: Community

Date of inspection: 19/08/2020

Pharmacy context

This is a community pharmacy in a large village on the border between Nottinghamshire and Derbyshire. During the COVID-19 pandemic the pharmacy's main focus is on providing dispensing services. This includes the delivery of medicines to people's homes. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It offers advice on the management of minor illnesses and long-term conditions.

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	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 its services. It keeps people's private information secure. And it maintains the records required by law. The pharmacy advertises how people can feedback about its services. And it responds appropriately to the feedback it receives. Members of the pharmacy team understand how to manage concerns they receive about vulnerable people. And they can access support when reporting these types of concerns if required. The pharmacy team members act openly and honestly by sharing information when mistakes happen. But they do not always have the opportunity to engage in patient safety reviews. This could limit the quality of shared learning opportunities amongst the team.

Inspector's evidence

The company that owned the pharmacy had provided support to the team during the COVID-19 pandemic. Team members explained this included workplace risk assessments, individual risk assessments and regular communication relating to the management of services during the pandemic. The team had worked behind closed doors for two hours of each working day in the first weeks of the pandemic. This had helped them manage an increase in workload during this time. The pharmacy had reviewed its access arrangements to help reduce the risk of transmitting the virus between people visiting the pharmacy. It was restricting access to two people at any given time to help comply with social distancing guidance. And it promoted the use of face coverings when entering the pharmacy. Team members wore facemasks at all times when working.

The pharmacy had a set of up-to-date standard operating procedures (SOPs). The superintendent pharmacist's team reviewed these on a rolling two-year cycle. Pharmacy team members accessed SOPs electronically. And they completed learning through watching videos and completing assessments to confirm their understanding of each SOP. Team members on duty demonstrated their training records. The responsible pharmacist (RP) acknowledged his training record was not up to date. He had joined the company in January 2020. The RP provided verbal confirmation he had read the SOPs. And he was observed working in accordance with dispensary SOPs throughout the inspection.

The last inspection of the pharmacy had taken place in November 2019. This had resulted in some improvement actions required. These actions related to workload management and the need to follow the pharmacy's written procedures. This included the use of space in the dispensary which required improvement. The dispensary was small. And workflow had been reviewed and improved since the last inspection. Work benches were free of clutter. Some additional shelving had been fitted since the last inspection. Team members agreed storage had improved. But two baskets of part-assembled medicines were placed on the floor in front of the shelves. The team explained this was due to the height between shelves being too narrow to fit the larger bags. The baskets were pushed against the shelving to reduce any risk of trip or fall.

The pharmacy had a near miss error reporting procedure. Recent paper records showed consistent near miss error reporting. And these were transferred to an electronic patient safety tool 'Datix' each week. Historic records found some gaps in reporting, no formal reporting was seen during the first few months of the COVID-19 pandemic. The RP explained how verbal feedback had been provided during

this time due to an increase in workload pressure. The team could demonstrate some actions it had taken to respond to risks identified through these conversations. For example, separating medicines with similar names on the dispensary shelves. The pharmacy team also recorded dispensing incidents on Datix. Incident reporting had continued throughout the pandemic. The dispenser reflected on feedback and learning from an incident involving a delivery error. The team had shared learning and had ensured all drivers were notified of specific delivery notes to reduce the risk of a similar incident occurring. Datix provided overall trend analysis data of the types of mistakes being made. And a patient safety report feature was available to support regular reviews. But team members had not engaged in shared learning relating to the patient safety review for some months. The RP engaged in a conversation relating to how the report could provide further opportunities to review and reduce risk across the pharmacy.

The pharmacy had a complaints procedure. It advertised how people could provide feedback or raise a concern about the pharmacy. And pharmacy team members explained how they would respond to a concern. People could also leave feedback about the pharmacy on the nhs.uk website and the pharmacy's superintendent pharmacist's team responded to this feedback appropriately. Team members reflected on feedback they had received throughout the pandemic and provided examples of how they had responded to queries and concerns about the supply of medicines during this time. They reported most feedback throughout the pandemic had been supportive and had reflected the hard work team members had put in to help keep most services accessible.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed contained the correct details of the RP on duty. Samples of the RP record and specials records conformed to legal and regulatory requirements. There was one prescription waiting to be entered into the Prescription Only Medicine (POM) register, this was from the previous week. Other entries in the register were clear and up to date. The pharmacy maintained running balances of controlled drugs (CDs) within its CD register. And it completed full balance checks against physical stock regularly. But the length of time between some recorded checks had extended over recent months. For example, the date of the last check in a random section of the register read 27 July 2020. A physical balance check of Matrifen 12microgram/hour transdermal patches complied with the balance of the CD register. The pharmacy maintained a patient returned CD register. And pharmacy team members recorded returns into the register on the date of receipt.

The pharmacy displayed a privacy notice. It had procedures relating to information governance and compliance with data protection requirements. Team members engaged in regular learning associated with information governance processes. And they were observed applying vigilance when more than one person was present in the public area of the pharmacy. The pharmacy stored all personal identifiable information in staff only areas of the pharmacy. And it used 'Shred-it' bags to store confidential waste. These were sealed and collected for secure disposal periodically.

The pharmacy had procedures and information relating to safeguarding vulnerable adults and children. It displayed a chaperone notice. And the pharmacy had contact information for safeguarding agencies. Pharmacy team members completed safeguarding training through e-learning. The RP had completed level two training through the Centre for Pharmacy Postgraduate Education (CPPE). Team members on duty were aware of safeguarding reporting requirements. The RP explained how he may seek support from the superintendent pharmacist's team if a situation occurred which required onward reporting to safeguarding agencies.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough, suitably skilled team members to manage its workload safely and effectively. It supports team members individual learning and development needs through regular training and structured appraisals. Pharmacy team members communicate well with each other. They understand how to provide feedback about the pharmacy and how to raise a professional concern if needed.

Inspector's evidence

On duty during the inspection was the RP and a qualified dispenser. The pharmacy also employed a trainee pharmacy assistant and two other dispensers, one of which was the pharmacy manager. The pharmacy used employed drivers to deliver medicines to people's homes. On the morning of inspection the team was working with reduced staff due to the manager attending an urgent meeting. The two other team members were on a day off. The RP and dispenser worked well together. Managed workload was up to date and people presenting with acute prescriptions experienced a short wait.

Since the last inspection, the RP had joined the team as the full-time regular pharmacist. This provided both team members and people visiting the pharmacy with some continuity. Workload management had improved significantly. And team members were keeping on top of other tasks such as date checking. The dispenser confirmed work/life balance had also improved. Both team members felt well supported by the current pharmacy manager. The RP confirmed members of the relief team had supported in the pharmacy during the pandemic, when needed. And overtime was authorised where required. For example, the dispenser was working additional hours to help cover leave on the day of inspection.

Pharmacy team members regularly completed learning associated with their roles. Some team members preferred to complete this in their own time. But, team members could request time to complete their learning whilst at work if required. The pharmacy generally monitored learning and development. But monitoring had reduced during the pandemic, as demonstrated by the RP's incomplete training record. Pharmacy team members received an annual appraisal. They had been given paperwork to prepare for this year's appraisal.

The RP confirmed all team members had taken part in individual COVID-19 risk assessments. The team expressed feeling well supported throughout the pandemic. The company had provided regular briefings to keep team members informed of changes as they happened. And the RP confirmed the pharmacy's regional manager had regularly contacted the pharmacy to ensure the team was coping. The RP discussed some targets for services such as Medicines Use Reviews (MURs), this service had recommenced following lockdown restrictions being lifted. The RP confirmed there was no pressure on him to deliver services. And he provided examples of how he applied his professional judgement when speaking to people about their medicines, and their health and wellbeing.

The pharmacy had a whistle blowing policy and a confidential help line where staff could seek support if required. The pharmacy team had an open approach to sharing feedback. And team members knew how to escalate concerns if necessary. Pharmacy team members communicated well with each other.

They shared learning through regular discussions. But discussions relating to patient safety reviews had reduced in frequency and formality since the last inspection. A discussion took place with the RP about the benefits of promoting and discussing the results from monthly patient safety reviews to help drive continual learning amongst team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and suitably maintained. It presents a professional appearance to people accessing the services it provides. And workspace is generally managed well. People using the pharmacy can speak with a member of the pharmacy team in confidence in a private consultation room.

Inspector's evidence

The pharmacy was professional in appearance and it was secure. The public area was small, but it was open plan. This provided accessibility to people using wheelchairs and pushchairs. Access was limited to two people at a time during the pandemic. There were clear markers on the floor instructing people wear to stand to help ensure social distancing within the public area. And an area of the floor close to the front dispensing bench was marked off. A clear sign instructed people not to cross into this area. This ensured they remained socially distanced from team members working at the front dispensing bench.

The pharmacy had a sign-posted consultation room to the side of the public area. The room clean and was professional in appearance. But, team members could not maintain a two meter distance from people when using the room. The RP explained he felt confident donning appropriate PPE and using the room to hold private consultations with people during the pandemic. The room was equipped with the necessary resources and equipment to support pharmacy team members in delivering the pharmacy's services. The dispensary was small and required the team to work together well to manage the space available. Other than the two baskets on the floor, the dispensary was well organised. Off the dispensary was a small store/staff room which provided access to a sink for the reconstitution of liquid medicines. Staff toilet facilities led off this room.

The pharmacy was heated by fan heaters at floor level. A large portable air conditioning unit was positioned in the dispensary to help manage temperature during summer months. Lighting was sufficient throughout the premises. Pharmacy team members completed all cleaning tasks, an increased cleaning regime of work benches was in effect. But floors throughout the pharmacy required sweeping or hoovering on the day of inspection. Sinks were equipped with antibacterial hand wash and paper towels. And workstations throughout the pharmacy were equipped with hand sanitiser. Team members reported maintenance concerns to their head office. There were no outstanding maintenance issues noted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. It has procedures to help identify and manage the risks associated with providing pharmacy services. And it has reviewed the way it provides some of its services during the COVID-19 pandemic. The pharmacy has processes to support its team members in identifying higher risk medicines. And it provides people with relevant information about the medicines they are taking. The pharmacy obtains its medicines from reputable sources. And it stores and manages its medicines safely and securely.

Inspector's evidence

The pharmacy was located next to other NHS health services. Free onsite parking was provided. There was step-free access into the pharmacy. A bell was available for people to ring if they required further assistance from team members. And a hearing loop was available in the consultation room. The pharmacy advertised details of its opening times. Its services were advertised through notices and leaflets available in the public area and consultation room. Posters and notices advised people not to enter the pharmacy if they had any symptoms associated with COVID-19. Pharmacy team members had managed a higher volume of queries and over-the-counter requests for medicines during the pandemic as local GP practices operated with a closed door policy. And they reflected positively on how they had managed these increased opportunities to engage with people.

Prescription bags were annotated with stickers to help identify eligible people for some of the pharmacy's services. For example, bags had stickers attached to identify a person's eligibility for the NHS flu vaccination service. The RP discussed the information he had been sent to date about this year's service. He had begun to form plans in how to best deliver the service. And he was aware of plans to adapt the consultation room space to help manage risks associated with the service. Pharmacy team members followed procedures relating to managing higher risk medicines such as warfarin, methotrexate and valproate. They used stickers on assembled bags of medicines to identify the need for monitoring checks associated with these medicines. This prompted referral to the pharmacist for verbal counselling. The RP provided evidence of some monitoring checks. The RP discussed the requirements of the valproate pregnancy prevention programme (PPP). And valproate warning cards were readily available to issue to people in the high-risk group.

The process for managing the pharmacy's 'Free repeat Prescription Service' (FRPS) had improved considerably since the last inspection. Team members now followed the company's SOP for the service. This included the reintroduction of an audit trail detailing each prescription item ordered. And there were good processes in place for raising queries with surgery teams. For example, if some medicines were missing from a prescription, or if a dose had changed. The dispenser confirmed feedback about the service had reduced greatly following the change in process. There was an electronic audit trail in place to support the safe delivery of medicines to people's homes. This involved scanning a barcode attached to a bag of assembled medicines when it left the pharmacy, and again when it was delivered to a person. The delivery process had been adapted appropriately during the pandemic to reduce the risk of spreading the virus through the service.

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 were observed supplying people with patient information leaflets when dispensing medicines. They routinely signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy kept original prescriptions for medicines owing to people. Team members used the prescription throughout the dispensing process when the medicine was later supplied

The pharmacy sent around two thirds of its repeat prescription workload to the company's offsite dispensing hub as part of its central fulfilment service. The pharmacy followed the company's 'Best in Class' guidance for managing some parts of this service. The 'Best in Class' was a tool designed to support teams in following SOPs and managing risks when delivering the pharmacy's services. There was a clear audit trail showing who had entered the prescription on the computer and which pharmacist had undertaken an accuracy check of this data and clinical check of the prescription. Pharmacy team members used an electronic scanning device which tracked the prescription through the entire dispensing process. If part of the prescription was sent to the hub and part was dispensed locally, it clearly provided details of where each packet of assembled medicines was stored prior to hand out. This mitigated the risk of people only being supplied with part of their prescription. A team member demonstrated how a prescription could be pulled back from the hub and dispensed locally if needed.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. The team had completed some learning related to the Falsified Medicines Directive (FMD). And at the previous inspection they had identified the safety checks they applied to tamper-proof packaging during the dispensing process. The pharmacy was not yet scanning and decommissioning medicines.

The pharmacy stored Pharmacy (P) medicines behind the medicine counter and behind Perspex casing to the side of the counter. This meant the RP had supervision of sales taking place and was able to intervene if necessary. It stored medicines in the dispensary in an organised manner. The pharmacy team followed a date checking rota to help manage stock. Date checking tasks were up to date. A random check of dispensary stock found no out-of-date medicines. And medicines with a short shelf-life were clearly identified through the use of stickers. This included bottles of liquid medicines with reduced shelf-lives once opened.

The pharmacy held CDs in secure cabinets. Medicine storage inside the cabinets was orderly. There was designated space for storing patient returns, and out-of-date CDs. Pharmacy team members clearly highlighted CD prescriptions to prompt additional checks during the dispensing process. And assembled CDs were stored in clear bags to assist with these checks. The pharmacy's fridge was clean and stock inside was stored in an organised manner. But the fridge was full to capacity. The storage arrangements for cold chain medicines required monitoring, especially as additional storage space would be required to support the seasonal flu vaccination service. The pharmacy team recorded fridge temperatures. And the record indicated the fridge was generally operating range of between two and eight degrees Celsius. Some temperature spikes above eight degrees Celsius were noted. Team members confirmed this occurred when they cleaned and organised the contents of the fridge. A discussion took place about recording this activity on the temperature record for assurance purposes.

An electronic audit trail of drug and medical device alerts was available through the company intranet. Appropriate action was taken to check and respond to these alerts. Team members had adapted the process they used for managing returned medicines in accordance with national guidance during the pandemic. This involved double bagging returned medicines to reduce the risk of transferring the virus through handling potentially contaminated packaging. The pharmacy had plenty of medical waste bins and bags, clinical waste bins and CD denaturing kits available to support the team in managing

pharmaceutical waste. But the designated area for storing medical waste had reached capacity. The RP explained there had not been a collection for some time and he confirmed he would feed this back to the pharmacy's regional manager.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment in needs for the pharmacy services provided. And pharmacy team members use the equipment and facilities in a way which protects people's privacy.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. The team could access the internet and company intranet to help resolve queries and to obtain up-to-date information. Computers were password protected and the layout of the premises protected information on computer monitors from unauthorised view. The pharmacy held bags of assembled medicines out of public view. This appropriately protected people's details on bag labels. Pharmacy team members used cordless telephone handsets. This meant they could move out of ear-shot of the public area when having confidential conversations with people over the telephone.

The pharmacy had suitable equipment in place for providing its services. This included a separate counting triangle for use when counting cytotoxic medicines. All equipment was clean and subject to regular visual checks to ensure it was safe to use and fit for purpose. Equipment was generally calibrated where required. But the pharmacy's blood pressure machine was annotated with a sticker showing it had been due to be checked in October 2019. All electrical equipment was due for safety testing in September 2020. Equipment available included measuring and counting equipment.

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.