

Registered pharmacy inspection report

Pharmacy Name: Well, 2 Festival Court, Pye Green Road, CANNOCK,
Staffordshire, WS11 5RP

Pharmacy reference: 1036918

Type of pharmacy: Community

Date of inspection: 13/07/2023

Pharmacy context

This is a traditional community pharmacy located in a residential area, not far from Cannock town centre. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy primarily dispenses NHS prescriptions, and it provides some other NHS funded services. Some prescriptions were assembled at the company's central dispensing hub and delivered to the pharmacy for onward supply. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them.

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 manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them. And they make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs were available electronically on the pharmacy's intranet system which allowed the team members to view the SOPs relevant to their job role. Each SOPs had a 'test your understanding' style quiz at the end so team members could demonstrate that they had understood the content. Online SOPs also allowed the team leader and head office to track when training had been completed and address any outstanding training requirements. The responsible pharmacist (RP) said that this provided a level of assurance that the team had received adequate training on the SOPs. The team leader and RP received emails from the area manager and head office to inform them when new SOPs had been uploaded, and a deadline date was set for the pharmacy team to complete training.

Near misses and dispensing incidents were recorded using an online system. The error was discussed with the dispenser at the time of the incident to see if there were any learning points. The near miss report contained notes about each near miss to aid the review process. The RP completed a regular near miss review and shared the learning with pharmacy team members. Dispensing incidents were recorded using the online system and printed off and stored in an incident file, together with any associated paperwork or emails. Clinical audits were carried out, and the latest ones were available in the pharmacy as evidence.

The company used a hub and spoke model for dispensing repeat prescriptions. The team called the hub 'Central Fulfilment' (CF). All prescriptions were labelled at the pharmacy and as part of the process they were identified as being suitable to be sent for CF. The RP completed an accuracy check and clinical check on the computer system before releasing the labelling information for CF. Dispensed medicines were then returned in barcoded bags to be reconciled with the prescription form and put into the pharmacy's retrieval system. There was a contingency process for people that came to collect their prescription before it had been received from CF and for medicines out of stock at CF. The RP audited three CF prescriptions per day for accuracy and recorded this on a log.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of the team answered hypothetical questions related to requests for over-the-counter high-risk medicines, such as co-codamol or sleeping aids correctly. The RP was observed making herself available to discuss queries with people and giving advice when he handed out prescriptions.

People could give feedback to the pharmacy team verbally, in writing or by contacting the customer services department at head office. A quick response (QR) code was printed onto dispensing bags which people could use to give feedback about the pharmacy. However, the team were unaware of anyone

providing feedback in that way. The pharmacy team tried to resolve issues that were within their control and would involve the area manager or pharmacy superintendent's team if they could not reach a solution. The pharmacy team explained that there had been some staffing changes over the past 12-months and the current team had been working at the pharmacy for around six-months. They reported that people using the pharmacy had commented that they felt the pharmacy was operating much better now, and that it was good to see the same people working there.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and two random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply. Home delivery records were stored electronically.

Confidential waste was stored separately from general waste and destroyed securely offsite. The pharmacy team had their own NHS Smartcards and confirmed that passcodes were not shared. The RP had completed level three training on safeguarding and the details of local safeguarding bodies were available. Members of the team completed annual training on safeguarding and data protection and completion was monitored by head office.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough cover to provide the services. They work well together, and they know who to speak to if they need to raise concerns or make suggestions.

Inspector's evidence

The pharmacy team comprised of the team leader (dispensing assistant), a pharmacist, a dispensing assistant and a trainee dispensing assistant. A home delivery driver was available and shared with the other Well pharmacies in the area. Holidays were discussed with other team members to ensure no-one else had already booked the same week and requests were sent to the team leader for final approval. There was a relief dispenser available in the area to provide cover however, cover was usually provided by other members of the team. A trainee pharmacist was due to start at the pharmacy in July 2023.

The staffing levels and core rota were reviewed by the area manager and the team leader on a regular basis. The team leader was informed of the staffing hours required for the pharmacy by the area manager. The staffing changes at the pharmacy during 2022 had resulted in some negative feedback from people that used the pharmacy. Because of this, the area manager had reviewed the staffing arrangements and had transferred two experienced team members from another pharmacy in the area across to create stability and ensure that Well systems and processes were being followed. Two new team members had also been recruited; one was a trained dispensing assistant, and the other was a trainee dispensing assistant who was working towards a recognised dispensing qualification.

Staff members had access to a range of different learning opportunities and could complete them at work, or at home, dependent on their personal preference. All members of staff had to complete yearly mandatory e-learning based training. This was audited by head office and the team manager was accountable for ensuring the training is up to date. The trainee dispensing assistant had training time allocated to them by the team leader, this was usually every two weeks.

The team appeared to work well together during the inspection and were observed helping each other and moving onto the medicines counter when people came into the pharmacy. The team said that they could raise any concerns or suggestions with the team manager, the area manager or the superintendent's office. There was a company whistleblowing policy, and the details were available on the intranet.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. It has a consultation room which people can use for private and confidential discussions with pharmacy team members.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. The dispensary was compact, and the team made good use of the space that they had. The use of the hub had helped to reduce the amount of stock that they pharmacy held. Dispensing and checking activities took place on separate areas of the worktops. There was a small stock room to the side of the dispensary used to store confidential waste bags, bulky stock such as dressings and archived paperwork.

There was a private soundproof consultation room which was used by the pharmacist during the inspection. The consultation room was professional in appearance. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter. The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by the staff. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available.

The pharmacy had a portable air conditioning unit and a portable fan. And the front door was left open to help with air flow. The lighting was adequate for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy had step free access from the pavement and a limited home delivery service was available and intended for patients who could not access the pharmacy. A range of health promotion leaflets were available and pharmacy staff used local knowledge and the internet to support signposting.

A dispensing audit trail was in place through the practice of staff signing their initials on the dispensed and checked by boxes on medicine labels. Dispensing baskets were used to keep medication separate. Different coloured baskets were used to prioritise the workload.

Substance misuse prescriptions for people to take away were dispensed on the morning when the person was due to collect them, and they were stored securely in the controlled drug (CD) cabinet. The RP demonstrated how the methadone dispensing machine worked including setting up the machine before use, calibrating the machine, dispensing, and closing down the machine after the last use. There was a contingency plan in place in the event of machine failure and the team could resort to manual dispensing if this happened.

Stickers and notes were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. The RP was aware of the risks associated with the use of valproate during pregnancy and the need for additional counselling.

Some of the local surgeries had changed their procedures for requesting repeat prescriptions. People had been asked to order their repeat prescriptions themselves online, and not through a pharmacy. The pharmacy team explained that this had caused some problems for people that did not have access to the NHS app or a smart phone. The pharmacy team sought advice from the pharmacy superintendent's team and with the help of the Local Pharmaceutical Committee (LPC) they had arranged for people to be able to order prescriptions using their repeat slips.

Medicines were supplied in multi-compartment compliance packs for some people. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. Each patient had a record sheet showing the dosage time and which external items they required. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication and an audit trail identifying who had been involved in the dispensing and checking process. Patient information leaflets (PILs) were included with each monthly supply. A 'Community Monitored Dosage System Suitability Assessment' was available on the intranet but it was not routinely used by the team.

Date checking took place regularly and no out of date medication was found during the inspection. There were date checking records maintained and short dated medicines were clearly marked as a visual reminder. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in a designated area. Medicines were obtained from a range of licenced wholesalers. Drug recalls were received electronically and marked when they were actioned. The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. And the pharmacy team uses it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were available for measuring methadone. Counting triangles were available and there was a separate, marked triangle used for cytotoxic medicines. Screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.