

# Registered pharmacy inspection report

**Pharmacy Name:** Well, Anne Street, Goldenhill, STOKE-ON-TRENT,  
Staffordshire, ST6 5QJ

**Pharmacy reference:** 1036995

**Type of pharmacy:** Community

**Date of inspection:** 09/01/2020

## Pharmacy context

This community pharmacy is located next to a medical centre in a residential area of Stoke-on-Trent. Most people who use the pharmacy are from the local area. It dispenses prescriptions and sells a range of over-the-counter (OTC) medicines. The pharmacy supplies some medicines in multi-compartment compliance aid packs to help make sure people take them at the correct time. The pharmacy offers several other services including Medicines Use Reviews (MURs), flu vaccinations and a substance misuse treatment 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	Team members complete regular planned learning to keep their knowledge and skills up to date.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy suitably identifies and manages risks. It asks for feedback on its services, so that it can make improvements, and it maintains the records it needs to by law. The pharmacy keeps people's private information safe, and its team members follow written procedures to make sure they work safely, and they are clear about their roles. Team members record their mistakes so that they can learn and improve. And they understand how to raise concerns to help protect vulnerable people.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities. The procedures had been recently updated and defined the individual responsibilities of pharmacy team members. Team members accessed the procedures electronically and an audit trail was kept confirming their acknowledgement and understanding. Team members demonstrated a clear understanding of their roles and two dispensers confidently explained the activities which were permissible in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance, covering the pharmacy services.

Near misses were recorded using an electronic system. Each team member could access the reporting system and records were reviewed at the end of each month to identify any underlying themes and trends. Tape was used on shelf edges to help to identify medicines where additional caution was needed, and medications had also previously been separated in response to incidents to prevent further picking errors. The details of any dispensing incident were recorded using the same electronic system and all incidents were reviewed for learning points. The company's head office cascaded examples of incidents which had occurred elsewhere in the company so that experiences could be shared, and pharmacy teams could learn and take any necessary preventative action.

The pharmacy manager discussed several company audits which were conducted throughout the year. Paperwork relating to a controlled drugs (CD) audit which was conducted twice a year was seen. The pharmacist said that if there were any action points from previous audits then the pharmacy was provided with an action plan to work through.

The pharmacy had a complaint procedure. Information on how concerns could be raised was displayed in a practice leaflet and also on notices which were placed in the consultation room and behind the medicine counter. Concerns raised in the branch were directed to the pharmacy manager, or the company's head office as required. Most people who used the pharmacy were from the local area and several team members had worked at the branch for long periods of time. Cards of thanks were seen to be displayed in the dispensary and the team said that verbal feedback was usually positive. The pharmacy also sought feedback through a mystery shopper scheme and a Community Pharmacy Patient Questionnaire (CPPQ), both of which usually provided positive results.

The correct RP notice was displayed behind the medicine counter and the log was in order. As were records for private prescriptions and emergency supplies. And specials procurement records provided an audit trail from source to supply. The CD registers kept a running balance and regular checks were carried out. But there were some headings which were incomplete, which meant they were not all fully

compliant. A patient returns register was available and previous destructions had been signed and witnessed.

Pharmacy team members completed information governance training and a dispenser discussed some of the ways in which people's private information was kept safe. Confidential waste was segregated and removed by an external contractor for suitable disposal and completed prescriptions were stored out of public view. Each pharmacy team member had their own NHS smartcard and appropriate use was seen on the day.

The pharmacy team had completed some safeguarding training and the pharmacist had completed additional training through the Centre for Pharmacy Postgraduate Education (CPPE). Both a dispenser and the pharmacist discussed some of the types of concerns that might be identified, and an example was discussed where concerns had been raised to a local GP surgery. The contact details of local safeguarding agencies were available to enable escalation. The pharmacy had a chaperone policy, which was displayed in the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members hold the appropriate qualifications for their roles. They complete regular training to keep their knowledge and skills up to date and get feedback on their development. Team members work in an open culture and can raise concerns and provide feedback on pharmacy services.

### Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside three dispensers. The pharmacy employed another part-time dispenser who was not present, and a fifth dispenser was on maternity leave. During her maternity leave, a part-time dispenser was working increased hours to provide additional cover. The team worked in an organised manner and were clear on the tasks to be completed on set days. They supported one another well and adequately managed the workload on the day. There was no backlog in the dispensing workload. Leave was planned and requests were approved by the pharmacist, who restricted the number of team members who could be absent at one time, in order to maintain suitable staffing levels.

Sales of medications were discussed with a dispenser who confidently described the questions that she would ask to make sure sales were suitable. Concerns were referred to the pharmacist and the dispenser identified some high-risk medications, which may be susceptible to abuse. The pharmacy team kept records of frequent requests for medications such as codeine-based preparations and had previously refused requests where they were felt to be inappropriate.

Pharmacy team members held the appropriate qualifications for their roles. They completed ongoing learning and development through an e-Learning programme. Previous topics completed included information governance, as well as modules relating to a new dispensing hub, which was being used to process repeat prescriptions. Training time was made available in work hours. Team members also reviewed additional training materials such as counter skills books and other OTC reading materials. Development was reviewed using an annual appraisal system, which identified areas where the team were performing well, as well as any areas for improvement.

There was an open dialogue amongst the pharmacy team, who worked together well and supported each other effectively to complete daily tasks. Team members were happy to approach the pharmacist in charge and the area manager in the event of any concerns. A colleague feedback system was conducted each quarter, where team members could raise any concerns or feedback with a local representative, who fed the information back to company management. The team were aware of who the local representative was and how she could be contacted. Concerns could be raised anonymously using a whistleblowing telephone line, which was displayed in the staff areas of the pharmacy. There were targets in place for some pharmacy services. The pharmacist explained the checks that she carried out to make sure that services were only carried out when people were eligible.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy portrays a professional appearance, suitable for the provision of healthcare services. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

### Inspector's evidence

The pharmacy premises, including the external facia was in a good state of repair and was suitably maintained. Any maintenance issues were directed to the company's head office, who arranged for any necessary repairs to be completed. Pharmacy team members completed daily housekeeping duties on an ad hoc basis and the pharmacy was clean and tidy on the day. Air conditioning was in place to maintain a temperature suitable for the storage of medicines and there was adequate lighting throughout.

The retail area to the front of the pharmacy portrayed a professional appearance and was clean and tidy. It stocked a range of products which were in keeping with a pharmacy business and pharmacy restricted medications were secured from self-selection behind the medicine counter. There was seating available for use by people who were waiting for their medicines. Off the retail area was an enclosed consultation room. The room was suitably maintained and had a desk and seating to facilitate private and confidential discussions.

The dispensary was adequately sized for the current dispensing workload. There was a front work bench which was used for accuracy checking, and a workbench to the side of this was used for labelling and assembly of repeat prescriptions. Large shelving units were fitted for the storage of medicines. To the other side of the dispensary, there was further work bench space used for the assembly of multi-compartment compliance aid packs. The dispensary had a separate sink for the preparation of medicines which had suitable cleaning materials and further shelves were available in the prescription retrieval area. There were some items temporarily being stored on the floor in some areas, which could create a trip hazard for pharmacy team members. Other areas of the premises including a small staff tearoom area and WC were also generally appropriately maintained.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people with different needs and they are suitably managed so that people receive appropriate care. The pharmacy sources and stores medicines appropriately and team members carry out regular checks to help make sure that medicines are fit for supply.

### Inspector's evidence

The pharmacy had step-free access and an automatic assist door. Additional adjustments could be made for people with different needs. A hearing loop was available on the medicine counter and large print labels could be produced to help people with visual impairment.

There was some advertisement of pharmacy services. A service list was displayed and various leaflets including a pharmacy practice leaflet, were available in the consultation room. A signposting folder was available and team members could also utilise internet resources to direct people to other local services, if required.

Prescriptions were kept separate during the assembly process using colour coded baskets, to help prevent them from being mixed up and to help prioritise the workload. Team members signed 'dispensed' and 'checked' boxes as an audit trail for dispensing. The pharmacy used stickers to identify people prescribed high-risk medications to help make sure that suitable counselling was provided. But records of monitoring parameters were not always consistently maintained as an audit trail. The pharmacist provided appropriate responses during a discussion regarding the use of valproate-based medicines in people who may become pregnant and the relevant safety literature was available. Prescriptions for CDs were marked to help make sure that supplies were made within a valid 28-day expiry date.

The pharmacy provided a repeat prescription collection service. People contacted the pharmacy to request the medications which were required, and an audit trail was kept identifying unreturned requests. The pharmacy also managed repeat requests for people who needed help with ordering their medicines. People identified which medications were required for the next month and a reorder date was calculated. An audit trail was left to highlight unreturned prescription requests, which were followed up with the GP surgery. Most managed repeat prescriptions were dispensed at a nearby hub. People had been informed of this and leaflets were available which explained that some medications were dispensed at an alternative location. Prescriptions received by the pharmacy were labelled on the system. Information was clinically and accuracy checked by the pharmacist before being sent to the hub. An audit trail was maintained for this process and prescriptions could be tracked. Medications were delivered in sealed tote boxes and were matched with the original prescription form. Any medications which could not be supplied by the hub were dispensed locally, and the prescription was placed for retrieval. Following a previous quality assurance audit, the pharmacy now carried out two random checks each day, to ensure that prescriptions were being supplied correctly. Signatures were obtained for deliveries that were made to patients' homes and a card was left for anyone who was not in at the time of delivery. Medications were then returned to the pharmacy.

Prescriptions for compliance aid packs were managed using a four-week cycle and two dispensers were

involved in the process. Prior to being initiated on a compliance aid pack, a needs assessment was conducted to check suitability and discuss the compliance pack process. Medications for compliance packs were ordered by the pharmacy dispensers and bulk items were requested as per arrangements with individual patients. Each patient had a master record sheet, which was updated to reflect any changes that were made to their medicines. No high-risk medications were placed into compliance aid packs and the pharmacist discussed how she would check for information on medication stability. Completed compliance packs were labelled with patient details and had an audit trail for dispensing. Patient leaflets were supplied, but trays did not routinely contain descriptions of individual medicines, so people may not always be able to easily identify them.

The pharmacist had completed training for the administration of the flu vaccine. Certificates confirming training and a declaration of competence were seen. Copies of in-date patient group directives (PGDs) were available and the pharmacist had received a hepatitis b vaccination for personal protection. Equipment to aid the administration of vaccines including adrenaline and a sharps bin were available.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock medications were organised and stored in the original packaging provided by the manufacturer. A date checking schedule was in operation and checks were up-to-date. Short-dated medications were identified and recorded, and no expired medicines were identified during random checks. Obsolete medications were placed in medicine waste bins. There were several small bags of returned medicines which required sorting on the day. The pharmacist agreed to action this post inspection. The pharmacy was not yet fully compliant with the requirements of the European Falsified Medicines Directive (FMD). Some training had been completed, but team members were unsure regarding the timeframe for the pharmacy to become fully compliant. Alerts for the recall of faulty medicines and medical devices were received through an alert system which was checked regularly throughout the day. Audit trails were kept recording the action that had been taken in response.

The pharmacy had two refrigerators, which were both equipped with maximum and minimum thermometers. The temperature was checked and recorded daily. There were a small number of occasions where the temperature had exceeded the maximum recommended range and the action that had been taken in response had not been recorded. This was discussed with the pharmacist on the day. In recent weeks, and on the day of the inspection, both refrigerators were within the recommended range. CDs were stored appropriately and expired and returned CDs were marked and segregated from stock. Random balance checks were found to be correct and CD denaturing kits were available.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use equipment in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had access to paper-based reference materials, including an up-to-date edition of the British National Formulary (BNF) and internet access was available for further research. A set of glass crown-stamped conical measures was available for measuring liquids. Separate measures were clearly marked for use with CDs. Counting triangles were available for loose tablets, with a separate triangle used for cytotoxic medicines. An electronic tablets counter was also available. This had been recently PAT tested and was mainly used to carry out a second check of medication quantities.

Electrical equipment was in working order and had been PAT tested in December 2019. The pharmacy computer and patient record systems were password protected and screens were located out of public view. The pharmacy had a cordless phone to enable conversations to take place in private, if required.

### 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.