

Registered pharmacy inspection report

Pharmacy Name: Well, Brook Medical Centre, Chell Heath Road,
Bradeley, STOKE-ON-TRENT, Staffordshire, ST6 7NN

Pharmacy reference: 1037001

Type of pharmacy: Community

Date of inspection: 16/07/2019

Pharmacy context

This community pharmacy is located next to a busy medical centre, in a residential part of Bradeley, Stoke-on-Trent. Most people who use the pharmacy are from the local area. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter (OTC) medicines. It also provides several other NHS services including Medicines Use Reviews (MURs), the New Medicine Service (NMS) and emergency hormonal contraception (EHC). A local minor ailments scheme is also available.

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	2.2	Good practice	Pharmacy team members are appropriately trained for their roles and have regular development reviews to identify and address gaps in their knowledge.
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 the records it needs to by law and has procedures in place to make sure that it keeps people's private information safe. Pharmacy team members follow written procedures to help make sure they complete tasks safely. They record some of their mistakes so that they can learn from them and make improvements. But sometimes information is missing, so they might miss some learning opportunities. The team understand how to raise concerns to help protect vulnerable people.

Inspector's evidence

A range of standard operating procedures (SOPs) covered operational tasks and services. The procedures were regularly updated and defined the roles and responsibilities of the pharmacy team. Team members completed training on the procedures electronically and a record was maintained confirming their acknowledgement and understanding. This was reviewed by management to ensure compliance. The team demonstrated an understanding of their responsibilities. They wore uniforms and name badges which stated their role, and a pharmacy assistant was clearly able to describe the activities which could and could not take place in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance covering the services provided.

Near miss records were maintained and team members were encouraged to identify what had gone wrong, so that they could learn from their mistakes. The team confirmed that there may be some instances where near misses were not always recorded, which may mean that some underlying trends or themes are not detected and learning opportunities are missed. Near miss records were then reviewed each month and discussed as a team. The team were open and comfortable in discussing any issues and discussed some changes that had been made in response to previous incidents. This included the separation of medicines and the use of cautionary shelf edge labels. The details of dispensing incidents were recorded electronically and provided more information on what had gone wrong, and measures that had been taken to prevent reoccurrence. A recent incident was discussed at length with the pharmacy team. The team were all aware of the incident reporting procedure, and additional root cause analysis forms were also completed, when directed from by the superintendent pharmacist (SI) office.

People were able to provide feedback on pharmacy services verbally. And the details of the company complaint procedure were outlined in a practice leaflet, which was available for selection. Additional feedback could be provided through NHS choices reviews and the company participated in an annual Community Pharmacy Patient Questionnaire (CPPQ) and had regular mystery shopper visits.

The correct RP notice was conspicuously displayed near to the medicine counter. The RP log was generally compliant, as were records for private prescriptions and emergency supplies. Controlled drugs (CD) registers kept a running balance and regular balance checks were conducted. Patient returned CDs were recorded and destructions were signed and witnessed. Specials procurement records provided an audit trail from source to supply.

The pharmacy team completed regular information governance and General Data Protection Regulation (GDPR) training, and they demonstrated a sound understanding of how they would help to protect confidentiality within the pharmacy. Confidential waste was segregated and removed by an external contractor for appropriate disposal. And completed prescriptions were stored out of view of the medicine counter. Appropriate use of NHS smartcards was observed on the day.

Team members had completed safeguarding training and were also trained as Dementia Friends. A safeguarding reference tool was in the consultation room to provide further guidance on the protection of vulnerable people and the contact details of local safeguarding agencies were available for escalation. Previous concerns had been escalated from the pharmacy to help protect vulnerable patients. The pharmacy was also part of a local 'safe place' scheme where vulnerable people who required assistance could go to seek help. Guidance was available to inform staff of the necessary steps to be taken, should someone present with their 'safe place' card.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team work in an open culture and feel comfortable raising concerns and providing feedback on pharmacy services. They receive training for their roles and regular feedback on their development, so that they can learn and make improvements. And team members complete regular ongoing training to make sure that they keep their knowledge up to date.

Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside a registered pharmacy technician who was an accredited accuracy checker (ACT), and two qualified pharmacy assistants. The pharmacy also employed three additional part-time pharmacy assistants and a pre-registration pharmacist, none of whom were present. Staffing levels were currently undergoing a review to ensure that they were appropriate. A set rota was in place which recorded each team member's hours, and the pharmacist had arranged working hours to ensure that the maximum number of team members were scheduled to work on the busiest days. Leave within the pharmacy was usually planned and restrictions were in place to ensure appropriate staffing levels were maintained. When cover was required, this was usually provided by part-time team members and there were also some relief staff who worked within the area. Although the workload appeared busy, the team appeared to manage adequately throughout the inspection. They were processing repeat prescriptions in advance of their due date and there were no other delays to services.

Team members were observed to work within their competence, they asked appropriate questions to help to make sure that sales of medicines were appropriate and referred any concerns to the pharmacist. Team members were appropriately trained for their roles. One pharmacy assistant was completing an NVQ level 3 pharmacy technician course, with support from the regular pharmacist. The team completed regular training provided through an e-learning platform. Regular modules included updates to SOPs, information governance training and other healthcare-based topics. Protected learning time was provided in the pharmacy and the pharmacist checked compliance. Additional updates were also provided through a regular company bulletin. Feedback was provided informally to the team on an ongoing basis and although through structured development reviews. A 'how am I doing?' conversation took place every six months to review progress and set goals, and an annual appraisal was also completed. The team were set some targets for professional services within the branch, but the pharmacist said that there was no pressure relating to these.

There was an open culture within the pharmacy and the team held discussions when things had gone wrong so that they could learn and make improvements. Team members explained that they felt comfortable discussing issues as a team and were happy to approach the pharmacist in charge with any concerns. Some team members discussed feedback that they had recently provided to management regarding a display in the pharmacy. And they were also able to provide anonymous feedback to company management by completing an annual staff survey. A whistleblowing policy was accessible through the company intranet for other anonymous concerns.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a clean and professional environment suitable for the delivery of healthcare. It has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

Inspector's evidence

The pharmacy's premises, including the external facia was well presented and portrayed a professional appearance. It was clean and hygienic on the day and the team escalated any maintenance issues to head office, who arranged for suitable repairs to be carried out. There was adequate lighting throughout and air conditioning maintained a temperature appropriate for the storage of medicines.

The retail area was tidy, the floor space was free from obstructions and several chairs were available for use by those less able to stand. A range of appropriate healthcare-based goods were available for sale and several service leaflets and additional health promotion literature was displayed. The pharmacy had an enclosed consultation room, which was clearly signposted and appropriately maintained. The room was unlocked at the time of the inspection, due to its regular use. Two adrenaline auto-pens which were initially on a desk were secured in a locked cabinet to help prevent unauthorised access, after discussion with the pharmacist.

The dispensary had adequate space for the current dispensing workload. There was a defined workflow, with separate areas for dispensing and checking. But some parts of the work benches could at times become cluttered with baskets of prescriptions awaiting collections or owing items. Storage space was maximised where possible using drawers and shelving. The dispensary also had a sink for the preparation of medicines, which was equipped with hot and cold water and appropriate hand sanitisers.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible and well managed so people receive appropriate care. The pharmacy sources and stores medicines securely, and team members carry out regular checks to make sure that medicines are fit for supply.

Inspector's evidence

The pharmacy's services were advertised in a practice leaflet, and through additional promotional displays. The opening hours were displayed at the entrance to the premises and team members had access to information to support signposting. Access to the pharmacy was step-free and automatic doors were fitted. Additional adjustments were available to support those with disabilities, including a hearing loop device and large print labels, to aid people with visual impairment.

Prescriptions were separated into baskets, to help keep medicines from being mixed up and a colour coded system helped to prioritise the workload. Team members signed 'dispensed' and 'checked' boxes so that those involved in dispensing processes could be identified. They highlighted prescriptions for high-risk medicines so that people got appropriate advice and monitoring, but records of this such as INR readings were not routinely maintained. The pharmacy had completed an audit on the supply of valproate-based medicines to people who may become pregnant. The pharmacist discussed the counselling that had been provided to those who fell within the relevant criteria. The pharmacy had the necessary safety literature, but team members were not always clear on when materials should be supplied. This was discussed on the day and the pharmacist agreed to review the relevant guidance with the team. Prescriptions for CDs were highlighted to help to ensure that supplies were made within a valid 28 day expiry date. The prescription retrieval shelf was checked each week, uncollected prescriptions were highlighted, and patients were contacted as a reminder. Prescriptions which remained uncollected were returned and a record was kept.

The pharmacy kept audit trails of repeat prescription requests sent to the GP surgery so that unreturned requests were identified. Some repeat prescriptions were sent to a central hub for dispensing. The pharmacy computer system highlighted prescriptions which may be suitable for this. Data was sent to the central hub electronically and received a clinical and accuracy check prior to being sent. A record of this was held. Signatures were obtained to confirm the delivery of medicines. The driver used separate sheets so that patient details were not visible to others. In the case of failed deliveries, a card was left, and the medication was returned to the pharmacy. The driver discussed how he planned the delivery route, giving priority to deliveries for medicines such as fridge items, to help maintain the cold chain, as no facilities for this were available in the delivery van.

The pharmacist had completed training for additional services such as MURs and the EHC. Consent forms for these services were filed in a secure location.

Stock medicines were sourced through reputable wholesalers and specials from a licensed manufacturer. Stock was stored in an organised manner and in the original packaging provided by the

manufacturer. Regular date checking was undertaken to highlight short-dated medicines, and medicines which had expired or were returned by patients were disposed of in appropriate waste receptacles. No out-of-date medicines were identified from random checks. The pharmacy was not currently compliant with the requirements of the European Falsified Medicines Directive (FMD). The implementation was being managed at head office level and the team were unaware of current progress. Alerts for the recall of faulty medicines and medical devices were received electronically. An audit trail was maintained to show the action that had been taken in response.

CDs were stored appropriately, with expired CDs segregated from stock. Random balance checks were found to be correct and denaturing kits were available. Both refrigerators were fitted with maximum and minimum thermometers and were within the recommended temperature range. The temperature was checked and recorded each day.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

Inspector's evidence

The team had access to paper reference materials including the British National Formulary (BNF) and internet access supported additional research. The pharmacist explained that further support and advice could also be sourced from colleagues including team members at the adjacent GP surgery.

Pharmacy equipment was appropriately maintained, several glass crown-stamped measures were available for measuring liquids. Separate measures were clearly marked for use with CDs. Counting triangles were clean and a separate triangle was used for cytotoxic medicines.

Electrical equipment was in working order, computer systems were password protected and were positioned out of public view. A cordless phone enabled 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.