

Registered pharmacy inspection report

Pharmacy Name: Birchill & Watson Pharmacy, 20 Knypersley Road,
Norton-in-the-Moors, STOKE-ON-TRENT, Staffordshire, ST6 8HX

Pharmacy reference: 1037038

Type of pharmacy: Community

Date of inspection: 17/01/2023

Pharmacy context

This is a community pharmacy situated on a main road in Norton, near Stoke-on-Trent. It dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, and a minor ailment service. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take their medicines at the right time.

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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them so that they can learn from them. And they take action to reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which were issued in 2022. Members of the pharmacy team had signed training sheets to say they had read and accepted the SOPs. The pharmacy had systems in place to identify and manage risk, such as records of dispensing errors and their learning outcomes. Near miss incidents were recorded on a paper log. These were discussed and reviewed in a team meeting at the end of the month. Details of the meeting were recorded including any action the team was taking to help prevent mistakes being repeated. For example, the team had moved medicines which they considered to 'look-alike' or 'sound-alike' away from one another to help prevent picking mistakes. The superintendent pharmacist circulated a regular bulletin to share learning between pharmacies. Amongst other topics the bulletins covered common errors and professional matters.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure which was explained in the practice leaflet. Any complaints were recorded and followed up. A current certificate of professional indemnity insurance was on display.

Records for the RP and private prescriptions appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked monthly. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team completed annual IG training. When questioned, a dispenser was able to explain how confidential waste was segregated to be removed by a waste carrier. A notice in the retail area explained how the pharmacy handled people's information. Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were on display in the dispensary. A trainee dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist manager, a pharmacy technician who was trained to accuracy check (ACT), four dispensers, one of whom was in training, and a medicine counter assistant (MCA). All team members had completed the necessary training for their roles. There was usually a pharmacist, ACT, two dispensers and one or two MCAs. The volume of work appeared to be managed. Staffing levels were maintained using locum dispensers and a staggered holiday system.

Members of the pharmacy team were provided with additional training. This included online training packs and training sessions provided by the pharmacist. Some training records were kept showing what online training had been completed, but there were no records for other types of training. And further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

A trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist said she felt able to exercise her professional judgement and this was respected by members of the team and the superintendent (SI). Team members said that there was a good rapport between each other. And they felt a good level of support from the pharmacist manager. But there was no formal appraisal programme to help identify training and development needs. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. The pharmacist said she did not feel under pressure to achieve any targets set by the company for professional-based services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using central heating. Lighting was sufficient. Team members had use of a kitchenette area and WC facilities.

A consultation room was available. The space was clutter free with a computer, desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was via a single door with a step. There was no ramp, so pharmacy team members would assist wheelchair users or deliver their medicines. Pharmacy practice leaflets gave information about the services offered and information was also available on the website. The pharmacy opening hours were on display and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery book was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done an accuracy checker was able to perform the final accuracy check. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen to confirm the patient's name and address when medicines were handed out. The pharmacy had a process to ensure any CDs were removed from the collection shelf before their expiry date. But high-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. The team were aware about the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she had spoken to patients who were at risk and counselled them about the pregnancy prevention programme.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would complete an assessment to check their suitability and note this on their electronic records. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Compliance aids were assembled at an off-site dispensing hub. The pharmacist would

complete a clinical check of the prescription before the information was electronically sent to the hub for dispensing. The assembled compliance aids would be returned to the pharmacy the following week. They contained descriptions about the medicines inside the pack. But patient information leaflets (PILs) were not always supplied unless requested by the patient. So people may not always have up-to-date information about how to take their medicines safely.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 3-month basis. A date checking record was signed by staff to show what had been checked. Short-dated stock was highlighted using a sticker, and liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office. A record was kept showing what action was taken, by whom and when for each alert received.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Pharmacy team members had access to the internet for general information. This included access to the BNF, BNFC and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. People were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide privacy.

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.