General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 688-690 London Road, Oakhill, STOKE-ON-TRENT, Staffordshire, ST4 5BA

Pharmacy reference: 1037045

Type of pharmacy: Community

Date of inspection: 27/09/2024

Pharmacy context

This community pharmacy is located on a busy main road just outside of Stoke-On-Trent city centre. Its main activity is dispensing NHS prescriptions, and the pharmacy also provides several other services and sells a range of over-the-counter medicines. It supplies some people with medicines in multi-compartment compliance packs to help them take their medicines correctly. Some NHS prescriptions supplied from the pharmacy are assembled at an off-site dispensing hub within the same company.

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

Members of the pharmacy team follow written instructions to help them work safely and effectively. They discuss things that go wrong so that they can learn from them. But they do not always record their mistakes so they may miss some learning opportunities. The pharmacy generally keeps accurate records that are needed by law. And staff receive regular training so that they know how to keep private information safe.

Inspector's evidence

The pharmacy had a full set of electronic standard operating procedures (SOPs) to underpin its services. The SOPs were reviewed and updated regularly by the superintendent pharmacist's team. Each member of the pharmacy team had an electronic training record showing that they had read and understood the SOPs. The training records were monitored by head office and any overdue training was chased up. The responsible pharmacist (RP) confirmed that all SOP training was up to date.

Dispensing errors, which is when a mistake is identified after a medicine is supplied to the person, were recorded on the pharmacy computer and a copy was sent to the superintendent pharmacist. Members of the pharmacy team explained that they discussed any near miss incidents that happened so that they could learn from them, but they did not normally make records. The RP said they took action to address any risks they identified and gave an example that they had recently allocated a designated member of the team to dispense medicines into the multi-compartment compliance packs. This allowed them to complete the tasks without disruption and the RP found that it had reduced the number of near misses. Near miss incidents were not reviewed regularly to help identify any common mistakes or emerging trends so the team missed out on opportunities to learn from their mistakes. This was discussed with the RP who agreed to undertake reviews going forwards.

A responsible pharmacist notice was prominently displayed behind the medicines counter. Staff roles and responsibilities were described in the SOPs. A pharmacy technician was able to correct explain what tasks could and could not be completed if the RP was absent. The pharmacy had a complaints procedure in place and a notice was displayed in the retail area explaining how people could make complaints or provide feedback. A current certificate of professional indemnity insurance was available.

An electronic controlled drugs (CD) register was in use and appeared to be in order. Running balances were recorded and a weekly audit was carried out to check the register balances against stock. A random balance for two CDs were checked and found to be accurate. Patient returned CDs were recorded separately. The RP record and records of unlicensed specials were kept in line with requirements. An electronic private prescription register was available, but some entries seen had the incorrect prescriber listed which may make it harder for the pharmacy to respond to any queries or concerns.

An information governance (IG) policy was in place and all staff received IG training once a year. Confidential waste was collected separately and disposed of in a dedicated bin for destruction by a specialist contractor. A notice in the retail area explained how the pharmacy handled people's information, and further details were included in the practice leaflets. A safeguarding policy was in place and the pharmacist confirmed they had completed level three training, along with the two

pharmacy technicians. The rest of the team had all completed in-house training. The contact numbers required for raising safeguarding concerns were present. A chaperone policy was available, and a poster clearly advertised this to people using the consultation room.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to safely manage the workload. Members of the team work well together. They receive the training they need for the jobs they do, and they complete ongoing training to keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team consisted of a regular pharmacist, who was also the pharmacy manager, three pharmacy technicians, one dispensing assistant, a trainee pharmacist and a university student studying pharmacy. There was also a relief dispensing assistant helping the pharmacy team, but it was explained that relief team members are rarely used. Annual leave and absences were covered by members of the team. The pharmacy also had a team of delivery drivers to deliver medicines to people's homes. They were not assigned to a specific branch and supported multiple pharmacy branches within the same company. The team appeared to manage the workload effectively. The RP said the staffing level was normally adequate but there were times when the team had fallen behind on administrative tasks. Members of the team were regularly provided with ongoing training. This was normally in the form of electronic training packages. The trainee pharmacist felt well supported by the RP and explained that the company organised regular training sessions to help them with their competency-based learning. The pharmacy team asked questions when selling medicines to check they were suitable. A pharmacy technician was aware of the medicines that were liable to misuse and confirmed they refused sales if they didn't feel it was appropriate. Team members explained there had been some instances of people requesting codeine containing products on multiple occasions. In such cases, they referred to the pharmacist and refused the sale.

Team members appeared to work well together and had a good rapport with customers. A whistleblowing policy was in place and there was a dedicated phone number for the staff to report any concerns. The pharmacist confirmed some performance targets were set in relation to pharmacy services but did not feel under undue pressure to meet them.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and tidy and is a suitable place to provide healthcare services safely. It has a consultation room so that people can have a conversation in private with a member of the team.

Inspector's evidence

The pharmacy was clean and tidy. The dispensary was generally large enough for workload undertaken and cleaning was done on a daily basis. Work benches were kept clear which helped to make sure prescriptions were assembled safely. Some tote boxes containing medicines were stored on the floor in the dispensary area, but this did not pose a tripping hazard. A clean sink was available to prepare medicines that required mixing before being supplied to people. Lighting and the ambient temperature of the pharmacy were adequately controlled and maintained.

Maintenance problems with the premises were reported to head office. Team facilities included a staff rest area and WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance. It was clearly signposted and locked when not in use.

A storage room was situated at the back of the dispensary. It was mainly used to store bulk products and medicines ready to be delivered. The pharmacy was secured when closed and access to the dispensary was restricted using a door.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a range of services that are accessible to most people, and the dispensing process is generally well organised. But higher-risk medicines are not always highlighted. This means team members may not be aware when these medicines are being handed out, so they can check to make sure they are being used safely. And it doesn't always provide people enough information when suppling medicines in multi-compartment compliance packs. So, they may not be able to make informed decisions about their care. Stock medicines are obtained from licensed suppliers and stored appropriately. And the team carries out checks to help make sure they are kept in good condition.

Inspector's evidence

The pharmacy's main entrance had a small step, but a doorbell had been installed for people with mobility difficulties to use if they needed assistance to enter the pharmacy. There were posters in the pharmacy's window advertising its services. And further information about services was provided in practice leaflets and various other leaflets that were available in the retail area. The pharmacy offered a delivery service. The delivery driver had completed training for their role and used a hand-held device to make electronic records of deliveries made. A note was left if there was nobody home to receive the delivery and the medicines were returned to the pharmacy.
Dispensing baskets were used to keep individual prescriptions separate and avoid medicines being mixed up during the dispensing process. Team members signed 'dispensed-by' and 'checked-by' boxes to help create an audit trail to show who was involved in the dispensing and checking process in the event of a query or mistake. Dispensed medicines awaiting collection were bagged and labelled with barcodes, which were scanned when the medicines were handed out to provide an audit trail. The pharmacist attached stickers to the bags to highlight when controlled drugs or fridge lines needed to be added. But schedule 3 and 4 CDs were not normally highlighted, so there could be a risk of the medicines being supplied after the prescriptions had expired. Higher risk medicines were not routinely highlighted, so there was a risk that people receiving these medicines were not provided with additional advice to make sure they were taken safely and remained appropriate to use. However, the pharmacist was aware of the updated guidance regarding valproate and topiramate containing medicines. Patient information resources for valproate and topiramate were present and were supplied. Members of the team were observed asking people for their name and address before medicines were supplied.

Some of NHS prescriptions were dispensed off-site at the company's hub pharmacy. The pharmacy team inputted the information from the prescription on the patient medication record (PMR) system and this was accuracy checked by the RP before transmitting to the hub. The medicines were then dispensed at the hub in accordance with the transmitted information and returned to the pharmacy in sealed bags to be handed out to the patients. Prescriptions for fridge items, some CDs and split packs of medicines could not be sent to the hub. These prescriptions continued to be dispensed in the pharmacy.

The pharmacy supplied medicines in multi-compartment compliance packs for about 200 people. Record sheets were kept for all the people who received a pack, showing their current medication and dosage times. This information was checked against repeat prescriptions and any discrepancies would be checked with the surgery. The packs were not always labelled with adequate description

information, so people may not be able to identify the individual medicines. For example, a few packs only stated 'tablet' or 'capsule'. And patient information leaflets were not routinely supplied so people may not have the most up to date information about their medicines.

Medicines were obtained from licensed wholesalers and unlicensed specials were ordered from a specials manufacturer. Stock medicines were stored tidily, and expiry date checks were carried out on a three-month cycle. Some liquid bottles did not have the date of opening clearly written on the outer packaging so team member may not be able to confirm if they were safe to supply. The medicines were promptly removed from the shelves. Controlled drugs were appropriately stored in a locked cabinet. There was a medicines fridge in the dispensary. It was clean and tidy and equipped with a thermometer. The maximum and minimum temperatures were recorded daily and had generally remained within the required range. There were a couple of records which had exceeded the eight degrees Celsius upper temperature range with no indication of what action the pharmacy had taken to rectify the issue. The RP explained this was an oversight and would remind team members to make a note if it were to happen again. Waste medicines were disposed of in dedicated bins that were collected periodically by a specialist waste contractor. Drug alerts and recalls were received electronically, and records were kept showing what action had been taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The team uses equipment in a way to help protect privacy. And maintenance is carried out on electrical equipment to make sure it is safe to use.

Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information, for example, the BNF. Any problems with equipment were reported to the head office maintenance department. All electrical equipment appeared to be in working order and had been PAT tested in September 2024 for safety.

There was a selection of clean liquid measures with British Standard and Crown marks. Separate measures were clearly marked for measuring CD liquids to prevent cross contamination. The pharmacy had clean equipment for counting loose tablets and capsules, including tablet triangles.

Suitable equipment was available to use when the pharmacist provided the NHS Pharmacy First service. And the store manager was aware of the calibration requirements.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. Cordless telephones were available and were used to hold private conversations with people when needed.

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.