

Registered pharmacy inspection report

Pharmacy Name: Scales Pharmacy, 40 - 42 Astwood Road, Rainbow Hill, WORCESTER, Worcestershire, WR3 8EZ

Pharmacy reference: 1038887

Type of pharmacy: Community

Date of inspection: 10/07/2024

Pharmacy context

This is a community pharmacy on a small parade of shops close to Worcester city centre, Worcestershire. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter medicines and offers the New Medicine Service (NMS), seasonal flu vaccines and local deliveries. The pharmacy also supplies some people's medicines inside multi-compartment compliance packs, if they find it difficult to take them.

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	1.2	Good practice	The pharmacy regularly reviews and monitors the safety and quality of its services.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake.
		2.4	Good practice	Team members have the opportunity to progress, are provided with training resources and given time to complete this. This helps ensure their skills and knowledge remain current.
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 is operating in a safe and effective manner. It has suitable systems in place to identify and manage the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And the pharmacy generally maintains its records as it should.

Inspector's evidence

This was an efficiently run pharmacy with an experienced owner and capable staff. The pharmacy had systems in place to identify and manage risks associated with its services. The pharmacy was clean and tidy with clear, organised processes in place. This included a range of current standard operating procedures (SOPs) which contained the pharmacy's complaints, safeguarding and incident management policies. Details of how people could make a complaint were on display. The superintendent pharmacist (SI) and owner was also present during the inspection and his process to manage incidents was suitable. The pharmacy had set areas where staff and pharmacists worked. Staff routinely recorded their near miss mistakes electronically; they were regularly reviewed, and relevant action taken. This included highlighting medicines which looked similar or sounded similar, separating, and placing various shelf-edge prompts in front to help identify them. This helped staff to minimise mistakes.

The SOPs provided guidance for the team to carry out tasks correctly and had been signed by the staff. Team members knew their roles and responsibilities. They were observed to work independently of the responsible pharmacist (RP) in separate areas of the pharmacy. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display which provided details of the pharmacist responsible for the operational activities.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. They could recognise signs of concern and knew who to refer to in the event of a concern. Contact details for the various safeguarding agencies were readily available. The RP was trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space and confidential information was protected. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were generally compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. The pharmacy had suitable professional indemnity insurance arrangements in place. Most records about supplies made against private prescriptions, emergency supplies, the RP record in the main and records verifying that fridge temperatures had remained within the required range had all been appropriately completed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team are suitably qualified for their roles. They understand their roles and responsibilities. And the pharmacy owner provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

Staff at the inspection consisted of a locum pharmacist, the owner and SI, two full-time, dispensing assistants, one of whom was undertaking accredited training to become an accuracy checking dispensing assistant (ACD). The delivery driver who was also a dispensing assistant was also briefly seen and there was another dispensing assistant. Members of the pharmacy team were trained through accredited routes. Their certificates of qualifications obtained were on display to verify. The pharmacy was locum-run with regular pharmacists used. This had not impacted on the service provided. The owner confirmed that he divided his time between this and his other pharmacies but was usually present. Staff wore uniforms, they covered each other as contingency and were up to date with the workload.

The pharmacy's team members knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions were asked before selling medicines and repeat requests were monitored. The staff said that they liked working at the pharmacy. A positive rapport was observed between the team and owner. Regular discussions took place where relevant matters such as updates and new services were discussed, the team's individual performance was regularly monitored. The staff were provided with online resources for ongoing training from pharmacy support organisations and the Local Pharmaceutical Committee. One member of staff was described as particularly keen on ensuring team members were kept abreast of recent changes and helped organise training materials such as videos for them to watch. This helped ensure they continually learnt and kept their knowledge up to date.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment to deliver healthcare services from. The pharmacy is clean, very tidy, and secure. Its retail area is presented well. And the pharmacy has a separate space where confidential conversations or services can take place.

Inspector's evidence

The pharmacy's premises consisted of a large retail area divided into two areas with a smaller sized dispensary behind the medicines counter. The dispensary also consisted of two defined areas where staff and the RP were each based within. Storage space, the area where compliance packs were kept as well as a small but adequate staff area were upstairs. The premises were bright, well ventilated, and professional in appearance. The pharmacy was also secure against unauthorised access and all areas were kept clean, immaculately tidy, and free from clutter. The dispensary had enough space to carry out dispensing tasks safely and store medicines. A signposted consultation room was available, this was sufficient for its intended purpose, it was quite spacious but had two steps leading up to it which may not have been suitable for people with wheelchairs. Staff described people being able to access this room in this situation if it was needed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has organised working practices. People can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. And it supplies medicines inside multi-compartment compliance packs safely.

Inspector's evidence

The pharmacy's opening hours were on display and some seating was available if people wanted to wait for their prescriptions. Limited car parking was available outside. People could enter the pharmacy from a ramp and through a wide, automatic door. The pharmacy's retail area consisted of clear, open space. These measures assisted people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. Staff could also make suitable adjustments for people with different needs, they printed labels with a larger-sized font for people who were visually impaired, physically assisted people where possible, or used the consultation rooms when needed. Staff could signpost people to relevant or other services within the area from their own knowledge and from documented details which were displayed.

The pharmacy provided multi-compartment compliance packs after this was considered necessary and an assessment had taken place. This helped people to manage their medicines more effectively. The team ordered prescriptions on behalf of people. They identified any changes that may have been made, maintained individual records to reflect this and queried details if required. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied.

The pharmacy also offered a local delivery service and the team kept records about this service. Failed deliveries were brought back to the pharmacy, notes were left to inform people about this, and subsequent attempts were made to redeliver. If people requested for their medicines to be left unattended in specific circumstances, staff assessed the risks of this practice, and they documented relevant details to help justify.

Staff were aware of the risks associated with valproates and they had identified people at risk, who had been supplied this medicine. They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them. People were counselled accordingly, and educational material was available to provide upon supply. The team described the pharmacy's patient medication record (PMR) routinely identifying people prescribed higher-risk medicines. Some people's records were seen to have details documented about relevant parameters such as blood test results, but this did not appear to be occurring regularly. Implementing this more routinely was advised at the time.

The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used this as an audit trail.

The pharmacy's stock was stored in a very organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were regularly identified and there were no date-expired medicines seen. CDs were stored under safe custody. Dispensed medicines requiring refrigeration and CDs were stored within clear bags. This helped to easily identify the contents upon hand-out. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were within sealed containers. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean and used appropriately to protect people's confidential information.

Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included access to reference sources, clean, standardised conical measures for liquid medicines, counting triangles and capsule counters, appropriately operating pharmacy fridges and shredder, and a legally compliant CD cabinet. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Computer terminals were positioned in a way that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and staff used their own NHS smart cards.

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.