

# Registered pharmacy inspection report

**Pharmacy Name:** St. Peters Chemist, 3-4 St. Peter The Great,  
Shopping Centre, WORCESTER, Worcestershire, WR5 3TA

**Pharmacy reference:** 1038906

**Type of pharmacy:** Community

**Date of inspection:** 03/07/2024

## Pharmacy context

This is a community pharmacy located adjacent to a large supermarket in Worcester, Worcestershire. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter (OTC) medicines and offers a few services such as the New Medicines Service (NMS), local deliveries and Pharmacy First. Its team members also provide medicines inside multi-compartment compliance packs for people who find it difficult to manage their medicines at home.

## 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	N/A	N/A	N/A
<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 has appropriate systems in place to identify and manage the risks associated with its services. Members of the pharmacy team deal with their mistakes responsibly. But they are not always reviewing them formally. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. Team members understand their roles well. They know how to protect the welfare of vulnerable people. And the pharmacy protects people's confidential information appropriately.

### Inspector's evidence

This pharmacy had changed ownership within the past year, subsequently some internal processes were still being updated. The pharmacy had some systems in place to identify and manage risks associated with its services. Members of the pharmacy team understood their roles well. They had access to electronic standard operating procedures (SOPs) and staff were in the process of reading and signing them. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. This provided details of the pharmacist in charge of the pharmacy's operational activities.

The team processed and assembled prescriptions in different areas to the responsible pharmacist (RP). The pharmacy had specific areas for certain tasks. One member of staff processed prescriptions on one section of the workspace. A second dispensing assistant then assembled prescriptions in a section further down before it reached the responsible pharmacist (RP). This enabled a circular workflow. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. Colour-coded baskets were used to separate acute or repeat prescriptions and highlighted priority. Once staff generated the dispensing labels, there was a facility on them to help identify who had been involved in the dispensing process which served as an effective audit trail.

At the point of inspection, the dispensary was quite cluttered. This was work in progress. Staff also confirmed that they were in the process of moving stock around and rearranging the dispensary which was contributing to the situation. Incidents were managed by the pharmacist and the RP's process was suitable. Team members described recording their near-miss mistakes electronically through a specific application. This was a new process so was still being developed. The RP reviewed the mistake at the time. The team had separated look-alike and sound-alike medicines. However, there was no collective formal review of near miss mistakes currently occurring.

The pharmacy's team members had been trained to protect people's confidential information and staff could safeguard vulnerable people. They could recognise signs of concern and knew who to refer to in the event of a concern. The RP had been trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). Staff were also trained on 'Ask for ANI'. This had not occurred in practice, but the consultation room could be used if needed for this situation. Team members could easily access details about local safeguarding agencies. Confidential material was stored and disposed of appropriately. Sensitive details could not be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were mostly compliant with statutory requirements or best practice. This

included records of controlled drugs (CDs), records of unlicensed medicines, emergency supplies and records verifying whether fridge storage temperatures had remained within the required range. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. However, there were a few gaps within the electronic RP record where pharmacists had not recorded the time their responsibility ceased and incomplete, missing, or incorrect details about prescribers had been documented within the electronic private prescription register. This was discussed at the time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its current workload safely. Team members are suitably qualified or undertaking the right training. And they are provided with resources so that they can complete regular and ongoing training. This helps keep their skills and knowledge up to date.

### Inspector's evidence

The pharmacy had enough staff to support the workload and the team was up to date with this. Staff present during the inspection included a regular pharmacist, two trained dispensers and a trainee medicines counter (MCA). The latter was enrolled onto accredited training in accordance with her role. This was completed at home and sometimes at work. Staff knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions were asked before selling medicines and medicines which could be abused were monitored. Members of the pharmacy team had access to some resources for ongoing training. This helped ensure they continually learnt and kept their knowledge up to date. They communicated verbally and one to one formal performance reviews had already taken place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are secure. They provide an adequate environment to deliver services from. And people can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy premises consisted of a medium sized retail space and dispensary behind with additional storage space to one side of the dispensary, consisting of stock and staff areas. The pharmacy had a suitable amount of bench space to ensure dispensing activity could be carried out safely. The lighting and ambient temperature within the pharmacy was appropriate for storing medicines and the premises were secure from unauthorised access. There was a clean sink in the dispensary for preparing medicines and the staff WC was kept clean. A signposted consultation room was also available for private conversations and services. The room was unlocked, there were lockable cabinets here, and no confidential information was present or readily accessible. Conversations in the consultation room could not be overheard. The back areas of the pharmacy, however, were very cluttered. This was in part due to the staff rearranging stock as described under Principle 1. Fixtures and fittings in the pharmacy were dated and worn and the floor in the back areas particularly, needed a deep clean. Whilst this did not present a significant risk to the pharmacy operating safely, it did affect the pharmacy's ability to present a professional image. The inspector was informed that the owner was aware of the issues and a re-fit was pending.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services appropriately. It's team members help ensure that people with different needs can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers and stores its medicines suitably. The pharmacy has some checks in place to ensure that medicines are not supplied beyond their expiry date. But records to help verify this are missing. And the pharmacy's team members are not always making relevant checks when people receive higher-risk medicines. This makes it difficult for them to show that people are provided with appropriate advice when these medicines are supplied.

### Inspector's evidence

The pharmacy's opening hours were on display. People could enter the pharmacy through a wide, front door and the pharmacy's retail area consisted of wide aisles and clear, open space. This allowed people with wheelchairs or restricted mobility to access the pharmacy's services. Staff could adjust for people with different needs if this was required. This included using the hearing aid loop, communicating verbally, using representatives or translation services where possible and some members of the team spoke different languages.

The service specification and Patient Group Directions (PGDs) to authorise and allow supplies to be made under Pharmacy First were readily accessible. The pharmacist had signed them. Suitable equipment was present which helped ensure that the service was provided safely and effectively. The RP was also an independent prescriber who had specialised in minor ailments. He was therefore competent in providing the service.

The pharmacy supplied some people's medicines inside multi-compartment compliance packs once the person's GP or the team had identified a need for this. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. All medicines were removed from their packaging before being placed inside them. Compliance packs were not left unsealed overnight. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied.

The pharmacy had very recently set up a local delivery service which was offered on one day of the week. The team kept suitable records about this service. CDs and fridge items were highlighted. Failed deliveries were brought back to the pharmacy, the pharmacy was in the process of obtaining notes to inform people about the attempt made. No medicines were left unattended.

Staff were aware of the risks associated with valproates. They ensured warning labels were not covered when they placed dispensing labels on them. People were counselled accordingly, and appropriate literature was available to provide to people if needed. Team members knew people who used their services and were routinely prescribed other higher-risk medicines. However, they did not routinely ask for details about relevant parameters, such as blood test results when these medicines were supplied, nor were appropriate records being kept. This was discussed at the time.

The pharmacy's stock was currently being rearranged as described in Principle 1. It was stored in an

organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. CDs were stored under safe custody and dispensed CDs were stored within clear bags which helped 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 appropriate containers. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this. Staff said that medicines were date-checked for expiry regularly, but appropriate records had not been kept verifying when this had taken place. This made it difficult for the team to show that this process had been routinely occurring. However, short-dated medicines were seen to be identified and there were no date-expired medicines seen.



## 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 ensures people's confidential information is secure.

### Inspector's evidence

The pharmacy held suitable equipment for its services. This included access to current reference sources, standardised conical measures for liquid medicines and counting triangles. The CD cabinets were secured suitably, and the medical fridge was operating appropriately. There was hand wash and hot as well as cold running water available. The blood pressure machine, otoscope, and tongue depressors (equipment for Pharmacy First) was new. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Cordless phones were available to provide conversations in private if needed and team members held their own NHS smart cards to access electronic prescriptions.

### 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.