

Registered pharmacy inspection report

Pharmacy Name: Well, 439 Richmond Road, SHEFFIELD, South Yorkshire, S13 8LU

Pharmacy reference: 1039365

Type of pharmacy: Community

Date of inspection: 13/04/2023

Pharmacy context

This community pharmacy is located on a parade of shops in a residential area of Sheffield. Its main services include dispensing NHS and selling over-the-counter medicines. It provides some people with their medicines in multi-compartment compliance packs. And it delivers some medicines to people's homes.

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 has a comprehensive set of written procedures to help the team carry out specific tasks. And it appropriately identifies and manages most of the risks associated with the services it provides to people. The pharmacy keeps the records it needs to by law, protects people's confidential information and team members are suitably equipped to help protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs). The SOPs provided the team with information to help them complete various tasks. They were held electronically, and each team member had password protected access to them. Team members were required to read the SOPs that were relevant to their role and complete a short quiz to assess their understanding of them. Team members showed a clear understanding of their roles and were observed working within the scope of their role.

The pharmacy had a process to record any mistakes made during the dispensing process which were identified before the medicine was supplied to a person. These mistakes were known as near misses. Team members had access to an electronic system known as Datix, to keep these records. Within the system they were able to record when the near miss had happened and the type of near miss. For example, if they wrong number of tablets or capsules were dispensed. Team members held brief discussions amongst each other as soon as a near miss was identified. This was to help raise awareness and to support learning. Team members explained how they had held a more formal, structured meeting each month to discuss the importance of recording near misses to discuss specific ways they could make changes to improve patient safety. For example, the team had separated some medicines that had similar names or similar packaging. This measure helped reduce the risk of these medicines being dispensed in error. The pharmacy used the Datix system to record and report any dispensing incidents that had reached a person. There were no examples available to inspect. The pharmacy had a formal concerns and complaints procedure which was displayed on a notice located in the retail area. The notice displayed the details of the pharmacy's superintendent pharmacist's (SI) office. The team aimed to resolve any complaints or concerns informally. If the team member could not resolve the complaint, it was escalated to the SI.

The pharmacy had up-to-date professional indemnity insurance. It was displaying the correct responsible pharmacist (RP) notice. The RP register had been completed correctly. The pharmacy kept appropriate records of supplies against private prescriptions. The pharmacy retained complete controlled drug (CD) registers. And the team kept them in line with legal requirements. The team were required to complete regular balance checks of the CDs. The balance of three randomly selected CDs were checked and were found to be correct. The pharmacy kept records of CDs returned to the pharmacy for destruction.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The pharmacy displayed a privacy notice and how it managed people's confidential data. The team placed confidential waste into a separate bag to avoid a mix up with general waste. The waste was periodically destroyed via a third-party contractor. Team members understood the importance of securing people's private information and they had all completed

training about the General Data Protection Regulation (GDPR). The pharmacy had a formal written procedure to help the team raise concerns about safeguarding of vulnerable adults and children. And team members had completed some basic training on the subject. The RP had completed training via the Centre for Pharmacy Postgraduate Education. Team members described hypothetical safeguarding situations that they would feel the need to report. The contact details of the local safeguarding teams were displayed on a notice in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a sufficient number of team members to manage its workload. Team members are supported by the pharmacy to help them complete appropriate training for their role and keep their skills up to date. The team work well together and communicate effectively. They are comfortable providing feedback to each other and their manager.

Inspector's evidence

The pharmacy's prescription volume had decreased over the past year. Several experienced team members had left the pharmacy around 12 months previously. Present on the day of inspection were a full-time pharmacist who was the RP and manager of the pharmacy, a full-time dispenser and full-time trainee dispenser. The pharmacy also employed a full-time dispenser, a further part time dispenser, a part time delivery driver and a relief accuracy checking technician (ACT) who supported one day per week. Team members had either completed the accredited training for their role or were doing the training. There was one advertised vacancy for a dispensing team member. The pharmacy's regional manager supported the team by providing the pharmacy with locum dispenser cover where required. The RP had taken up post in November 2022 after some months of the pharmacy running on locum pharmacist cover. This had provided stability to the team. Team members were observed working effectively together and were managing the workload. Planned leave requests were managed so that only one team member was absent at a time and team members were able to rotate tasks so that team members could effectively complete all tasks during these times of absence.

The pharmacy provided team members who were enrolled on a training course with some protected training time. Some team members also completed some training outside of their working hours. The pharmacy provided access to ongoing training for team members to complete which was accessed via the company's online system. The trainee dispenser provided examples of some additional training they had completed over the past six months which included a module on the pharmacy offsite dispensing hub. The team member felt supported during their training. Team members were also provided training on pharmacy services.

Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist where necessary. They explained they were able to identify repeated requests from people for medicines subject to misuse, for example, medicines containing codeine. The team described a recent example for such a request which was referred to the pharmacist for intervention.

Team members attended informal team meetings weekly where they could discuss any professional concerns and give feedback on ways the pharmacy could improve. Each team member contributed to these meetings, and they discussed the findings from the monthly near miss review. The team felt comfortable to raise any concerns with their manager in the first instance and were aware that they could also discuss these with Human Resources (HR) or their regional manager. Team members received feedback from the pharmacy manager but had not yet received a formal appraisal. The team were unaware of any targets being set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services it provides and are appropriately maintained. The pharmacy has a suitably private consultation room where people can have a confidential conversation with a pharmacy team member.

Inspector's evidence

The pharmacy was generally clean and well maintained. It portrayed a professional appearance. Team members had ample space to dispense medicines. There was a separate bench used for the dispensing process and another bench was used by the RP to complete the final checking process. The team kept the dispensary well organised and tidy throughout the inspection. There was a private, soundproofed, and signposted consultation room. The room had two chairs and was kept tidy and organised. Floor spaces were mostly kept free from obstruction. There was a small stock room and a staff room at the rear of the premises.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides people with a range of services that are generally accessible. The services are managed well and safely provided. One the whole, the pharmacy correctly stores and sources its medicines. And team members complete regular checks of the pharmacy's medicines to ensure they are within their expiry dates before they are supplied to people.

Inspector's evidence

The pharmacy had stepped access to its main entrance door. The pharmacy didn't have a ramp to help people with wheelchairs or prams to enter the pharmacy. Team members explained people who could not physically enter the pharmacy generally rang the pharmacy's doorbell to alert a team member that they needed some assistance. However, the doorbell was not working at the time of the inspection. The team gave assurances that they would raise this issue with the pharmacy's head office. The pharmacy advertised its services and opening hours in the main window. The pharmacy had a facility to provide large-print labels to people with a visual impairment.

Team members had knowledge of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to apply dispensing labels to valproate packs in a way that prevented any written warnings being covered up. And they always dispensed valproate in the original pack. The pharmacy supplied patient information leaflets and patient cards with every supply and had recently completed an audit of valproate patients confirming that they didn't supply to anyone in the at-risk group. The pharmacy team used alert stickers to highlight other high-risk medicine prescriptions that may require further intervention from the pharmacist.

Team members used dispensing baskets to safely store medicines and prescriptions throughout the dispensing process. This helped manage the risk of medicines becoming mixed-up. The baskets were coloured according to the prescription type to allow workload to be managed more effectively. Team members signed dispensing labels to maintain an audit trail. The audit trail helped to identify which team member had dispensed the medicine and which team member had completed the final check. The pharmacy supplied some people with their medicines dispensed into multi compartment compliance packs to help them better manage their medicines. Team members used a tracker to help team members plan and monitor the dispensing process. They used 'master sheets' which contained a list of each person's medicines and dosage times. Team members cross referenced prescriptions with the master sheets to make sure prescriptions were accurate. They documented any changes to the person's medication regime on the master sheets. For example, if a treatment had been stopped. The packs were annotated with descriptions of the medicines inside. For example, red, round, tablet. But the pharmacy didn't always supply the packs with patient information leaflets and so people didn't always receive the full information about their medicines. The RP signed each pack to confirm they had completed the final check. But other team members didn't sign the packs to indicate who had completed the dispensing process. And so, there was not a complete audit trail of the process. The pharmacy dispensed some medicines as a part of its substance misuse service using an automated dispensing machine.

The pharmacy sent several prescriptions to be dispensed at the Well offsite hub pharmacy. This was to

help reduce the dispensing workload pressure on the team. The team demonstrated how they inputted data from prescriptions onto an electronic system. The RP accurately checked the data and completed a clinical check of the prescriptions before submitting the data electronically to the hub pharmacy. The team had the ability to 'recall' prescriptions from the hub pharmacy. Team members did this if people needed their prescriptions dispensed immediately at the pharmacy. Dispensed medicines arrived in sealed, barcoded bags. Team members scanned the barcodes to confirm the pharmacy had received the medicines. The pharmacy provided a delivery service. The delivery driver used a handheld device to keep a record of the delivery of medicines. The driver posted a card to alert people if they had missed their delivery so that they could contact the pharmacy and arrange collection or an alternative delivery date.

The pharmacy stored pharmacy-only (P) medicines directly behind the pharmacy counter. The pharmacy had a process for the team to check the expiry dates of the pharmacy's medicines. The team demonstrated that it was up to date with the process. No out-of-date medicines were found by the inspector following a check of approximately 30 randomly selected medicines. The pharmacy had two medical grade fridges to store medicines that required cold storage. And the team kept records of the fridges' minimum and maximum temperature ranges. A sample of the records was seen which showed the fridges were operating within the correct ranges. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. Several containers filled with returned medicines were stored in the pharmacy's toilet. This created some risk of unauthorised access. The pharmacy received medicine alerts electronically through email and the company intranet. The team actioned the alert and kept a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has suitable equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including hard copies of the British National Formulary (BNF) and the BNF for children. The pharmacy used a range of CE marked measuring cylinders. There were separate cylinders to be used only for dispensing water. This helped reduce the risk of contamination. The automated dispensing machine was cleaned and calibrated each day. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private.

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.