

Registered pharmacy inspection report

Pharmacy Name: Well, 396 New Street, Biddulph Moor, STOKE-ON-TRENT, Staffordshire, ST8 7LR

Pharmacy reference: 1079576

Type of pharmacy: Community

Date of inspection: 24/01/2024

Pharmacy context

This community pharmacy is located in the centre of the village. Most people who use the pharmacy are from the local area. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines and home test kits for various health conditions. It provides a flu vaccination service and some other NHS funded services. And it supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. Over 50% of prescriptions are sent to the company's hub to be dispensed.

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 generally manages risks to make sure its services are safe. It acts to improve patient safety and completes the records that are required law. Members of the pharmacy team work to professional standards, and they are clear about their roles and responsibilities. They follow written procedures on keeping people's private information safe. And they understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided. Members of the pharmacy team confirmed electronically that they had read and accepted the procedures and they completed an assessment to test their understanding of each SOP. There was a new assistant and she confirmed that reading the SOPs had been part of her induction training. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. Team members were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team recorded dispensing incidents on the intranet, which could be viewed at the pharmacy superintendent's (SI) office. Records indicated what action had been taken at branch level to help avoid a re-occurrence. Near misses were recorded on a log and then transferred onto the intranet periodically. The RP confirmed that she reviewed near misses and discussed them with the pharmacy team at huddles. The team aimed to complete a patient safety report monthly, but recent reports could not be located. Clear plastic bags were used for assembled CDs, insulin and compliance aid packs to allow an additional check at hand out. Look-alike and sound-alike drugs (LASAs) were highlighted with 'similar name check' stickers, so extra care would be taken when dispensing these. A notice was on display in the pharmacy which gave the details of head office, in case of a complaint and it also encouraged customers to give feedback. Professional indemnity insurance was in place.

Private prescription and emergency supply records were appropriately maintained. The RP record and the controlled drug (CD) register were electronic and were generally in order. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately. Some patient returned CDs, which had been returned earlier in the month, had not yet been entered into the designated section of the register. The relevant details had been recorded on the packaging and the RP said she would complete the record.

Team members had completed training on confidentiality. The new assistant confirmed she had read information governance (IG) SOPs and understood how to protect people's confidential information. She correctly described the difference between confidential and general waste and explained that confidential waste was placed in designated bins. These bins were collected by a specialist disposal company. A privacy statement was on display, in line with the General Data Protection Regulation (GDPR), and people could view the pharmacy's privacy policy on the company's website. The pharmacy sent people's prescriptions to the hub pharmacy without obtaining explicit consent from the person,

which potentially breached their confidentiality. The RP said she told people their prescription had been sent to the hub, and if people didn't want to wait for this, she would dispense it at the pharmacy instead.

There was a safeguarding policy in place. Team members had completed training on safeguarding appropriate to their role. The dispenser said she would voice any concerns regarding vulnerable adults to the pharmacist working at the time. The pharmacy had a chaperone policy, and this was highlighted to people on a notice.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the right training for the jobs they do, and they get some ongoing training to help them keep up to date. The team members are comfortable providing feedback to their managers and receive feedback about their own performance.

Inspector's evidence

There was an RP, a NVQ2 qualified dispenser and a new assistant on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the people who visited the pharmacy. Planned absences were organised so that no more than one person was away at a time. Absences were covered by re-arranging the staff hours and team members were paid for extra duties when necessary. There was an area relief team which included dispensers who could be contacted to provide support if necessary. The pharmacy's manager had recently left. The RP was a relief pharmacy manager who was working at the pharmacy until a replacement pharmacy manager was recruited.

Team members carrying out the services had completed appropriate training. They were able to access training resources via the company's online learning system and this maintained a record of their completed training. Team members were notified when they were required to complete additional training. For example, they had recently been required to complete training on the new Pharmacy First service which was due to start at the end of January. Staff had formal appraisals and six-monthly reviews where performance and development were discussed. Communication within the company was via the intranet and there was an online alerting system, which highlighted when new information was available such as messages from the SI's office and new SOPs. Daily, weekly, and monthly tasks were assigned via this system. The senior area manager communicated with the pharmacy regularly. Informal team huddles were held where a variety of issues were discussed, and concerns could be raised. There was a whistleblowing policy.

The RP was empowered to exercise her professional judgement and could comply with her own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because she felt it was inappropriate. A notice was on display in the dispensary showing the pharmacy team's performance against targets. The RP explained that targets were in place for various things including blood pressure testing and the New Medicine Service (NMS). She said there was some pressure to achieve these, but she wouldn't allow targets to ever compromise patient safety.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has private consultation rooms so people can receive services in private and have confidential conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy premises, including the shop front and fascia, were reasonably clean and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with three chairs. The temperature and lighting in the pharmacy were adequately controlled. The pharmacy was fitted out to a good standard, and the fixtures and fittings were in good order. Maintenance problems were reported to head office and the response time was appropriate to the nature of the issue. Staff facilities included a small kitchen area, and a WC with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sinks. Hand sanitizer gel was available.

The consultation room was equipped with a sink. It was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as the blood pressure testing service, and also when customers needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which it makes available to people with different needs. The services are generally well managed. People receive their medicines safely and the pharmacy gives people taking high-risk medicines extra advice. The pharmacy sources and supplies medicines safely. And it carries out checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including people with mobility difficulties and wheelchair users. Services provided by the pharmacy were advertised. There was a range of healthcare leaflets on conditions including diabetes and cancer, and posters advertising local services. For example, a Menopause café.

The pharmacy offered a prescription collection service and people indicated their requirements a month in advance when they collected their medication. Requirements were checked again at hand-out and any unwanted medicines were retained in the pharmacy and the prescription endorsed as not dispensed. This was to reduce stockpiling and medicine wastage. There was a home delivery service with an associated audit trail. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was quite limited in the dispensary and the dispensary shelves were very full. The workflow was organised into separate areas with a designated checking area. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Pharmacist' stickers were used to highlight when counselling was required and high-risk medicines such as warfarin, lithium and methotrexate were highlighted by 'Therapy' stickers, so extra checks could be carried out. 'Not in pregnancy' stickers were used to highlight prescriptions containing valproate to the pharmacy team. This was to remind the team of the need to dispense in original packs so people in the at-risk group were always given the appropriate information and counselling. Team members were aware of the requirements for a Pregnancy Prevention Programme to be in place when people were prescribed valproate, and that they should have annual reviews with a specialist. There was a notice in the dispensary reminding the team of this. An audit had been carried out and one person in the at-risk group had been identified. The RP confirmed that they had discussions with the carer of this person. Valproate leaflets were on display in the retail area.

Multi-compartment compliance aid packs were generally well organised. Medicine administration record (MAR) charts were routinely supplied with the packs, to assist people and their carers. There was a form to record communications with people's GPs and changes to medication. But it was not always clear who had confirmed the changes, which could cause confusion in the event of a query. Packaging leaflets were usually included so people had easy access to information about their

medicines. Medicine descriptions were not always added to the compliance packs labels so people may find it more difficult to identify individual medicines. The dispenser explained that this was stopped when there were problems obtaining stock, as it became too time consuming keeping up with different brands and the changes to markings and colours. Disposable equipment was used. A suitability form was available to record an assessment made by the pharmacist as to the appropriateness of a compliance aid pack, or if other adjustments might be more appropriate to the person's needs.

The dispenser explained what questions she asked when making a medicine sale and knew when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in a CD cabinet which was securely fixed to the wall. The keys were under the control of the RP during the day and stored securely overnight. Date expired and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain medicines and appropriate records were maintained for medicines ordered from 'Specials.' No extemporaneous dispensing was carried out. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and recorded electronically. This was audited by head office. Short-dated stock was highlighted. Expired medicines were segregated and placed in designated bins. Alerts and recalls were received via the company's intranet. These were read and acted on by the pharmacist or member of the pharmacy team and the action taken was recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe, and they use it in a way that protects privacy.

Inspector's evidence

The pharmacy team could access the internet for the most up-to-date reference sources. The RP said she used an App on her mobile phone to access the electronic British National Formulary (BNF). There was a clean medical fridge. The minimum and maximum temperatures were being recorded daily and had been within range throughout the month. All electrical equipment appeared to be in good working order and had been PAT tested. Equipment was generally ordered through head office and any problems with equipment (including IT) would be dealt with by them. There was a selection of clean glass liquid measures with British Standard and crown marks. The pharmacy also had a range of clean equipment for counting loose tablets and capsules. Medicine containers were appropriately capped to prevent contamination. A sharps bin, adrenaline injections and other equipment required for the flu vaccination service was available in the consultation room. There was suitable blood pressure testing equipment. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. PMRs were password protected. Cordless phones were available in the pharmacy so staff could move to a private area if the phone call warranted 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.