General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Scales Pharmacy, 37-38 Upper Tything, WORCESTER, Worcestershire, WR1 1JZ

Pharmacy reference: 1079794

Type of pharmacy: Community

Date of inspection: 28/11/2024

Pharmacy context

This is a community pharmacy along a parade of shops near the centre of Worcester, Worcestershire. Most people who use the pharmacy are from the local area. The pharmacy dispenses NHS and private prescriptions. It offers the New Medicine Service (NMS), seasonal flu vaccinations, Pharmacy First and local deliveries. The pharmacy also supplies some people's medicines inside multi-compartment compliance packs if they find it difficult to manage their medicines.

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	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake.
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 appropriately manages risks. Members of the pharmacy team understand their role in protecting the welfare of vulnerable people. They suitably protect people's confidential information. And they work to defined standards. Team members deal with their mistakes responsibly. But they are not always documenting and formally reviewing the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. And the pharmacy ensures all its records contain the necessary details.

Inspector's evidence

The pharmacy was clean and tidy with clear, organised processes in place. This included a range of current standard operating procedures (SOPs) which contained relevant documents such as the pharmacy's safeguarding and incident management policies. The SOPs provided guidance for the team to carry out tasks correctly and had been signed by the staff. Team members understood their roles and responsibilities well. 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 and this provided details of the pharmacist responsible for the operational activities.

The pharmacy had set areas where staff and pharmacists worked. One member of staff was responsible for ordering and preparing multi-compartment compliance packs and this occurred from a separate area in the dispensary. This helped minimise mistakes. After downloading and printing electronic prescriptions, dispensing staff placed them into alphabetical name order, and highlighted prescriptions requiring delivery as well as for acute medicines. Dose changes were also identified. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them and prescriptions which needed to be prioritised were highlighted. 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. Staff were observed using prescriptions to dispense medicines against and concentrated on one task at a time during the dispensing process.

The regular RP was present during the inspection and his process to manage incidents was suitable. Staff were made aware of mistakes that occurred during the dispensing process (near miss mistakes) and recorded this information. They described separating certain medicines which looked similar or had different formulations or different pack sizes and the RP reviewed these details every month but there were no documented details about the review. This limited the pharmacy's ability to fully demonstrate the actions taken in response.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. The RP was trained to level three, staff could recognise signs of concern and knew who to refer to in the event of a concern. However, contact details for the various safeguarding agencies were not seen to be readily available during the inspection which could affect how quickly concerns were managed. This was discussed at the time. The pharmacy displayed details about how it protected people's sensitive data. Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space and computer

systems were password protected. Staff used their own NHS smartcards to access electronic prescriptions.

The pharmacy's records were fully compliant with legal 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. The RP record, records of emergency supplies, private prescriptions, unlicensed medicines, and records verifying that fridge temperatures had remained within the required range had also, all been appropriately completed.

Principle 2 - Staffing ✔ Standards met

Summary findings

Members of the pharmacy team are suitably qualified for their roles. They work suitably together to manage the pharmacy's workload. And they understand their roles and responsibilities well.

Inspector's evidence

Staff at the inspection consisted of the regular RP, two dispensing assistants and a medicines counter assistant. Members of the pharmacy team were trained through accredited routes and certificates to verify training completed were on display. Staff wore uniforms 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. Updates about new services or guidance was provided through instruction from the RP as well as the owner and the team's individual performance was monitored regularly. There were also opportunities to progress and complete further training to develop their roles and staff were provided with resources for ongoing training. This helped ensure they kept their knowledge up to date.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are professional and provide a suitable environment to deliver healthcare services from. The pharmacy is clean, 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 spacious retail area and dispensary with a raised section behind for storage and staff areas. The premises were bright, well ventilated, and professional in appearance. The pharmacy was secure against unauthorised access and all areas were kept clean, tidy, and free from clutter. The dispensary had sufficient space to carry out dispensing tasks safely and store medicines. It was also appropriately screened to promote privacy when preparing people's medicines. A signposted consultation room was available to provide services and hold confidential conversations. The room was suitable for its intended purpose and accessible for people with wheelchairs.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services safely and effectively. It’s team members help ensure that people with different needs can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources, and it stores as well as manages them appropriately. Members of the pharmacy team regularly identify people prescribed medicines which require ongoing monitoring, so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

Inspector's evidence

The pharmacy’s opening hours were on display. There were seats available if people wanted to wait for their prescriptions with car parking available within the vicinity. People could enter the pharmacy from a ramp at the entrance and the retail area was made up of wide aisles and clear, open space. This 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 described making direct eye contact, speaking slowly, and using representatives or phones when needed to help communicate.

The team routinely identified people prescribed medicines which required ongoing monitoring. They asked details about relevant parameters, such as blood test results for people prescribed these medicines. Staff were also aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them and had identified people in the at-risk group who had been supplied this medicine.

The pharmacy supplied medicines inside multi-compartment compliance packs to some people, 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. The compliance packs were sealed as soon as they had been prepared. Descriptions of the medicines inside the packs were provided but patient information leaflets (PILs) were not routinely supplied. This is a legal requirement and risked people not having up-to-date information about their medicines.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were stored in a very organised way. CDs were stored securely and the keys to the cabinet were maintained in a way which prevented unauthorised access. The team checked medicines for expiry regularly and kept records of when this had taken place. Short-dated medicines were routinely identified and there were no medicines seen which were past their expiry date. Fridge temperatures were checked daily. Records verifying this and that the temperature had remained within the required range had been appropriately completed. Out-of-date and other waste medicines were separated before being collected by licensed waste collectors. Medicines which were returned to the pharmacy by people for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were within sealed bins. Drug alerts were received electronically. Staff explained the action the pharmacy took in response and relevant 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. And its equipment is kept clean.

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, secure CD cabinets and appropriately operating pharmacy fridges. The dispensary sink for reconstituting medicines was clean. Computer terminals were positioned in a way that prevented unauthorised access, a shredder was available to dispose of confidential waste and the pharmacy had cordless telephones so that private conversations could take place if required.

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.