

Registered pharmacy inspection report

Pharmacy Name: St Mary Pharmacy, Farmers Way, DROITWICH,
Worcestershire, WR9 9EQ

Pharmacy reference: 1087331

Type of pharmacy: Community

Date of inspection: 23/11/2021

Pharmacy context

This is a community pharmacy located on the outskirts of Droitwich in Worcestershire. The pharmacy dispenses NHS and private prescriptions. It provides advice and sells over-the-counter (OTC) medicines. The pharmacy offers a delivery service. And it supplies people with their medicines inside multi-compartment compliance packs if they find it difficult to take them. The inspection took place during the COVID-19 pandemic.

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 satisfactory processes in place to identify and manage risks. This includes the risks associated with COVID-19. Members of the pharmacy team understand their role in protecting the welfare of vulnerable people. And they handle their mistakes responsibly. However, parts of the pharmacy are untidy. This could increase the chance of mistakes happening. And the pharmacy doesn't always record or maintain all the necessary information in some of its records. This could mean that its team may not have enough information available if problems or queries arise in the future.

Inspector's evidence

The pharmacy had some systems in place to identify and manage risks. This included adapting the premises to manage the spread of infection from COVID-19 (see Principle 3). Team members had access to hand sanitisers. The pharmacy was cleaned regularly and only two people at a time could be present in the retail space. This allowed people who used the pharmacy's services to socially distance inside the premises. The responsible pharmacist (RP) confirmed that people using the pharmacy's services were fine with this. This helped limit the spread of COVID-19 and this situation was observed to be manageable. A poster was on display at the front door to highlight this along with one that highlighted the importance of wearing masks upon entering the premises. Staff said that a risk assessment for COVID-19, including an occupational one had been completed.

The pharmacy had a range of documented standard operating procedures (SOPs) in place. This included an SOP about COVID-19. The SOPs had been reviewed in 2021 and provided guidance for staff so that they could carry out internal tasks within the pharmacy appropriately. Staff had read and signed them. They were also clear about their roles and responsibilities. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. However, most of the pharmacy's paperwork was stored in a haphazard way and some SOPs could not be located during the inspection. This included the SOP for safeguarding and managing incidents. Staff confirmed that they had seen these SOPs and read them recently. Keeping the pharmacy's paperwork in an ordered way was advised during the inspection.

The pharmacy's practice leaflet was on display in the retail area. This contained details of the pharmacy's complaints process. The RP confirmed that there had been no dispensing incidents since the previous inspection. To manage risks, staff explained that during the dispensing process, they used the prescription to select the required medicine and then carried out a check of the product, quantity, and the generated label against the prescription as well as checking the date. Members of the pharmacy team worked in different areas. This included the RP who had a designated area to accuracy-check prescriptions from.

When staff made mistakes, their near miss errors were recorded by the RP and details discussed with them. This helped them to learn from their mistakes. Staff in training explained that when they made several mistakes, the RP helped and advised them on how to improve. The RP also explained that medicines had been separated, stored, and identified in the dispensary according to their use and the condition they treated. This helped prevent selection errors. The RP said that she regularly reviewed the near miss errors. However, there were no records of analysis or previous documented details of near misses present as previous records had been taken home by the RP to analyse. They could therefore

not be verified or reviewed. The pharmacy was also quite cluttered. Most workspaces were taken up with paperwork or prescriptions and this increased the likelihood of mistakes happening. The RP and staff described regularly clearing the pharmacy every morning.

The pharmacy's team members had been trained to safeguard the welfare of vulnerable people. They could recognise signs of concern, knew who to refer to and the appropriate action to take if required. The pharmacy had suitable information about safeguarding on display, including a flow chart about the action to take and contact details of local agencies. Team members were trained through reading the pharmacy's SOP and from previous employment. The RP said that she was trained to level two, but this required updating. Her certificate to verify this was not available for inspection.

People's private information was largely protected. Confidential waste was segregated before being shredded and sensitive details on dispensed prescriptions awaiting collection could not be seen by people using the pharmacy's services. There were also some details about data protection in the SOPs. However, not all members of the team had functioning NHS smart cards to access electronic prescriptions. One member of staff's smart card was present and being used whilst they were not present at the pharmacy. The team confirmed that they did not share passwords but that this member of staff opened the pharmacy in the mornings and had signed in at that time. She was due to work at the pharmacy later in the day. This limited the ability of the team to control access to people's confidential information. Updating all team member's smart cards as soon as possible was discussed at the time.

Most of the pharmacy's records had been kept in accordance with statutory and best practice requirements. This included the RP record and records of private prescriptions. Registers for controlled drugs (CDs) were complete with details of regular balance checks included. On randomly selecting CDs held in the cabinet, their quantities matched the balances recorded in the corresponding register. Records of CDs that had been returned by people and destroyed at the pharmacy were also complete. The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and due to be renewed after 31 July 2022. However, there were missing records of fridge temperatures for the past two weeks when locum pharmacists had worked at the pharmacy. And records of emergency supplies had incomplete details about the nature of the emergency recorded. The RP was advised to ensure the pharmacy routinely maintained all its records in line with legal requirements.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team are appropriately trained or undertaking accredited training to support their roles. Team members enjoy working at the pharmacy. They feel suitably supported. And their training needs are adequately met.

Inspector's evidence

The pharmacy's staffing profile included the RP who was also the superintendent, a pharmacy technician, trainee dispensing assistant and a trained medicines counter assistant. The dispensing assistant had been enrolled onto appropriate accredited training in line with her role. Only the RP and latter were present during the inspection. The team was up to date with the workload and the pharmacy had enough staff to manage its volume of dispensing. Locum pharmacists provided contingency cover. Members of the pharmacy team knew which activities could take place in the absence of the RP and they referred appropriately. They asked relevant questions before selling medicines or OTC products. The trainee dispenser described enjoying working at the pharmacy as she was given time to learn. And she felt supported. Informal meetings were usually held regularly with discussions taking place to keep everyone informed. The team's performance was also monitored by the RP and fed back to staff to help them develop.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an adequate environment to deliver healthcare services. The pharmacy has made suitable adaptations inside its premises to help people socially distance during the pandemic. Its team members keep the premises appropriately clean. And it has a separate space where confidential conversations or services can take place.

Inspector's evidence

The pharmacy was appropriately lit, clean, and ventilated. Staff cleaned the pharmacy regularly. The retail space and dispensary were of a medium size. And there was enough space available for dispensing purposes and storing medicines. However, the dispensary was somewhat cluttered. There were prescriptions in baskets waiting to be assembled, boxes on the floor and paperwork stored in a disorganised way. Clearing the former was hindered by the presence of the inspector and staff confirmed that the benches would normally be cleared first thing in the morning. Keeping the pharmacy clutter free was discussed at the time. A signposted consultation room was available for services and private conversations. It was of an adequate size for its intended purpose. The room was clear of clutter and a blind could be pulled down to assist with privacy. Overall, the pharmacy premises were adequate for its use. Fixtures and fittings were dated but still functional.

The premises had been adapted to help minimise the spread of infection and ensure social distancing. A notice on the entrance provided information about how many people could enter at any one time. A screen had been placed along the medicines counter. This acted as a barrier between the staff and the people using the pharmacy's services. And the floor had markers present to indicate where people could stand.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's team members ensure that their services are accessible to people with different needs. The pharmacy obtains its medicines from reputable sources. And it stores, as well as manages, its medicines appropriately. But the pharmacy's team members are not always making the necessary checks or providing suitable information to help people with higher-risk medicines take their medicines safely. And the pharmacy does not store all of the records for its services in an organised manner or where they can be easily found. This makes it harder for its team to provide these services safely.

Inspector's evidence

People could enter the pharmacy from the street through a wide, double, front door. Wide aisles and some clear, open space inside the retail area helped people with wheelchairs or restricted mobility to easily access the pharmacy's services. One seat was available for people wanting to wait for their prescriptions. Free car parking spaces were available outside the premises. Staff explained that they wrote information down or used the hearing aid loop to help people who were partially deaf. The RP could also speak Arabic and French if required for people whose first language was not English. The pharmacy's opening hours and information about coronavirus were displayed on the front door and inside the retail area. A selection of leaflets promoting health were also on display. And staff had access to information where they could easily signpost people if needed to other organisations.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as AAH, Alliance Healthcare, Trident and OTC Direct. The pharmacy generally stored its medicines in an organised way. The team date-checked medicines for expiry every month and kept records to verify that this process had taken place. Medicines approaching expiry were highlighted. There were no date-expired medicines seen or mixed batches of medicines present. CDs were stored under safe custody. Medicines returned by people for disposal were stored within designated containers prior to their collection. Staff received drug alerts by email, the process involved checking for stock and taking appropriate action as necessary. Records were printed and retained to verify this.

The pharmacy largely dispensed prescriptions that had been collected or received from the GP surgery with little 'walk-in' trade. The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section and a designated space was used to assemble and store compliance packs. 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 these as an audit trail.

Staff were aware of risks associated with valproates. The RP explained that very few people received this medicine and they had been counselled appropriately. However, there was no educational material or literature available that could be provided upon supply. Ordering or printing this information was discussed at the time. The team did not routinely identify people prescribed higher-risk medicines. The RP said that relevant parameters such as blood test results were asked for and the details recorded but there were no records available to verify this.

The pharmacy provided a delivery service and two members of the team delivered people's medicines

to them. They called people before attempting to deliver, failed deliveries were brought back to the pharmacy and medicines were not left unattended. For failed deliveries, people were called to inform them about the attempt made and re-delivery confirmed. Staff explained that records were maintained about this service. However, only historic details were seen and more recent records could not be located during the inspection. The pharmacy also supplied some people with their medicines inside multi-compartment compliance packs. They were initially set-up after a need for them had been identified. Individual records for people were seen, along with records maintained on the pharmacy system. Queries were checked with the prescriber. The compliance packs were not left unsealed overnight after they had been prepared. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied.

The pharmacy also provided a flu vaccination service. The RP confirmed that the pharmacy had obtained stock late so fewer people were being vaccinated. This was on a walk-in basis. She said that she had been appropriately trained through the NPA. People were screened before being vaccinated and asked about allergies, their clinical and previous history checked, and appropriate records kept. However, suitable equipment such as adrenaline for use in the event of a severe reaction to the vaccine was not present. This posed risks and undermined the safety of this service. The RP was aware of this and said that no vaccinations had taken place since this had been brought to her attention by a locum pharmacist. The team ordered two packs of an adrenaline auto-injector during the inspection. In addition, an SOP about the service, the service specification, declaration of competence and patient group direction (PGD) to authorise this for the RP were missing. The RP said that she had signed the latter but only a signed copy of a locum pharmacist's PGD could be located. The inspector advised the RP to ensure all necessary paperwork must be in place before any further vaccinations were administered.

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 relatively clean. And generally used appropriately to protect people's private information.

Inspector's evidence

The pharmacy's equipment and facilities included current reference sources, counting triangles, including a separate one for cytotoxic medicines and a dispensary sink for reconstituting medicines. The latter was clean and there was hot and cold running water available. Some of the counting triangles could have been cleaner. The fridge appeared to be functioning appropriately. The pharmacy's computers were password protected and positioned in a way that prevented unauthorised access. However, a range of plastic conical measures were present which had not been manufactured to standardised requirements. This could lead to inaccurate measurements and doses being administered. They were new and the RP confirmed that she had already spoken to and asked the team not to use them to reconstitute medicines. Removing them was discussed at the time.

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.