

Registered pharmacy inspection report

Pharmacy Name: Whitworth Chemists Ltd., 80B Charles Street,
BLACKPOOL, Lancashire, FY1 3JJ

Pharmacy reference: 1088326

Type of pharmacy: Community

Date of inspection: 10/03/2020

Pharmacy context

This is a community pharmacy opposite a GP surgery. It is situated in a residential area near the town centre of Blackpool. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services, such as seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time.

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	1.2	Good practice	Members of the pharmacy team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.
		1.7	Good practice	Members of the pharmacy team are given training so that they know how to keep private information safe.
2. Staff	Good practice	2.2	Good practice	Members of the pharmacy team complete regular training modules to help them keep their knowledge up to date.
		2.4	Good practice	Members of the pharmacy team are provided with appraisals, and team meetings are fully documented, showing a culture of openness, honesty and learning.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy provides services safely, and additional checks are carried out for people who take higher risk medicines to ensure they are safe to supply.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were due to be reviewed in October 2021. The pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). A recent error involved the incorrect assembly of a multicompartment compliance aid. The pharmacist had investigated the error and discussed her findings with members of the pharmacy team. Near miss incidents were also recorded electronically. The pharmacist explained that staff would make their own records about incidents which had occurred. The electronic records produced analytical graphs of the trends in the incidents recorded. The pharmacist said she would use the records to discuss them with members of the pharmacy team each month. She provided examples of action which had been taken. For example, discussing incidents as part of one-to-one meetings with each member of the pharmacy team to identify individual learning needs.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to describe what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Complaints would be recorded and sent to the head office to be followed up. A current certificate of professional indemnity insurance was on display in the pharmacy.

Controlled drugs (CDs) registers were maintained with running balances recorded and checked at least monthly. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded appropriately. Records for the RP, private prescriptions and emergency supplies appeared to be in order.

An information governance (IG) policy was available. Members of the pharmacy team had completed in-house IG training and each member had signed a confidentiality agreement. When questioned, a dispenser was able to describe how confidential waste was segregated and destroyed using the on-site shredder. A privacy notice was on display in the retail area which described how the pharmacy handled people's data.

Safeguarding procedures were available. Members of the pharmacy team had completed an e-learning package about safeguarding, and the pharmacist said she had completed level 2 safeguarding training. Contact details of the local safeguarding board were available. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Good practice

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete regular training modules to help them keep their knowledge up to date. Appraisals and team meetings are fully documented, showing a culture of openness, honesty and learning.

Inspector's evidence

The pharmacy team included a pharmacist manager, and five dispensers – one of whom was in training. Members of the pharmacy team were appropriately trained or on accredited training programmes. The pharmacy was currently recruiting for an additional part-time dispenser. The normal staffing level was a pharmacist and three to four dispensers. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff from nearby branches could also provide assistance if needed.

Each year members of the pharmacy team were required to complete a personal portfolio as part of their appraisal. It contained evidence about the learning they had completed, and any associated projects. This involved routine training modules and assessments. During the appraisal programme, each member of the pharmacy team would be questioned about their learning to assess their understanding. A dispenser said she felt that the appraisal process was a good chance to identify personal development and she felt able to speak about any of her own concerns.

A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines that were liable to abuse that she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist manager had recently commenced her role and said she felt able to exercise her professional judgement and this is respected by the pharmacy team.

The staff held huddles about issues that had arisen, including when there were errors or complaints. A diary was used to record important information so that it could be shared with staff who were not present. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. The pharmacy was set targets for services such as MURs and NMS. The pharmacist said she did not feel under pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by use of a gate. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The staff had access to a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. The pharmacy provides services safely, and additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

Inspector's evidence

Access to the pharmacy was via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various posters gave information about the services offered and there was also information on the company's website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using a signposting folder. The pharmacy opening hours were displayed at the entrance of the pharmacy and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and logged onto an electronic delivery system. Electronic devices were used to obtain signatures from the recipient to confirm delivery. The devices belonged to the company and were left in the pharmacy overnight. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. A separate signature was obtained for the delivery of CDs and fridge items to confirm receipt.

Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were segregated away from the dispensing area on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. The pharmacist said she would also highlight high-risk medicines (such as warfarin, lithium and methotrexate) for members of the pharmacy team to check their latest blood test results and record the details on the PMR. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she would speak to any patients who were at risk to make sure they were aware of the pregnancy prevention programme, and record this on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacist or the patient's GP would complete an assessment to check their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference.

Disposable equipment was used to provide the service, and the compliance aids were labelled with medicine descriptions and a dispensing audit trail. Patient information leaflets (PILs) were routinely provided.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the Falsified Medicine Directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine checks of medicines. The expiry dates of stock were checked on a monthly basis. A dispenser said she was solely responsible for checking the expiry date of the stock, and she would check the full stock in the dispensary each month. But records about this were not kept. So there is a risk some stock may be overlooked. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on. A spot check of medicines did not find any out of date stock.

Controlled drugs were stored appropriately in the CD cabinets, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been within the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received on an electronic system. Members of the pharmacy team would action the alert and record details about the action taken and when.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, all electrical equipment had been PAT tested in September 2018. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide 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.