

Registered pharmacy inspection report

Pharmacy Name: Well, 62 Grosvenor Street, STALYBRIDGE, Cheshire,
SK15 1RZ

Pharmacy reference: 1088666

Type of pharmacy: Community

Date of inspection: 05/06/2024

Pharmacy context

This busy community pharmacy is located within a medical centre. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. And it provides seasonal flu and covid vaccination services and some other NHS funded services including the Pharmacy First Service. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. Around 60% of prescriptions are sent to the company's hub to be dispensed.

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	The pharmacy team members have the appropriate skills, qualifications and competence for their roles. And the pharmacy supports their ongoing learning and development needs.
		2.4	Good practice	The pharmacy team works well together. Team members communicate effectively, and openness, honesty and learning are encouraged.
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 well to make sure its services are safe, and it acts to improve patient safety. It accurately completes the records that it needs to by law and encourages its customers to provide feedback. Members of the pharmacy team are clear about their roles and responsibilities. The team follows written procedures on keeping people's private information safe. And team members 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 it provided which were accessible in an electronic format. Each member of the pharmacy team had a personal record of the training they had completed which included details of the SOPs that they had read and accepted. Members of the pharmacy team completed an assessment to test their understanding of each SOP. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. They were wearing uniforms and badges which identified their roles. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team recorded dispensing incidents and near miss errors electronically on the intranet. The records could be viewed at the pharmacy superintendent's (SI) office. The pharmacy technician (PT) explained that error records were reviewed by the SI team and learnings were shared within the company. She confirmed that the pharmacy team discussed near misses when they occurred and took actions to help avoid re-occurrences. She demonstrated that alert stickers had been placed in front of some look-alike and sound-alike drugs (LASAs) such as pregabalin and gabapentin so extra care would be taken when selecting these. She described these as error blocks. Clear plastic bags were used for assembled CDs and insulin to allow an additional check at hand out.

A 'Customer Care' notice was on display in the retail area of 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 arrangements were in place. Private prescription records, the RP record, and the controlled drug (CD) registers were all electronic and appeared to be appropriately maintained. Records of CD running balances were kept and these were audited on a weekly basis. The pharmacist manager explained that he also checked the running balance at every transaction so that any discrepancies could be spotted immediately and easily rectified. The pharmacy was notified by an alert on the electronic CD register if any running balance checks were outstanding. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

Team members completed training on confidentiality and had read the pharmacy's data protection policy. Confidential waste was collected in designated bins which were collected by a specialised disposal company. The PT correctly described the difference between confidential and general waste. A privacy statement was on display, in line with the General Data Protection Regulation (GDPR). The pharmacy sent a large number of prescriptions to the hub pharmacy in Stoke. Details of the hub pharmacy were on the labelling. People could request to have their prescription dispensed locally at the pharmacy.

The pharmacist manager had completed level two safeguarding training and other team members had completed training at a level appropriate to their role. A PT said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time and gave examples of when action had been taken in response to concerns that team members had raised. The pharmacy and GP were monitoring the situation. The pharmacy had a chaperone policy, and this was highlighted to people. There was a notice on display highlighting that the pharmacy provided a 'Safe Space' for victims of domestic abuse and there was some signposting information on the notice.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members are well trained, and they work effectively together in a busy environment. The pharmacy encourages team members to keep their skills up to date and supports their development. Team members have opportunities to discuss issues together. They are comfortable providing feedback to their manager and they receive feedback about their own performance.

Inspector's evidence

The pharmacist manager was working as the RP. There was also a PT, and an accuracy checking technician (ACT) on duty. The pharmacy team included an NVQ2 qualified dispenser and a trainee dispenser, but neither were present. The delivery driver was shared between three local branches. He was absent and an agency delivery driver was carrying out deliveries. The staffing level was adequate for the volume of work during the inspection and the team members were observed working collaboratively with each other and 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 rota or requesting staff from a neighbouring branch. The pharmacist manager explained that there was an area messenger group where managers could request help from other branches in the area. The ACT was from a neighbouring branch and was helping out for the day. There was a small relief team, and they were currently recruiting new staff.

Team members carrying out the services had completed appropriate training and were given at least two hours of training time each week to complete training. The trainee dispenser was on an accredited dispensing assistant course. The PT was training to become an ACT. The NVQ2 qualified dispenser was currently completing an NVQ3 course. The pharmacy team members also carried out regular training using the company's online training platform. They had completed training on professional topics such as the NHS Pharmacy First service and had recently reviewed the RP SOPs, as well as operational topics such as cashing up. Training was audited by head office and the pharmacist manager was alerted to any outstanding training.

There was a formal appraisal process to discuss team members performance and development, which included annual appraisals and six-monthly reviews. New staff were given regular reviews during their probationary period. 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 alerts and recalls. Regular team huddles were held where a variety of issues were discussed, and concerns could be raised. Environmental issues were discussed at huddles and team members were encouraged to be alert to people who were potentially over-ordering medicines. The team were also trying to reduce the use of paper, card and plastics. A team member confirmed there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacist manager about any concerns she might have. She said team members could make suggestions or criticisms informally, and the pharmacy had made changes to improve the organisation and workflow in the pharmacy following suggestions from colleagues. There was a whistleblowing policy.

The pharmacists were empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to sell a pharmacy medicine

containing codeine, because they felt it was inappropriate. The pharmacist manager said targets were set for lots of the services and these were considered important in the organisation. But he felt they were manageable, and he didn't feel under excessive pressure to achieve them. He confirmed that targets didn't ever compromise patient safety, and he would rearrange services such as vaccinations at a more suitable time, if the workload became too high to complete them safely.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean and well maintained. It had a separate entrance to the medical centre and was sometimes open when the medical centre was closed. The retail area was free from obstructions, professional in appearance and had a waiting area with four chairs. Some of the fabric on the chairs was torn and damaged which distracted slightly from the professional image. The temperature and lighting were adequately controlled. Maintenance problems were reported to head office and the response time was appropriate to the nature of the issue. The medical centre owned the pharmacy premises so building issues were dealt with by them. Staff facilities included a WC, with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sink and hand sanitizer gel was available.

The consultation room was equipped with a sink, and 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 vaccinations and when customers needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are suitably well managed and easy for people to access. The pharmacy sources, stores, and supplies medicines safely. And it carries out appropriate 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 everyone, including people with mobility difficulties and wheelchair users. There were automatic and power assisted doors at the entrance to the pharmacy. The pharmacy had a hearing loop. Services provided by the pharmacy and the opening hours were advertised. There was a healthy living promotion zone with a selection of healthcare leaflets giving advice on a range of conditions including chicken pox, shingles, and asthma. The pharmacy provided a blood pressure checking service, which included ambulatory monitoring. People were provided with a record of their readings and their GP was notified of these details if they had consented to this information being shared. A couple of people had been identified whose blood pressures were so high that they were immediately referred to the local hospital's Accident and Emergency department. Other people were referred to their GP for further monitoring and treatment. The pharmacy provided a New Medicine Service (NMS), so people could discuss any concerns, issues, or side effects with the pharmacist, and this helped to reduce medicines waste.

The pharmacy offered a repeat prescription ordering service and people indicated their requirements a month in advance when they collected their medication. People were encouraged to only order the medicines they required, rather than ticking everything on their repeat list. 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. People returning 'unrequired' or excess medicines were questioned carefully to check that they wouldn't need the medication again in the near future.

There was a home delivery service with a robust electronic audit trail. The delivery driver usually used a hand-held device and recorded the name of the person taking in the medicine. The date and the time were recorded automatically, and these details could be accessed at the pharmacy, which was useful in case of a query or problem when the driver was away from the pharmacy. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. An agency driver was carrying out deliveries during the inspection, and the pharmacy was using paper records rather than the hand-help device to record these deliveries.

Space was quite limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves and drawers were well organised, neat, and tidy. 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 and to highlight people suitable for a blood pressure check. The CD stickers also gave the expiry date for the prescription, so they wouldn't be supplied more than 28 days after being prescribed. 'Pharmacist

advice' stickers were used to highlight when counselling was required. 'Therapy check' stickers were used to highlight medicines containing valproate, in line with the high-risk medicines SOP. The team were aware of the requirements for a Pregnancy Prevention Programme (PPP) to be in place and that people who were prescribed valproate containing medicines should have annual reviews with a specialist. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling. There was a template for a valproate risk assessment which was to be completed when considering if to supply a valproate containing medicine in a compliance aid pack, rather than its original packaging.

A large number of multi-compartment compliance aid packs were dispensed. Around two thirds were supplied on a weekly basis and the pharmacy received weekly prescriptions for these. This service was generally well organised. But some packs were assembled before the labels had been generated, and these were stored without appropriate labelling, for a few days. The pharmacist manager agreed to review this process and discuss any variances to the SOP with the regional manager and the SI team if necessary. There was a dispensing audit trail, and any communications with GPs and changes to medication were recorded on a designated form. Disposable equipment was used which was recyclable. An assessment was made by the pharmacist as to the appropriateness of a pack or if other adjustments might be more appropriate to the person's needs, prior to commencing this service.

The PT explained what questions she asked when making a medicine sale and she 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 misusing 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 (P) medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials.' 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. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins. Alerts and recalls were received electronically from head office. These were read and acted on by a member of the pharmacy team. A copy was retained in the pharmacy with a record of the action taken, so the team were able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

The pharmacist could access the internet for the most up-to-date reference sources. The pharmacist manager said he used an App on his mobile phone to access the electronic British National Formulary (BNF). There were three clean medical fridges for storing medicines. One was used solely for vaccines. The minimum and maximum temperatures of all three fridges were being recorded regularly and had been within range throughout the previous month. All electrical equipment appeared to be in good working order. A sharps bin, anaphylactic kit and other equipment required for the flu and covid vaccination services were available in the consultation room. There was suitable blood pressure testing equipment. Ambulatory equipment was shared with a couple of other branches, so this was not always available, but it was in use during the inspection. Weight scales and a height measure were available. There was a selection of clean glass liquid measures with British standard and crown marks. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separate tablet triangle that was used for cytotoxic drugs. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (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.