

Registered pharmacy inspection report

Pharmacy Name: Weston Road Pharmacy, 65 Weston Road,
STAFFORD, Staffordshire, ST16 3RL

Pharmacy reference: 1089592

Type of pharmacy: Community

Date of inspection: 28/11/2019

Pharmacy context

This is a quiet community pharmacy located on one of the main roads into Stafford town centre. People using the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions and provides other NHS funded services such as seasonal 'flu vaccinations, sexual health services and a minor ailment scheme which includes treatments for urinary tract infections and impetigo. The pharmacy team supplies some medicines in weekly packs for people that can sometimes forget to take 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	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 identifies and manages the risks associated with the services. It is responsive to feedback and uses this to make improvements. The pharmacy team have written instructions to help make sure it works safely. And the team understands its role in protecting and supporting vulnerable people. They do not always record their mistakes which means that they may miss learning opportunities.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs were periodically reviewed, and they were marked with the date they were due for their next review. Pharmacy staff had read and signed the SOPs relevant to their job role, although there was some delay between the staff member starting at the pharmacy and them signing the SOPs. The legally required Responsible Pharmacist (RP) SOPs could not be located so a new RP SOPs were obtained during the inspection. In the initial absence of RP SOPs, the dispensing assistant correctly explained which activities could and could not be carried out in the absence of the RP.

A near miss book was available and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. A dispenser explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. The near miss book had not been used to record any near misses made between January 2019 and November 2019 which meant that any patterns or trends during that time could not be identified. The RP had identified this in mid-November and the intention was to review the book regularly; the SOP stated that the near miss log should be reviewed weekly. The RP was not aware of any dispensing errors being identified since he had started working at the pharmacy in May 2019. There was a template review form in the SOP folder and the RP said that he would contact the Superintendent (SI) to report the error. An annual patient safety report had been completed by the previous pharmacy manager for the NHS Quality Payment Scheme (QPS) submission.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant explained the additional checks she made when a member of the public requested over-the-counter high-risk medicines such as co-codamol or sleeping aids.

The complaints procedure was explained to people on a poster displayed in the shop and in the pharmacy leaflet. People could give feedback to the pharmacy team in several different ways; verbal, written, on the NHS website and the annual NHS CPPQ survey. The pharmacy team tried to resolve any issues raised that were within their control and made improvements based on the feedback. The team explained that they had reviewed and tried to improve the repeat prescription service as they had noticed that prescriptions were not always ready when the person came to collect them.

The pharmacy had professional indemnity insurance in place. The RP notice was clearly displayed, and the RP log was seen to be generally compliant with requirements. There was a minor issue where the RP had not signed out and there was a different RP the following day. The entries in the controlled drug (CD) registers were in order. A random balance check matched the balance recorded in the register. The

patient returned CD register was used. The balance check for methadone was done regularly and the manufacturer's overage was added to the running balance. A sample of private prescriptions records were seen to comply with the requirements. Consent forms for NHS services were seen to have been signed by the person receiving the service. Prescription deliveries were made by the delivery driver and signatures were obtained as proof of delivery.

Confidential information such as documents for pharmacy services were stored in areas which had restricted access. Completed prescriptions were stored out of public view. Confidential waste was stored separately and sent offsite for destruction. The RP could access NHS Summary Care Records (SCR) and confirmed that he did not share the passcode for his NHS Smartcard. Pharmacy staff answered hypothetical safeguarding questions correctly. Local safeguarding contacts were available in the dispensary. The RP had completed the Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Pharmacy team members complete the training they need to do their jobs. But they do not have formal training plans or protected time to complete ongoing training, so they may not always keep their skills and knowledge up to date.

Inspector's evidence

The current pharmacy team comprised of a pharmacy manager (RP at the time of the inspection), a dispensing assistant, a trainee dispensing assistant and a delivery driver. Two dispensing assistants were on maternity leave and were due to return to work during 2020. The trainee dispensing assistant had been recruited as maternity leave cover. The RP thought that the current staffing level was sufficient to manage the volume of work and the workload was managed well during the inspection.

Both of the dispensing assistant and trainee dispensing assistant worked part time and provided cover for each other when they required time off. The team explained that this was sometimes quite difficult to arrange, but they did not feel that they could not leave the pharmacist to work alone. So, there was limited flexibility to cover planned or unplanned absences.

A six-month performance review was due to have taken place in September 2019 but due to the 'flu vaccination season starting this had been postponed. The dispensing assistant was keen to complete regular training to keep her knowledge up to date. She had completed some online training for NHS QPS and said that the SI was not doing any more training sessions at the moment.

The team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. Pharmacy staff had regular discussions in the dispensary to communicate messages and updates. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the pharmacy manager or SI. The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. Formal targets were not set for services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the SI. The dispensary was an ample size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. Prepared medicines were held securely within the dispensary and pharmacy medicines were stored behind the medicines counter.

There was a private soundproof consultation room which was used by the RP during the inspection. The consultation room was professional in appearance. The door to the consultation room remained closed from the public area when not in use. A large stockroom was available for storing excess stock, returned medicines, confidential waste and excess pharmacy consumables.

The pharmacy was clean and tidy with no slip or trip hazards evident. It was cleaned by pharmacy staff. The sinks in the dispensary and staff areas had running water, hand towels and hand soap were available. The pharmacy had air-conditioning and an over-door blow-heater. The temperature in the dispensary felt quite cool during the inspection which may create an uncomfortable working environment for staff. Lighting was adequate for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. The pharmacy gets its medicines from licensed suppliers, and the team members make sure that they store medicines securely. Medicine stock is generally well controlled, but problems with the fridge temperature are not investigated when they are identified. So, the pharmacy may not always be able to provide assurance that all its stock is fit for purpose.

Inspector's evidence

A home delivery service was available for people that could not easily access the pharmacy. A range of pharmacy leaflets explaining each of the services was available for customers. The pharmacy staff used local knowledge and the internet to refer people to other providers of services that the pharmacy did not offer.

Several NHS services were available under Patient Group Directions (PGD's). The PGD documents naming the authorised pharmacists were kept in the pharmacy and the RP took the PGD and the service level agreement (SLA) into the consultation for reference.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise workload. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Stickers or notes were attached to completed prescriptions to assist counselling and hand-out messages, such as eligibility for a service, specific counselling or fridge item. The RP was aware of the MHRA and GPhC alerts about valproate and had counselling information available. The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given.

Multi-compartment compliance packs were dispensed for people in the community. The RP managed the administration process and ordered prescriptions around two weeks in advance, to allow for any missing items or prescription changes to be queried with the surgery ahead of the intended date of supply. Each person had a record sheet to log where they wanted each medicine packed and which external items they required. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication, an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets were supplied with each monthly supply. The backing sheets were not securely attached to each pack which could increase the risk of them becoming detached and did not meet medicine labelling requirements.

A prescription collection service was offered, and various options were available dependent on what the person preferred. The pharmacy kept a list containing the items that the patient had requested and chased any outstanding items ahead of the person returning to pick up their prescription.

Medicines were stored in an organised manner on the dispensary shelves. Most medicines were stored in their original packaging although there were some examples of multiple batches in the same box, which could cause confusion and make date checking difficult. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Split liquid medicines with limited stability once opened were marked with a date of opening. No out of date medicines were seen but the date checking records were not maintained as evidence of regular date checks. The pharmacy team were aware of

Falsified Medicines Directive (FMD) requirements and the pharmacy had FMD scanners, but the team had not started using them. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts by email from gov.uk.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Substance misuse prescriptions were dispensed in advance of the person coming to collect them. This reduced workload pressure and the risk of dispensing incorrect doses when the patient came to collect their prescription. There was a fridge to hold stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained. Records showed that the pharmacy fridges were often working outside of the required temperature range of 2°C and 8°Celsius and the RP had not been made aware of this. The fridge temperature SOP contained information on how to manage an out of range reading and this had not been followed. The RP agreed to re-train staff on the SOP and speak to the SI about the fridge temperature readings.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team uses the equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were used for preparation of methadone. Counting triangles were available and there was a separate, marked triangle used for cytotoxic medicines. Electrical equipment had been tested in January 2018. Screens were not visible to the public as they were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.