General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Prestwich Pharmacy Limited, 40 Longfield Centre, Prestwich, MANCHESTER, Lancashire, M25 1AY

Pharmacy reference: 1091255

Type of pharmacy: Community

Date of inspection: 30/10/2019

Pharmacy context

The pharmacy is in a shopping precinct in the centre of Prestwich. It has a large retail space and sells a range of healthcare products and over-the-counter medicines. It dispenses a high volume of NHS prescriptions. The pharmacy team provides a wide range of services and consultations. These include a travel clinic, seasonal flu vaccinations, blood pressure monitoring and weight management. Other professionals hold regular private clinics in one or more of the pharmacy's consultation rooms. And these include podiatry and audiology clinics. The pharmacy provides a substance misuse service. It delivers medicines to people's homes. And it supplies medicines in multi-compartment compliance packs to help people 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	1.2	Good practice	The pharmacy is good at assessing the quality and safety of its services. The pharmacy team members are good at recording any errors they make when dispensing. And they openly discuss these errors, so they can make appropriate changes to reduce the risk of similar errors in the future.
2. Staff	Good practice	2.1	Good practice	The pharmacy has enough suitably qualified and skilled team members to provide an efficient and high quality service. It has good staffing plans to make sure team members understand the tasks they are responsible for. And can complete them in a timely manner. It reviews the team's skill mix and numbers when making plans for the future.
		2.2	Good practice	The pharmacy is good at supporting its team members to improve and complete regular learning. So, they can take on new roles and develop new skills. And so, the pharmacy can introduce new services for people.
		2.4	Good practice	The pharmacy team members work well together to make sure they deliver safe and effective services. And they show enthusiasm for their roles and for helping people. They are comfortable talking openly and honestly about the mistakes they make. And understand the importance of shared learning.
		2.5	Good practice	The pharmacy encourages all the team members to attend regular team meetings. They have the opportunity to suggest and discuss ideas to improve the way they work. The pharmacy listens to these ideas and acts on them. The pharmacy supports its team members with regular appraisals to understand how they want to progress in their role. And it gives them an opportunity to raise any concerns.
3. Premises	Standards met	3.2	Good practice	The pharmacy has a number of sound-proof consultation rooms maintained to a high standard. And they are suitable for the range

Principle	Principle finding	Exception standard reference	Notable practice	Why
				of services provided. The team members proactively use these rooms to provide services in private.
4. Services, including medicines management	Standards met	4.1	Excellent practice	The pharmacy provides a wide range of services that people can easily access. It considers the needs of the local community. And it puts the person at the centre of its services. It is good at promoting its services in the pharmacy. And it proactively uses its website and social media to promote its services to a wider range of people. So, the pharmacy can meet the health needs of different patient groups. The pharmacy team works closely with the local doctors and other professionals to tailor its service provision. It monitors the outcomes its services have on people's health. And it uses this information to help promote these services more widely.
		4.2	Good practice	The pharmacy is good at managing its services so the team can deliver them safely and effectively. It works closely with other professionals to introduce new services. And manages them in a way to help improve the health of people accessing these services. The pharmacy designs its service provision around the people using the pharmacy. And those in the local community who may benefit.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy appropriately identifies and manages the risks with its services. It reviews its ways of working and makes changes to improve safety and efficiency. And it assesses the risks of any new services. The pharmacy listens to people's feedback to improve the services it provides. It uses automation to help reduce the risks of errors. And it has good systems in place should the technology breakdown. This ensures the team can continue to provide a safe and efficient service. The pharmacy team members are good at recording any errors they make when dispensing. And they openly discuss these errors, so they can make appropriate changes to reduce the risk of similar errors in the future. They understand the importance of keeping people's private information safe. And they know what to do if they have a concern over the welfare of a child or vulnerable adult. The pharmacy mostly keeps the records as it must by law. And it mostly reviews its written procedures as it should.

Inspector's evidence

The pharmacy had a very large retail space. The pharmacy had a large counter and a separate prescription hand-in area. Two of its consultation rooms were set back, either side of the pharmacy counter. And the dispensary was situated behind the pharmacy counter, separated by a full height wall. There were two more consultation rooms at the far side of the retail area. And it had further rooms on the first floor suitable for a range of services. These were accessible directly from the retail area up some stairs. The pharmacy had a separate entrance for people accessing substance misuse services. The team dispensed prescriptions in two dispensary areas, one of which was on the first floor. The pharmacy used a robot for dispensing. And this was situated on the first floor. Chutes took the medication from the robot to the dispensing workstations in both dispensary areas. The pharmacy team dispensed prescriptions for people who were waiting and other urgent prescriptions downstairs. The pharmacists were based downstairs, so they could check the waiting prescriptions, be available to deliver services and be on hand to support the counter assistants in providing advice. The team dispensed non-urgent prescriptions and multi-compartment compliance packs upstairs. And completed tasks relating to the running of the robot upstairs. This area was free from distractions with no telephones, so the team members could concentrate on their accuracy and work efficiently.

The pharmacy stored most of its stock in the robot. And the pharmacy dispensed a very high volume of prescriptions. This meant if the robot had a technical issue then this could have a huge impact on the dispensing service. A dispenser described how the team continued to provide a safe an efficient service in the event of technical disruption. The team members working upstairs manually picked the items required from the robot for prescriptions. And they sent them down the chute to the downstairs dispensary. This meant the urgent and waiting prescriptions were prioritised over non-urgent workload upstairs. The pharmacy had technical support from the manufacturer to resolve issues.

The pharmacy had a range of standard operating procedures (SOPs) for dispensing, controlled drugs (CDs), responsible pharmacist (RP)_ regulations and the services it provided. Some of the SOPs had been reviewed recently, such as the accuracy checking SOP in February 2019. But some other SOPs, for example for the New Medicines Service (NMS) hadn't been reviewed since 2016. The pharmacist described how they were currently working through the review of all the SOPs. The pharmacy team on the whole followed the SOPs. But on a few occasions the counter assistants did not always ask people's addresses when people collected their medicines. The SOPs clearly set out the roles and responsibilities

of the team members. The SOPs for the responsible pharmacist regulations had been reviewed in October 2019.

The pharmacy kept paper near miss error records. And the team members consistently completed entries. They included details of what the error had been. So, errors for quantity, dose and transposing labels were seen recorded. The team recorded what had been prescribed and what had been dispensed most of the time. And the team sometimes recorded learning points, such as check in between the folds of the patient information leaflet (PILs) after a CD quantity error. The team members completed their own entries, so they could reflect and complete the relevant sections on the form. The team members had identified from the records that due to using the robot the risk of selection errors was reduced. And they had identified the risk of labelling with an incorrect dose was their most common error. The team was fully aware of this increased risk, but it was difficult to eradicate completely as changing the labelling process would decrease efficiency and introduce different risks of error.

The pharmacy used a separate form to record dispensing incidents that reached people. And several completed entries were seen. The reports described what had happened and the actions taken. The pharmacy team members had regular team meetings after work, so they could all be included in the discussions and have an opportunity to learn. Recent dispensing incidents and learnings from near-miss errors were discussed at these meetings. And they discussed different ways of working. The pharmacy had started introducing work stations to further improve efficiency and accuracy. And each team member was to have a workstation and be responsible for the accompanying tasks. The team members would rotate round the workstations to help improve their concentration. And keep their skills up to date.

The pharmacist described the steps taken to assess the risks prior to introducing a new pharmacy service. For example, he described how he assessed the suitability of the consultation room and made sure the required equipment was available. This was evidenced in the consultation rooms where vaccinations were administered. These were of a suitable size, had the appropriate equipment such as a sharps bin and an in-date adrenalin pen. One room had a sink and this room was used in preference for vaccinations due to the hand washing facilities. But only some of these assessments had been documented. This may make it more difficult for the team to review the risks.

The pharmacy had processes to ensure the team members were clear about what tasks they were to complete. For example, one dispenser described the tasks allocated to her when responsible for completing the goods-in processes. The pharmacist displayed his RP notice for people to see. The team members were seen working within their own competence and expertise. They referred people appropriately to the pharmacist for advice.

The pharmacy was open to receiving feedback from people using its services. It also received feedback about the clinics run from the pharmacy's consultation rooms. And shared this feedback appropriately. The pharmacy had various ways to obtain feedback such as Facebook, Instagram and details were advertised on the website. And it used the feedback it received to share with the team. And to inform its services. It asked people to complete an annual questionnaire. The pharmacy had a complaints procedure and notice. And it had a complaint's form to help the team gather details of a complaint. One of the dispensers explained how she would refer complaints to one of the pharmacists.

The pharmacy had up-to-date professional indemnity insurance. For the sample of entries checked, the pharmacy mostly kept complete records in the CD register. Some of the headers were missing. The pharmacy team members mostly checked the balance in the register against the physical stock when they dispensed or received CDs. And they followed the SOP to complete this at least once per double-

page of entries. But they did not complete a regular check of all CDs held. So, for example, the team had last checked the balance for some of the rarely used lines in February 2019. During the inspection, a check on the physical balance against the balance in the register for Longtec 5mg M/R tablets showed it was correct. The pharmacy kept the inserts to the register in files in plastic containers rather than in a register folder. It had changed to this as the inserts and register were untidy. The pharmacy was implementing an electronic CD register to provide a long-term solution. The pharmacy kept electronic records for private prescriptions. And the entries were mostly complete. For one entry checked the date on the prescription didn't match the register entry. The team had complete records of certificates of conformity for unlicensed products. No records of emergency supplies were seen. Entries in the responsible pharmacist record followed legal requirements.

The pharmacy had an up-to-date SOP relating to the disposal of confidential waste. It had confidential waste bags and the team sealed these when full. And a specialist contractor removed them. The team members had received training on the General Data Protection Regulation (GDPR). And they had signed a code of conduct for information governance, to show they respected confidentiality. They understood the importance of confidentiality. And of keeping people's private information safe. They made good use of the various consultation rooms available.

The pharmacy had a chaperone and safeguarding policy. The RP had completed level two safeguarding training in 2019. The pharmacy had contact details for the local safeguarding team. And it had a written form to help the team collate the required details. The pharmacy team members had the necessary knowledge to recognise concerns and then report on to the pharmacist to assess. They were currently completing a refresher training in safeguarding. And most of the team had completed it.

Principle 2 - Staffing ✔ Good practice

Summary findings

The pharmacy has enough suitably qualified and skilled team members to efficiently provide its services. It has good staffing plans to make sure team members know the tasks they are responsible for. And so, they can complete them in a timely manner. The pharmacy supports its team members to improve and complete regular learning. So, they can take on new roles and develop new skills. And so, the pharmacy can introduce new services for people. The pharmacy team members work well together. And they show enthusiasm for their roles and for helping people. They have regular meetings with the opportunity to suggest ideas to improve the way they work. And they feel comfortable to raise any concerns they may have.

Inspector's evidence

On the day of the inspection the Responsible Pharmacist was one of the regular pharmacists. He was running a travel clinic during the morning of the inspection. He was supported on the counter by four medicines counter assistants (MCAs). And in the dispensary by seven dispensers and a pre-registration pharmacist. There was also a locum pharmacist working, who had not previously worked in the pharmacy. The dispensers were seen helping and supporting him in his role. The pharmacist owner returned from a meeting during the inspection to support with the pharmacy's dispensing and services workload. The pharmacy had a non-pharmacist manager, who was not working on the day of the inspection. It had another two MCAs, five regular pharmacists in total and a second pre-registration pharmacist. The RP and one of the dispensers organised the team to complete tasks and manage the workload. This included who was working in the upstairs dispensary, managing the goods in to the robot, and urgent and non-urgent dispensing. The pharmacy kept up-to-date rotas of the staff working and who was on holiday. The manager organised these in advance to make sure the pharmacy had enough, suitably qualified people working. The pharmacy kept a record of the team's qualification certificates. The pharmacy team were seen working well together managing the dispensing workload and providing the services efficiently.

The MCAs and dispensers were seen competently dealing with people's requests throughout the inspection. They appropriately sought advice from one of the pharmacists when they needed to. And they were seen sharing relevant information with the whole team. For example, after a telephone call one of the dispensers had identified a hormone replacement product was out of stock with no available date. She shared this with the whole team detailing the requirement to inform and liaise with the prescriber over an alternative product. One of the MCAs correctly detailed the questions she would ask if a person requested the sale of a codeine-containing product. And explained how the team monitored repeated sales of these products in a communication book kept at the counter. She described how she discussed concerns directly with the person. And raised these concerns with the pharmacist if needed.

The pharmacy team members completed ongoing learning to keep their skills up to date. A dispenser described the on-line training modules the team members completed. They completed these during the working day. She had recently completed a module on head lice treatment. And although she didn't often work on the pharmacy counter this meant she could keep her skills up to date. The team members' training was relevant to their role. And the services provided and planned for. For example, the pharmacy planned to further develop the services side of the business and so the owner and regular pharmacist had booked to attend a three day course on consultation skills to further improve

their skills. Two of the dispensers were working through the requirements to become accuracy checkers. So, the pharmacists could dedicate more time to complete pharmacy services. The pre-registration pharmacist felt well supported in her learning. And she had regular sit down discussions with her tutor.

The pharmacy team members attended regular team meetings after work. They learnt about any changes in regulations and the NHS contract. And they discussed any recent near-miss errors and dispensing incidents in an open way to share the learning. There was also the opportunity for the whole team to discuss ways of working. The team had started implementing a different way of organising the workload in the dispensary after discussing it in one of these meetings. The pharmacy team members had annual appraisals and could discuss opportunities for training and self-development. The pharmacy had a whistleblowing policy available. A dispenser felt comfortable raising any professional concerns with the manager, regular pharmacist and owner. The pharmacy didn't set target numbers for dispensing and services, instead the team's focus was on quality of services and providing a range of services beneficial to people's health.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, tidy and secure. And supports a professional environment for people to access health services. It has sound-proof consultation rooms of a good standard. And the team members proactively use these rooms to provide services in private.

Inspector's evidence

The pharmacy was clean, hygienic and tidy. And it portrayed a professional image. It had the space to store its medicines and consumables appropriately in the dispensaries and stock rooms. It had enough bench space for the dispensing workload. And a separate area for the receipt of stock from the wholesalers. The lighting and heating in the pharmacy were suitable. The pharmacy had staff toilets with separate handwashing facilities and hot and cold running water. The pharmacy had appropriate sinks in some consultation rooms and in the dispensary. It had a separate staff area for breaks with suitable facilities.

The pharmacy had four good-sized, sound-proof consultation rooms on the ground floor and other suitable consultation rooms on the first floor. There was a separate area for people to access substance misuse services, with a screened area and access to a consultation room. The consultation rooms were well equipped for the different services. Some had handwashing facilities. And these were prioritised for vaccinations. The pharmacy team used the consultation rooms throughout the inspection. One room was equipped with a reclining medical chair bed so that the podiatrist and audiologist could complete their clinics effectively. The podiatrist had a clinic on during the inspection. The pharmacy kept the consultation rooms accessed from the retail area locked. One of the consultation rooms was accessed from the main retail area or from the separate substance misuse area. This room was mainly used for weight management services and general consultations. The door to the substance misuse area wasn’t kept locked during the inspection. So, there was a slight risk of unauthorised access. The pharmacy didn’t keep any patient identifiable information on show in this room. But it did keep some Lipotrim stock and equipment in the room. All staff areas were suitably secured with digilocks to prevent unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a wide range of services that people can easily access. It considers the needs of the local community. And it puts the person at the centre of its services. It works closely with the local doctors and other professionals to tailor its service provision. The pharmacy monitors the outcomes its services have on people's health. And it proactively uses this information to help promote these services more widely. The pharmacy is good at managing its services so the team can deliver them safely and effectively. It uses technology to identify people who could benefit from additional advice. And the pharmacy team provides them with relevant support. The pharmacy sources, stores and manages its medicines appropriately.

Inspector's evidence

The pharmacy had a level access entrance, through large double automatic doors. There was a large car park within easy walking distance. The pharmacy promoted its services well both externally and internally. This included the services provided by other professionals using the pharmacy's consultation rooms. People could see healthy living advice advertisements from the public car park. And directly outside, the pharmacy had positioned stand-up signs to promote other services such as flu and travel vaccinations. The pharmacy advertised its opening hours on the door. On entering the retail area, the pharmacy had an eye-catching display for Stoptober with a seven foot standalone stop smoking poster, balloons and leaflets to pick up. The pharmacy had provided a locally NHS commissioned service until recently. But the funding had been stopped. The pharmacy still offered a private consultation as before, but people had to purchase the nicotine replacement products. The pharmacist confirmed some people still accessed the service. The pharmacy had a dedicated seating area that people used for most of the inspection. This was whilst they waited for prescriptions and to access services such as flu and travel vaccinations. The pharmacy had the use of a hearing loop. The pharmacy promoted its services to the community through its website, Facebook and Instagram. It had employed a marketing graduate for a year to review how it promoted it's services in the pharmacy and on-line. The pharmacy reviewed feedback the pharmacy received about its services. The marketing graduate shared the feedback with the pharmacy owner. And he shared it with the team. He used it to help make decisions about the services the pharmacy provided. For example, positive feedback about the podiatry service helped inform the decision to continue to offer this service. This helped to ensure the services were appropriate for the people in the community. The pharmacist owner worked closely with the local doctors to promote the services the pharmacy could provide.

The pharmacy had a separate entrance for people accessing substance misuse services. People rang a buzzer to gain access. The pharmacist described how, due to prescribing trends, there had been a decrease in the number of people with prescriptions accessing the service. But the needle exchange service was still popular. The pharmacy displayed posters in this area relevant to the services provided. And it had a discreet area for people to complete needle exchange and discard their used sharps bins. The pharmacy displayed a letter regarding used needles being found in the local community. And it encouraged people to return their needles to the pharmacy for the safety of the community.

The consultation rooms were used to provide pharmacy services and other clinics. Professionals, not employed by the pharmacy, operated the podiatry and audiology clinics. And they worked closely with the pharmacy to provide services for the local community. The pharmacist owner described the initial

professional governance checks the pharmacy made in relation to the services run by other professionals. And how the pharmacy monitored the services through popularity and feedback from people accessing them. This was to ensure the services were provided to a high standard. And met the needs of the people accessing them. During the inspection a podiatrist was running a private clinic from one of the rooms. The room was suitably equipped for the clinic. She spoke with the pharmacist owner and inspector about the clinic. And described how she had been concerned for someone's health and referred them on to secondary care during the clinic. The podiatry clinics were very popular and operated several times a week.

During the inspection one of the pharmacists was running a travel and flu vaccination clinic in a separate consultation room. The medicines counter assistants worked well with the pharmacist to ensure the necessary paperwork was completed prior to the consultation, so the clinic ran smoothly. The team had clear roles and responsibilities during the clinic. And the pharmacist introduced himself and his role to people before completing the vaccinations. This consultation room was well equipped with travel maps and a computer, so the pharmacist could access the internet to provide information about malaria prophylaxis. The pharmacy had trained the medicines counter assistants to complete blood pressure measurements and provide the local minor ailments service, Care at the Chemist. They also provided weight management advice and Lipotrim weight management products. A counter assistant described how some people had lost eight to nine stone in weight when on the service. And that some people accessed the blood pressure monitoring service regularly as reassurance that their blood pressure was within the normal range. The pharmacy had been involved in the Bury Pilot, working closely with the local GP surgery team. The pilot service had been introduced to identify people living in Bury, with undiagnosed hypertension. And to support those with borderline hypertension to reduce their blood pressure. In a twenty week period the pharmacy had screened 113 people. The team had referred four people to the GP, with atrial fibrillation and two with blood pressure greater than 180/110. And the pharmacy team had supported nine people to reduce their blood pressure to less than 140/90. The pharmacists had helped by providing advice to reduce salt and alcohol intake. And supporting on a weight management programme. The owner was promoting the results of the pilot service. And discussed how it was hoped this pilot would be rolled out across Bury following these results. The pharmacy kept up-to-date patient group directions (PGDs) and service specifications stored altogether. These included ones for emergency hormonal contraceptive services. And for the supply of antibiotics as part of the chlamydia service. The pharmacy had SOPs for these services.

The pharmacy had an efficient dispensing process. The pharmacist completed checks on the prescriptions at the start of the process. This included a clinical check and check on the availability of stock. This prevented delays later in the dispensing process. The pharmacist signed the prescriptions to confirm the checks had been completed. And then filed them awaiting dispensing. The team processed urgent prescriptions downstairs and other prescriptions, including those for multi-compartment compliance packs, on the first floor. The pharmacy used different coloured baskets when dispensing to make sure different people's prescriptions and medications were kept separate. And the colour helped to prioritise workload. For example, the pharmacy used red baskets for CDs. It used a robot to dispense the majority of prescriptions. The medication was distributed from the robot on the first floor via chutes to the separate work stations on the ground and first floor. This effectively separated the different tasks of dispensing. After dispensing the team member transferred the prescriptions to a separate bench for checking. The team dispensed CDs, liquids and heavy items manually. The pharmacy team used clear bags for fridge lines and CDs, to ensure there was an additional check on these items before handing out. The pharmacy used the computer system to run reports and set up printed alerts to highlight when to speak to people about their medicines. For example, it had been set up to highlight people with diabetes. So, the team member could check on handout if the person had received a foot and eye check in the last twelve months. This was then confirmed on the computer as complete. The

pharmacy could then run a report to identify those requiring foot and eye checks and discuss with the surgery team. The pharmacy had used the computer system to highlight people taking valproate. And had identified one person. The pharmacy team was aware of the safety alert, the risks and the requirements of the valproate pregnancy prevention programme. But the team couldn't find the guides and cards to hand out to people, although they did know the pharmacy had stock previously. The pharmacy worked closely with the surgeries. And checked to make sure people taking warfarin had a recent blood test result before they received their prescription. The pharmacy used "warfarin" stickers to make sure people received appropriate advice if needed. The pharmacy had a robust process to dispense prescriptions with stock owed. It had separate shelves in the goods-in area, labelled up with the different wholesalers used. It stored prescriptions awaiting stock, on the shelf corresponding to which wholesaler would deliver the stock. The team dispensed the owed items within 24 hours as part of the good-in tasks.

The delivery driver described the processes he followed both in the pharmacy and when delivering to people's homes. The team prioritised prescriptions for deliveries and dispensed them downstairs. And then these were transferred and stored on the first floor. The team printed a delivery sheet containing people's address details. And the system organised the route according to post codes. The driver checked the delivery sheet against the medicine packages. And printed additional labels for any deliveries not printed on the delivery sheet. The sheet had a number of names and addresses on one sheet. So, there was a risk that people signing for their deliveries could see other people's details. The driver was seen feeding back to the RP about the non-deliveries from that day. The RP then organised a text to a person to inform them their compliance pack had not been delivered. And to ask them to contact the pharmacy. This was in addition to the driver posting a note through the door. The driver explained how he reported any concerns to the pharmacy.

The pharmacy supplied medicines in multi-compartment compliance packs for approximately 80 people living in their own homes. Four team members each dispensed the medicines into packs for a set group of people. Each person had a printed master sheet, detailing their current medication and times of administration. A pharmacist signed these sheets off as clinically appropriate. The team allocated each team member a colour, which corresponded to a set group of people. The member dispensed the medicines into the packs for these people, once in a four week cycle. The team members were responsible for ordering and dispensing the medicines into the packs. The team member completed the work in the first floor dispensary, away from the distractions of telephone calls and queries. Once the packs had been dispensed the pharmacist checked them. And placed them in the appropriate place for delivery or collection. The pharmacy used backing sheets, instead of labels. On these, it printed the descriptions of the medicines in the pack. So, people could identify their medicines. And it supplied patient information leaflets with new medicines and every six months. But not routinely every month. This was discussed during the inspection.

The pharmacy stored its medicines appropriately in the pharmacy, mainly in the robot but also on shelves. It had plenty of storage space for medicines. And it kept the Pharmacy (P) medicines behind the pharmacy counter. The pharmacy had a robust date checking process for medicines it stored in the robot. The dispenser who completed the goods-in tasks, checked the expiry dates of the products received from the wholesalers. This was done prior to storing the medicines in the robot. The pharmacy set all its expiry dates in the robot to twelve months. Except ones with a shorter expiry. The pharmacy added split packs to the robot and set the expiry date of these products to three months. This ensured the split packs were dispensed first. And allowed regular checks on all products stored in the robot. The team members completed date checking of other stock once a week when it was quiet on a Saturday. Each team member had an allocated section. The pharmacy used short dated stickers. But a date checking schedule and record of completion wasn't seen. No out-of-date medicines were found on the

shelves. The team recorded the fridge temperature daily. And it was seen to be within the required range.

The pharmacy used licenced wholesalers such as Phoenix and AAH. It had a plan to comply with the falsified medicines directive (FMD) but wasn't yet compliant. It had the appropriate scanners and software. But the pharmacy was waiting for an update to the robot software to ensure that they could continue to use it and comply with FMD. The owner explained how due to the volume of prescriptions completed it was important to implement the change at the right time to minimise the effect on workflow, and ultimately people receiving their prescriptions. The pharmacy received email notifications of drug recalls and safety alerts. A team member printed the alert and detailed the information on an index sheet. The information included the action taken and by whom. Details of the most recent recalls had been entered.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services provided. It maintains its equipment to make sure it is fit for purpose. And uses it in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to relevant and up-to-date information to provide its services. It also had the BNF and BNF for children available as hard copies. There was internet access available in the pharmacy and in its consultation rooms. And the team kept the equipment needed for the services provided in the relevant consultation room. For example, the team mainly used one consultation room to provide its weight management service and so kept the Lipotrim stock, weighing scales and height measurement equipment in the room. And the pharmacy had a poster on the wall to work out a person's BMI. The pharmacy had blood pressure monitoring equipment in some of the consultation rooms. The pharmacy had purchased specialised blood pressure monitors, that detected atrial fibrillation. And as recommended by NICE. These were regularly serviced or replaced by the company's representative. The pharmacy had a record of electrical testing, but in 2016.

The pharmacy had a separate area for people to hand in their prescriptions. This was set to the side of the main pharmacy counter. It had a computer terminal, so the pharmacy team member could access people's records. People could walk to the side of the terminal and people could have seen other people's private details on the screen. But the team had put stands in the way to help protect people's privacy. The team member had their NHS smart card in the terminal. This was accessible from the retail side of the counter. And it wasn't removed when the team member left this area. So, there was a risk of someone taking the card. The pharmacy had terminals with access to patient medication records (PMR) on the pharmacy counter. It positioned the terminals to prevent people in the retail area viewing people's private details. The pharmacy kept the prescriptions awaiting collection in dispensary. So, this meant people in the retail area couldn't see private information such as prescription details or name and address labels.

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.