

Registered pharmacy inspection report

Pharmacy Name: Click Trading Limited, Unit 3 Osbourne Court,
Thelwall New Road, Grappenhall, WARRINGTON, Cheshire, WA4 2LS

Pharmacy reference: 1091303

Type of pharmacy: Closed

Date of inspection: 28/03/2023

Pharmacy context

The pharmacy is on a small industrial estate in a village close to Warrington. It mainly dispenses NHS prescriptions, including prescriptions received from district nurses for people living across the local area. It supplies some medicines in multi-compartment compliance packs to help people take them properly. And it provides a palliative care service. The pharmacy has an NHS distance selling contract which means people do not directly access the premises. And so, the pharmacy delivers people's medicines to their homes.

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 suitably identifies and manages the risks associated with its services. And it mostly makes the records it must by law. It has up-to-date written procedures to help team members work safely. Team members record mistakes, and they make changes to their practice to reduce the risk of similar future mistakes. They are good at listening to people's feedback to help improve services. And they keep people's private information secure. They understand their role in helping protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) relevant to the pharmacy's services and mandatory SOPs such as for responsible pharmacist (RP) regulations. The SOPs had been updated since the last inspection and were due for review in 2024. Team members had read the SOPs, and most had signed a training record to indicate they understood and would follow the procedures. The SOP for working with an accuracy checking technician (ACT) had been updated since the last inspection and indicated the use of a stamp to audit the completion of the clinical check. The pharmacist was seen to be using the stamp or signing the prescription, so the ACT knew which prescriptions they were authorised to check. Pharmacy team members were seen completing tasks appropriate for their roles and referring queries to the pharmacist when needed. Team members had distinct roles, for example, dispensing in the main dispensing area, or completing workload associated with dispensing of medicines into multi-compartment compliance packs. There was a SOP detailing roles and responsibilities for the team.

The pharmacy had a SOP detailing how to manage errors that were made during the dispensing process and identified before the person received their medicines. These were known as near miss errors. Paper near miss error logs were completed regularly, with several entries each month. There was not much detail regarding why an error happened or the actions taken. Team members informally discussed near miss errors together but there was no formal review to look for trends. Team members were aware to take additional care dispensing medicines that looked similar and had similar sounding names (LASA). And they used warning labels highlighting some LASA medicines that had been involved in errors. Team members openly discussed near miss errors and how they personally learnt from them. They had tidied the shelves significantly since the last inspection, recognising this helped prevent selection errors. The pharmacy had a process to record and report errors that were identified after the person received their medicines, known as dispensing or patient safety incidents. The team reported these incidents to the RP, who recorded them electronically and kept paper copies in the pharmacy. Incidents were shared with the team, and they had occasional informal huddle meetings, particularly following any dispensing incidents.

The pharmacy displayed the correct RP notice. It had a written procedure to manage complaints. The pharmacy team had a culture of listening to people's concerns so they could resolve them quickly. And the team escalated any concerns to the superintendent pharmacist (SI) in the first instance. People had the opportunity to feedback via telephone and email, and the pharmacy provided details on the website. Team members described examples of positive feedback about their services.

The pharmacy had current professional indemnity insurance. It kept up-to-date CD registers in several

files for ease of use. There were checks completed of the physical quantity against the balance in the register after each receipt and supply. And there were checks completed of all CD balances on a more irregular basis, one was seen to have been completed in February 2023. Of two quantities of CDs checked, both matched the CD register balance. There was a patient-returned CD destruction record book and entries were made at the time of receipt, showing an accurate audit trail of destructions. The pharmacy held electronic private prescription records. On some occasions the prescriber's details did not match the prescription. There was a paper RP record, and entries were seen to be complete. These records had improved since the last inspection. The pharmacy had complete records for the purchase and supply of unlicensed special medicines.

The pharmacy had written information relating to General Data Protection Regulation (GDPR) and confidentiality. It had a privacy notice on its website. Team members had signed to confirm completion of information governance training in November 2022, and they knew the importance of keeping people's private information secure. They separated confidential waste from general waste, and this was removed by a third-party contractor. The pharmacist and ACTs had completed CPPE level 2 safeguarding training. The pharmacy had a SOP relating to managing safeguarding concerns, which team members had read and signed to confirm their understanding. They understood what to do if they were concerned about a vulnerable person and described how they would refer any concerns to the RP. There was a list of local NHS safeguarding contact details available to refer to.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a good team, who work well together and manage its services safely. Team members have the qualifications and knowledge they need. They complete some ongoing training to keep their skills up to date. And they work in an environment that supports the sharing of ideas and learning from mistakes.

Inspector's evidence

The RP, a director, was the SI and worked full time in the pharmacy. The other director worked on the SI's day off and was present for part of the inspection. The pharmacy had a large team of two full-time ACTS, eight dispensers and twelve delivery drivers. They had recently taken on a student, who was studying pharmacy. There was an up-to-date rota on the wall, detailing the team's working patterns. A team member, working in the office helped to co-ordinate the rota. Most delivery drivers worked part time, so there was cover for annual leave and absences. Two team members, without formal qualifications, worked part time accepting deliveries from the wholesalers. They confirmed they didn't complete any dispensing duties. The pharmacy had some succession planning in place, with a member of the team completing the accuracy checking course, to replace an ACT who was leaving. Team members were seen working well together and managing the workload. Tasks appeared to be well organised. Team members wore headsets, and the telephones were answered promptly. There was an overall calm atmosphere. There had been changes to working practices since the last inspection, following a review of the workload and pressures.

Drivers completed an induction when they started which involved on the job training and they had access to a driver's guide and SOP. They shadowed an experienced driver until they were competent to work on their own. All drivers had been enrolled on a recognised course after the last inspection, but not all had completed it. Team members completed training modules associated with the Pharmacy Quality Scheme (PQS) and there was a staff training folder. They received time during the working day to complete training. An ACT described recent learning and how they kept their knowledge up to date as part of their continuous professional development (CPD). The pharmacy enrolled dispensary team members on qualification training and supported them to complete this. Team members were comfortable asking the SI any questions to improve their knowledge, and there was a variety of information relating to their roles available to read, for example relating to safeguarding and GDPR. The pharmacy had some informal team huddles, following dispensing incidents and they had discussions as they worked relating to issues such as workload and stock issues. The team received information through an instant messaging application. No personal information was shared in this way. The pharmacy had appraisal forms, but team members had not had recent appraisals. They described how approachable the director was and how they felt they would listen and act on any concerns raised. There had been some recent changes in processes and team members described how they had been kept informed and felt listened to. The pharmacy had a whistleblowing policy and a "Speak up" poster on the staff notice board. The SI set targets for the NHS new medicine service (NMS), which were patient focused. Several team members described how the emphasis was on good customer care and how the SI went above and beyond to help people. This influenced team members to act in the same way.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises offer a suitable space for healthcare services. They are clean, secure, and hygienic.

Inspector's evidence

People did not physically access the pharmacy premises due to its NHS distance selling contract. There was a car park for the businesses on the small industrial estate but no throughfare for the public. There was a notice on the entrance door indicating that only employees should enter and the internal door into the office was locked with a keypad entry system for team members. The pharmacy had a separate secured, shuttered goods-in area. The premises were clean and there were no maintenance issues seen. There was little natural light, and overall, the lighting was sufficient but with some areas in the main dispensary being a little dark. The pharmacy had heating and the temperature throughout the premises was acceptable.

The pharmacy had a main dispensing area, an area to dispense multi-compartment compliance packs and a stock storage area. This kept different tasks separate. There was enough bench and storage space for the busy workload. There was an additional storage area upstairs, and some additional office space. The stairs to this area had a handrail for safety. The pharmacy was tidy and the shelves storing stock were tidy in all areas of the pharmacy. This had much improved since the last inspection. Different strengths of medicines were clearly separated. The team kept benches mainly clear from clutter and it kept floors and aisle ways clear to avoid slips and trip hazards. The pharmacy had toilet facilities with hot and cold running water and separate staff facilities, which were kept clean. It had a separate sink in the dispensing area for medicines preparation.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy organises its services well and it delivers them safely and efficiently. People easily access its services and speak with team members to get suitable advice about their medicines. When the pharmacy reviews the way it provides services, it makes sure people get the help they need to continue to take their medicines properly. Team members obtain medicines from recognised sources. And they manage and store them appropriately.

Inspector's evidence

The pharmacy provided access to its services through its website, by email and telephone. Team members were seen answering queries and providing advice to people on the telephone. They used telephone headsets, so it was clear who was allocated to answer calls. There was a modern telephone system used, with calls sequentially directed through several telephones. People's calls were seen to be answered quickly and efficiently. The pharmacy had a social media page, which provided adhoc healthcare related information. The pharmacy worked closely with district nurses and dispensed a large volume of their prescriptions for dressings and appliances. It delivered all medicines, dressings, and appliances to people's homes. The pharmacy stored medicines awaiting delivery in a clearly defined separate area of the pharmacy. It allocated the delivery workload by geographical location and deliveries were stored in clearly labelled totes. It was easy for drivers to see their deliveries for a particular day. The pharmacy kept urgent, same day deliveries separate and used an urgent sticker on the bag. This helped the delivery drivers plan their route. They attached name and address dispensing labels on delivery sheets to inform the route and to keep a record of who they delivered to.

The pharmacy had distinct areas for labelling, dispensing, and checking prescriptions. It kept prescriptions awaiting stock on separate shelving, with different shelves allocated for different wholesalers. This helped keep the dispensing benches free from clutter and allowed for efficient dispensing following wholesaler deliveries. The RP contacted prescribers by secure NHS mail to arrange alternative prescriptions for medicines that could not be obtained. The pharmacy team organised the dispensing process, so prescriptions were downloaded from the NHS spine as the first task in this morning, allowing the pharmacist to complete their clinical checks. This allowed the pharmacist time later in the day to support the team and provide the NHS new medicines service. The pharmacist highlighted any required counselling during the clinical check and made any necessary interventions. Team members used baskets when dispensing, to help reduce the risk of error. They had a SOP referring to managing higher-risk medicines, such as dispensing codeine and methotrexate. The pharmacist had recently completed an audit, identifying people prescribed valproate. The SI had spoken with people as necessary about the risks of taking this medicine whilst pregnant. They had asked about annual checks with their prescriber to ensure they had regular reviews. The pharmacy provided a palliative care service and kept named medicines in stock in case they were needed. There was no specific training associated with the service, but the pharmacist described the additional care and potential interventions they would make with prescriptions for higher strength diamorphine injections.

The pharmacy dispensed multi-compartment compliance packs in rooms to the back of the premises, with prescriptions dispensed weekly kept separate from those dispensed monthly. This kept the workload separate from the main dispensary and allowed team members to complete the administration and dispensing without distraction. Since the last inspection, the service had been

reviewed. The pharmacist had completed an assessment for each person to determine if they needed their medicines dispensed in this way. Each person had been contacted by telephone and sent a letter to inform them of changes. And the pharmacist completed an assessment for any new requests. The assessment identified any adjustments necessary to support people with their medicines, including use of medication administration records, coping routines and it set to identify when people felt confused by their medicine regime. The review was documented and signed and dated by the pharmacist. The pharmacy worked with the person's GP and kept them informed of any changes. Some people continued to have their medicines dispensed in compliance packs following the review, and some people had since restarted having their medicines dispensed in packs. Other people had their medicines dispensed in original manufacturer's packs. Dedicated team members continued to manage the ordering and dispensing of these prescriptions. They kept a full audit trail of when people's prescriptions were due to be ordered and when they were due to be delivered. For compliance pack dispensing, people had an electronic medication record indicating which medicines were to be dispensed into the packs and at what times. Team members supplied patient information leaflets (PILs) with the packs once a month. The pharmacy dispensed two people's medicines into an automatically timed compliance device. This service had been reviewed since the previous inspection and this had resulted in stopping providing the service for some people if it was appropriate to do so. The pharmacy supplied the devices fully sealed, with the times set and batteries inserted.

The pharmacy obtained its medicines from licensed wholesalers. It stored medicines requiring cold storage in medical fridges and kept a daily record of the temperatures, which were seen to be in range. The pharmacy had a fridge in the delivery area to store medicines awaiting delivery, and the temperatures were monitored. The pharmacy had a SOP relating to date checking and team members described how they regularly completed checks. One out-of-date medicine was found in the area where multi-compartment compliance packs were dispensed, and this was removed from stock. Short-dated stock was highlighted with stickers. But the team didn't keep the date checking matrix up to date. The pharmacy kept some of its medicines in the compliance pack dispensing area outside of the original manufacturer's original packs. All containers had the medicine, strength, form and batch number and expiry detailed on the pack. The pharmacy had medicinal waste bins available for returned medication and denaturing kits for CDs. The team signed and dated printed copies of medicine alerts and recalls. The most recent recall for pholcodine linctus was not in the file, a printed copy was found in the dispensary and had been actioned. The director demonstrated how recalls were shared with the team using an instant messaging group.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It uses its equipment in a way to help protect people's confidential information.

Inspector's evidence

The pharmacy had reference resources and access to the internet for up-to-date information. It had password-protected computers and the team used NHS smart cards. The pharmacy had several delivery vehicles, so if one required maintenance then there was another vehicle available for deliveries. There were consumables for the compliance pack dispensing service and these were stored appropriately. And there were suitable glass cylinders for measuring liquids. The device used for popping medicines from manufacturer's blister packs was cleaned after use.

People didn't access the premises and there were no windows in the dispensing areas to risk unauthorised access to people's confidential information on the screens. Team members used telephone headsets, and this allowed them to have private conversations with people out of earshot of others if needed.

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.