

Registered pharmacy inspection report

Pharmacy Name: Well, Rope Lane, Shavington, CREWE, Cheshire,
CW2 5DA

Pharmacy reference: 1092731

Type of pharmacy: Community

Date of inspection: 11/05/2023

Pharmacy context

This is a health centre pharmacy on the outskirts of Crewe. NHS dispensing is the main activity and it also provides a range of other services and sells over-the-counter medicines. About 80% of its prescriptions are dispensed offsite at a hub.

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

Members of the pharmacy team follow written instructions to help them work safely and effectively. They record things that go wrong so that they can learn from them. But the records are not always reviewed, so some learning opportunities may be missed. The pharmacy team keeps the records that are needed by law. And members of the team receive regular training so that they know how to keep private information safe.

Inspector's evidence

The pharmacy had a full set of electronic standard operating procedures (SOPs) to underpin its services. The SOPs were reviewed and updated regularly, on a rolling basis, by the superintendent pharmacist's (SI) team. Each member of the pharmacy team had an electronic training record showing that they had read and understood the SOPs. When a team member had read an SOP they had to answer some questions about it before their training record could be set to completed. The training records were monitored by head office and any overdue training would be chased up. The team confirmed that SOP training was up to date.

Dispensing errors and near miss incidents were recorded on the pharmacy computer. A dispenser confirmed that near miss incidents were normally recorded, but she was not aware of the records being used to identify trends or system weaknesses. She could not remember any specific action being taken in response to near miss incidents, to avoid errors being repeated. But a warning sticker was present on a dispensary shelf to highlight 'look alike sound alike' medicines (LASA), to prevent them being mixed up. And the dispenser explained how the pharmacy computer (PMR) also now flashed up a warning when labels were generated for known LASA medicines. The pharmacy team remembered a recent dispensing error when the wrong patient's name had been put on a dispensing label for Betamethasone shampoo. This error had been recorded on the computer and reported to the SI. And all the team had been made aware.

A responsible pharmacist (RP) notice was displayed in the retail area. The wrong pharmacist was displayed on the notice when first checked, but this was immediately corrected when it was pointed out. Staff roles and responsibilities were described in the SOPs. And dispensing labels were initialled by dispenser and checker to provide an audit trail. The pharmacy had a complaints procedure in place. A notice in the consultation room explained how people could make complaints or provide feedback. However, this notice could not be seen from outside the consultation room, so some people using the pharmacy may not be aware of the procedure, which may limit the feedback received. A current certificate of professional indemnity insurance was available.

An electronic controlled drugs register was in use and appeared to be in order. Running balances were recorded and a weekly audit was carried out to check the register balances against stock. A spot check of a random balance was completed, and it was found to be correct. Patient returned CDs were also recorded and the records appeared to be up to date. Records of responsible pharmacist (RP), private prescriptions and unlicensed specials were all in order. An information governance (IG) policy was in place and all staff received IG training once a year. Confidential waste was collected separately and disposed of in a dedicated bin for destruction by a specialist contractor. The dispenser explained that

any paperwork that included people's names or addresses would be treated as confidential. A safeguarding policy was in place and the pharmacist and technician confirmed they had completed level 2 training. The rest of the team had completed in-house training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team sometimes works under pressure because the pharmacy has a vacancy that has not been filled, and staff absences are not always covered. But the team works well together to safely manage the workload. Members of the team receive the training they need for the jobs they do. And they complete ongoing training to keep their skills and knowledge up to date.

Inspector's evidence

There was a locum pharmacist on duty. A regular part-time pharmacist worked two days a week and the rest of the time a variety of locums were employed to provide cover. A pharmacy technician and a trained dispenser were also working. There was also normally a pharmacy manager, who was a pharmacy technician and worked as an accuracy checker, but she was currently on holiday. There was a vacancy for another dispenser, but the pharmacy had not yet been able to fill it. A notice advertising this position was being displayed in the retail area. This meant the pharmacy was not fully staffed, and as no cover had been arranged for the manager's holiday, the team was feeling under more pressure than usual. Nevertheless, the team seemed to be working effectively, and staff reported that they were up to date with their workload. While the manager was off, the pharmacy was closing for an hour at lunchtime, so the team could take a break. This was advertised by notices in the windows and at the medicines counter.

Members of the team were regularly provided with ongoing training in the form of electronic training packages and reported that they were mostly up to date with this. The pharmacy technician admitted that he had not yet completed a couple of the training courses he was supposed to have done, including vaccination training. This meant he had not been able to work as a Covid vaccinator.

The pharmacy team asked questions when selling medicines to check they were suitable. The pharmacy technician was aware which medicines were liable to misuse but did not believe there were any current problems. He explained that most of the customers were local so he would notice regular requests for repeat purchases.

Members of the pharmacy team appeared to work well together and had good rapport with customers. A whistleblowing policy was in place and there was a dedicated phone number for the staff to report any concerns. This was advertised on a notice in the staffroom area.

The team had some performance targets in place for professional services, but said they were not being put under any pressure to meet them while they were short staffed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy and provides a suitable environment for healthcare. But clutter in some areas impedes effective working and makes cleaning less efficient. A consultation room was available to provide privacy when needed.

Inspector's evidence

The pharmacy was a purpose-built unit adjacent to a medical centre with an independent entrance that led from the car park. There was also a second entrance leading directly from the medical centre reception, but it had been blocked off during the pandemic and was still not in use. The pharmacy was generally clean and tidy, but there were some boxes on the floor, floors needed sweeping, and some of the dispensing benches were cluttered with dispensing baskets and paperwork. However, enough clear bench space was available to allow safe working.

A consultation room was available for privacy, and it was clean and tidy, and suitably equipped. The dispensary and the retail area were appropriate in size but there was little storage space available elsewhere. As a result, the toilet area was being used to store filled waste medicine bins that were awaiting collection. There were ten bins in the toilet as well as the one in current use that was in the dispensary. The pharmacy technician explained that this was a month's worth that was waiting to be collected and said that was typical because the pharmacy received a lot of waste, due to being next to the surgery. The bins made the toilet difficult to access and meant it was difficult to keep it clean and hygienic.

There was a dispensary sink and a separate sink in the toilet area. Both were fitted with hot and cold water. Air conditioning was available and all parts of the pharmacy were well lit.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services, and they are easy to access. The pharmacy team works effectively and supports people taking higher-risk medicines by making extra checks and providing counselling where necessary. It obtains medicines from licensed suppliers, and it carries out checks to make sure that they are kept in good condition.

Inspector's evidence

About 80% of the pharmacy's prescription items were assembled offsite at the company's hub pharmacy. The hub pharmacy could not assemble split packs, fridge lines or some controlled drugs so these continued to be dispensed at the branch. The pharmacy entrance was level with an automatic door. There were posters in the pharmacy's window advertising some of its services. And further information about services and general healthcare was provided in various other leaflets and posters that were available in the retail area and the consultation room.

The pharmacy offered a delivery service and the driver used a hand-held device to make electronic records of deliveries made. A note was left if there was nobody home to receive the delivery and the medicines were returned to the pharmacy.

Dispensing baskets were used to keep individual prescriptions separate and avoid medicines being mixed up during dispensing. Dispensed medicines awaiting collection were bagged and labelled with barcodes, which were scanned when the medicines were handed out to provide an audit trail. Stickers were attached to the bags to highlight when controlled drugs were present, so they could check the prescription had not expired before handing out. 'Therapeutic check' stickers were used to highlight when counselling was needed, for example if anticoagulants, methotrexate or lithium were prescribed. The pharmacy technician confirmed the stickers were normally used, but said that it was reliant on the pharmacist, so sometimes locums did not remember. However, the collection shelves were checked every week and any uncollected medicines were removed after a month.

The pharmacy technician was heard asking people to confirm their names and addresses before medicines were handed out, to make sure they were correctly identified. The team was aware of the risks associated with the use of valproate during pregnancy and knew that patients should be counselled. An audit of valproate patients had been carried out and none were currently considered to be at risk. Educational material was available to supply if needed. The pharmacy did not currently supply any medicines in compliance aids.

The pharmacy obtained its medicines from licensed wholesalers and unlicensed specials were ordered from a specials manufacturer. No extemporaneous dispensing was carried out. Stock medicines were stored tidily, and expiry date checks were carried out on a three-month rotation. Controlled drugs were stored in an appropriate cupboard. There was a medicines fridge in the dispensary. It was clean and tidy and equipped with a thermometer. The maximum and minimum temperatures were in the correct range and were checked and recorded daily. Waste medicines were disposed of in dedicated bins that were collected periodically by a specialist waste contractor.

Drug alerts and recalls were received electronically, via the pharmacy computer, and records were kept

showing what action had been taken. The alerts were normally checked by the manager, which meant they could be overlooked when the manager was off, so there could be an unnecessary delay before appropriate action was taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is appropriately maintained so that it is safe to use, and it is used in a way that protects privacy.

Inspector's evidence

The pharmacy had various reference books, including recent editions of BNF, and the team could access the internet for general information. Crown stamped measures were used to measure liquids. Electrical equipment appeared to be in good working order and stickers showed PAT testing had been carried out in February 2022. The blood pressure meter had a sticker attached indicating that it had been checked and calibrated in November 2023.

The dispensary was screened to provide privacy for the dispensing operation. The consultation room was used for services that required privacy and for confidential conversations and counselling. Pharmacy computers were password protected and screens were positioned so that they were not visible to the public.

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.