

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 12 Harrow Road, Wollaton, NOTTINGHAM,  
Nottinghamshire, NG8 1FG

**Pharmacy reference:** 1092877

**Type of pharmacy:** Community

**Date of inspection:** 20/11/2024

## Pharmacy context

This community pharmacy is located next to a health centre in the Wollaton area of Nottingham. Its main activity is dispensing NHS prescriptions, and the pharmacy also provides several other services and sells a range of over-the-counter medicines. It supplies some people with medicines in multi-compartment compliance packs to help them take their medicines correctly. Some NHS prescriptions supplied from the pharmacy are assembled at an off-site dispensing hub within the same company.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 discuss things that go wrong so that they can learn from them. And they make a record of their mistakes which helps them to identify common trends and learning opportunities. The pharmacy largely keeps the records that are needed by law. And staff receive regular training so that they know how to keep private information safe and protect vulnerable people.

### 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 by the superintendent pharmacist's team. Each member of the pharmacy team had an electronic training record showing that they had read and understood the SOPs. The training records were monitored by head office and any overdue training was chased up. The responsible pharmacist (RP) confirmed that all SOP training was up to date. Staff roles and responsibilities were described in the SOPs.

Dispensing errors, which is when a mistake is identified after a medicine is supplied to the person, were recorded on the pharmacy computer and a copy was sent to the superintendent pharmacist. Members of the pharmacy team explained that they discussed and recorded any near miss incidents (mistakes spotted and rectified before leaving the pharmacy) so that they could learn from them. A team member explained recent steps had been taken to separate different strengths of perindopril tablets. And a shelf edge warning label had been applied to prompt team members to take extra care when dispensing these medicines. Near miss incidents were reviewed regularly to help identify any common mistakes or emerging trends.

A correct RP notice was prominently displayed behind the medicines counter. A dispenser was able to correctly explain what tasks could and could not be completed if the RP was absent. The pharmacy had a complaints procedure, and a notice was displayed in the retail area explaining how people could make complaints or provide feedback. A current certificate of professional indemnity insurance was available.

An electronic controlled drugs (CD) register was in use and appeared to be in order. Running balances were recorded and frequently audited against the physical stock. Balances for two CDs were checked at random and were found to be accurate. Patient-returned CDs were recorded separately. The RP record was largely accurate, but a few entries seen were missing the sign out time of the pharmacist to show when their responsibility had ended. Records for unlicensed specials and private prescriptions that had been supplied were kept in line with requirements.

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. A notice in the retail area explained how the pharmacy handled people's information, and further details were included in the practice leaflets.

A safeguarding policy was in place and the pharmacist confirmed they had completed level three training. The rest of the team had all completed in-house training. The contact numbers required for raising safeguarding concerns were not known. The use of the NHS Safeguarding app was discussed. A chaperone policy was available, and a poster clearly advertised this to people using the consultation

room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to safely manage the workload and they receive the training they need for the jobs they do. Members of the team work well together. And they complete ongoing training to keep their skills and knowledge up to date.

### Inspector's evidence

The pharmacy team usually consisted of a regular pharmacist, who was also the pharmacy manager, two dispensing assistants, and a trainee pharmacist. The pharmacy manager was absent, and their leave was covered by locum pharmacists. Annual leave and absences were covered by members of the team, but the pharmacy could also request additional support from head office when needed. The pharmacy also had a team of delivery drivers to deliver medicines to people's homes. They were not assigned to a specific branch and supported multiple pharmacy branches within the same company. The team appeared to manage the workload effectively.

Members of the team were regularly provided with ongoing training. This was normally in the form of electronic training packages. The trainee pharmacist felt well supported by the RP and explained that the company organised regular training sessions to help them with their competency-based learning. The pharmacy team asked questions when selling medicines to check they were suitable. A dispenser was aware of the medicines that were liable to misuse and confirmed they refused sales if they didn't feel it was appropriate. Team members explained there had been some instances of people requesting codeine-containing products on multiple occasions. In such cases, they referred to the pharmacist and refused the sale.

Members of the pharmacy team appeared to work well together and had a good rapport with customers. A whistleblowing policy was in place and there was a dedicated phone number for the staff to report any concerns. The pharmacist confirmed some performance targets were set in relation to pharmacy services but did not feel under undue pressure to meet them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy and is a suitable place to provide healthcare services safely. It has a consultation room so that people can have a conversation in private with a member of the team.

### Inspector's evidence

The pharmacy was clean and tidy. The dispensary was large enough for the workload undertaken and cleaning was done on a daily basis. Work benches were clean and tidy which helped to make sure prescriptions were assembled safely. Some tote boxes containing medicines were stored on the floor in the dispensary area, but this did not pose a tripping hazard. A dispenser explained that a large delivery from the wholesaler had arrived in the morning which the team were working through. A clean sink was available to prepare medicines that required mixing before being supplied to people. Lighting and the ambient temperature of the pharmacy were adequately controlled and maintained. Maintenance problems with the premises were reported to head office.

Team facilities included a staff rest area and WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance. It was clearly signposted. The pharmacy was secured when closed and access to the dispensary was restricted using a retractable barrier.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services that are accessible to most people, and the dispensing process is generally well organised. Stock medicines are obtained from licensed suppliers and stored appropriately. And the team carries out checks to help make sure they are kept in good condition. The pharmacy doesn't always provide people enough information when supplying medicines in multi-compartment compliance packs. So, they may not be able to make informed decisions about their care.

### Inspector's evidence

The pharmacy's main entrance was step free with a manual push, pull door. Team members assisted people with mobility difficulties to enter the pharmacy when needed. There were posters in the pharmacy's window advertising its services. And further information about services was provided in practice leaflets and various other leaflets that were available in the retail area. The pharmacy offered a delivery service. The delivery driver also covered other local pharmacies that were part of the same company. They had completed training for the role and 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.

A seasonal flu and COVID-19 vaccination service was provided by the foundation pharmacist and pharmacy manager. Both had attended a training session and completed online training prior to commencing the service. A copy of the current patient group directions (PGD) was available which had been signed by both team members. The pharmacy manager had also completed relevant training to provide the NHS Pharmacy First service. The associated PGDs for the conditions treated as part of the service were maintained and had been signed.

Dispensing baskets were used to keep individual prescriptions separate and avoid medicines being mixed up during the dispensing process. Team members signed 'dispensed-by' and 'checked-by' boxes to help create an audit trail to show who was involved in the dispensing and checking process in the event of a query or mistake. Dispensed medicines awaiting collection were bagged and labelled with barcodes, which were scanned when the medicines were handed out to provide an audit trail. Members of the team were observed asking people for their name and address before medicines were supplied. The pharmacist attached stickers to the bags to highlight when controlled drugs or fridge lines needed to be added. Schedule 2, 3 and 4 CDs were highlighted with a sticker to help make sure they were not supplied beyond the legal expiry date of the prescription. Higher risk medicines were routinely highlighted using a 'therapeutic check' sticker which acted as a prompt for team members to provide additional counselling advice and check the person's blood tests were up to date. The pharmacist was aware of the updated guidance regarding valproate and topiramate containing medicines. Patient information resources for valproate and topiramate were present and were supplied.

Some NHS prescriptions were dispensed off-site at the company's hub pharmacy. The pharmacy team inputted the information from the prescription into the patient medication record (PMR) system and this was accuracy checked by the RP before transmitting to the hub. The medicines were then dispensed at the hub in accordance with the transmitted information and returned to the pharmacy in sealed bags to be handed out to the patients. Prescriptions for fridge items, some CDs and split packs of medicines could not be sent to the hub. These prescriptions continued to be dispensed in the

pharmacy.

The pharmacy supplied medicines in multi-compartment compliance packs to some people. Record sheets were kept for those who received a pack, showing their current medication and dosage times. This information was checked against repeat prescriptions and any discrepancies were checked with the surgery. The packs were not always labelled with adequate description information. For example, a few packs only stated 'tablet' or 'capsule'. So people may not be able to identify the individual medicines. However, patient information leaflets were routinely supplied so people had the most up to date information about their medicines.

The pharmacy obtained its medicines from licensed wholesalers and unlicensed specials were ordered from a specials manufacturer. Stock medicines were stored tidily, and expiry date checks were carried out monthly. A random stock check had identified three expired medicines. They were removed from the shelves and disposed of when identified. Liquid bottles had the date of opening clearly written on the outer packaging, so team members were able to confirm if they were safe to supply. Controlled drugs were appropriately stored in a locked cabinet. There was a medicines fridge in the dispensary. It was clean and tidy and equipped with a thermometer. The maximum and minimum temperatures were recorded daily and had remained within the required range. Waste medicines were disposed of in dedicated bins that were collected periodically by a specialist waste contractor. Drug alerts and recalls were received electronically, and records were kept showing what action had been taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. It uses them in a way to help protect privacy. And maintenance is carried out on electrical equipment to make sure it is safe to use.

### Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information, for example, the BNF. Any problems with equipment were reported to the head office maintenance department. All electrical equipment appeared to be in working order and had recently been tested.

There was a selection of clean liquid measures with British Standard and Crown marks. Separate measures were clearly marked for measuring CD liquids to prevent cross contamination. The pharmacy had clean equipment for counting loose tablets and capsules, including tablet triangles. Suitable equipment was available to use when the pharmacist provided the NHS Pharmacy First service.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. Cordless telephones were available and were used to hold private conversations with people when needed.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.