

Registered pharmacy inspection report

Pharmacy Name: Golborne Late Night Chemist, 98 High Street,
Golborne, WARRINGTON, Cheshire, WA3 3DA

Pharmacy reference: 1096741

Type of pharmacy: Community

Date of inspection: 22/04/2021

Pharmacy context

This is a community pharmacy situated on a busy high street in Golborne, near Wigan. A medical centre containing two GP surgeries is located approximately 150 yards away. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services such as a minor ailment service and emergency hormonal contraception. And some people are supplied medicines in multi-compartment compliance aids to help them take the medicines at the right time. The inspection was completed during the COVID-19 pandemic.

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	1.2	Good practice	The pharmacy team record mistakes they make so that they can learn from them. And action is taken to help stop the same sort of mistakes from happening again.
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They review things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which were regularly updated by the superintendent (SI). SOPs related to controlled drugs (CDs) had recently been updated, and members of the pharmacy team were in the process of reading the new SOPs. Training sheets were present to show which members of the pharmacy team had read and accepted the SOPs.

The pharmacy had systems in place to identify and manage risk, such as records of dispensing errors and their learning outcomes. Near miss incidents were recorded on a paper log and the records were reviewed monthly by the pharmacist. The pharmacist said he discussed the review with staff each month. Examples were seen of action which had been taken following reviews of errors, such as highlighting the dispensary location of cyclizine and cyanocobalamin tablets to help prevent a picking error. 'Look-alike and Sound-alike' medicines were also highlighted to alert staff to potential picking errors.

The SI circulated a monthly update to share learning between pharmacies. A recent bulletin described and provided learning from a CD dispensing incident at another pharmacy. The pharmacist said he discussed and shared the bulletins to help prevent a similar mistake and provide learning to members of the pharmacy team.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure which was displayed in the retail area. Any complaints were recorded to be followed up. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. Members of the pharmacy team had read the IG policy. When questioned, a dispenser was able to correctly describe how confidential waste was segregated to be removed and shredded. A privacy notice was on display in the retail area.

Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist said he had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy technician – who was trained to accuracy check, nine dispensers – four of whom were in training, a pharmacy student, and a medicine counter assistant (MCA). All members of the team had completed the necessary training for their roles. The normal staffing level during the core hours was a pharmacist, two dispensers assembling blister packs, three dispensers in the main dispensary, and one member of staff on the medicines counter. Outside of the core hours of 9am to 5pm, the pharmacist was always supported by at least one other member of staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The pharmacy provided the team with regular learning using electronic training packages. And the training topics appeared relevant to the services provided and those completing the e-learning. Staff were allowed learning time to complete training. A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines that were liable to abuse that she felt were inappropriate, and refer people to the pharmacist if needed.

The pharmacist said he felt able to exercise his professional judgement and this was respected by the SI and directors of the company. Members of the pharmacy team were seen to work well together and assisted one another in the workload and any queries. Appraisals were conducted annually by the pharmacy manager. The staff held discussions about issues that had arisen, including when there were errors or complaints. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI or director. The pharmacist said there were no targets set for professional based services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and steps have been taken to make the premises COVID secure. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted by use of a gate. Customers were not able to view any patient sensitive information due to the position of the dispensary. Perspex screens had been installed at the medicines counter to help prevent the spread of infection, and only two people were permitted in the retail area at any one time. Markings were used on the floor to help encourage social distancing. Staff were wearing masks and were all completing a weekly lateral flow test to check for any asymptomatic COVID infections. Hand sanitiser was available throughout the pharmacy.

The temperature in the pharmacy was controlled by the use of fans and electric heaters. Lighting was sufficient. The staff had access to a kitchenette and WC facilities. A consultation room was available. The space was clutter free with a desk, seating, and adequate lighting.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. People receive advice and counselling when collecting their prescriptions to help make sure they understand how to take their medicines.

Inspector's evidence

Access to the pharmacy was via a ramp and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed. A range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service which had been adapted in response to current COVID guidance. The delivery driver would leave the patient's bag of medicines at the door, knock, and stand back to allow social distancing whilst the patient picked up the bag. The driver would wait for the recipient to pick up the bag. If there was no answer the medicines would be returned to the pharmacy. Deliveries were recorded electronically, with a separate paper record for deliveries of CD medicines.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done an accuracy checker was able to perform the final accuracy check. Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. The pharmacist said he would use 'speak to pharmacist' stickers to highlight high-risk medicines (such as warfarin, lithium and methotrexate) in order for staff to refer the patient to the pharmacist. Various safety cards for high-risk medicines were available to hand out to patients if they needed them. The staff were aware of the risks associated with the use of valproate during pregnancy. The pharmacist said he would speak to patients to check the supply was suitable but said there were currently no patients that met the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would complete an assessment about their suitability. A record

sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

The pharmacy dispensed medicines for a number of patients who were residents of care homes. A re-order sheet was provided to the pharmacy and it contained details about the medicines required, medicine changes and any handover notes for the pharmacy. When prescriptions were received from the GP surgery, they would be compared to the re-order sheet to confirm all medicines had been received back. Any queries were written onto a query sheet and chased up with the GP surgery. Medicines were dispensed into disposable compliance aids and a dispensing and checking signature was written onto the seal. PILs were provided to the care home.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked each month. A date checking matrix was signed by staff as a record of what had been checked. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinets, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. A list of cytotoxic medications was available to staff next to the bins. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy.

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.