

# Registered pharmacy inspection report

**Pharmacy Name:** Leftwich Pharmacy, 65-67 Clifton Drive,  
NORTHWICH, Cheshire, CW9 8BQ

**Pharmacy reference:** 1102224

**Type of pharmacy:** Community

**Date of inspection:** 06/10/2021

## Pharmacy context

This is a traditional community pharmacy located on a row of shops in a residential area. NHS dispensing is the main activity and the pharmacy also sells a range of over-the-counter medicines. A locum pharmacist was on duty at the time of inspection and had only worked at the pharmacy on a few previous occasions. The inspection was carried out 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
<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

The pharmacy has written instructions to help staff work safely and effectively. But some of the instructions have not been reviewed for several years, so they may not always be relevant to current practice. Members of the team record things that go wrong so that they can learn from them. But they don't record all of their mistakes so they may miss some opportunities to improve.

### Inspector's evidence

The pharmacy had a full set of written SOPs but they were dated to show they had been introduced in 2016/17 with no indication of having been reviewed since then. A declaration had been signed by staff around the time of introduction to confirm their understanding. More recent SOPs (2021) were available in electronic form. Staff were aware of the newer documents but did not remember reading them and there were no records of training for them.

A 'near-miss' log was available in the dispensary for the team to record their mistakes so that they could learn from them. A number of incidents had been recorded, including several that had happened recently. But there were some occasions where no incidents had been recorded for long periods, and the team admitted that they did not always record everything that went wrong. There was no evidence of the records being analysed or reviewed, but members of the team were able to give examples of action they had taken to reduce the risk of mistakes being repeated. For example, they had used SALAD stickers to highlight stock medicines that sounded alike and/or looked alike, such as pantoprazole and paroxetine. A dispenser explained that any dispensing errors reported by patients would normally be dealt with by the pharmacist. But the team could not remember any recent errors and no records could be found.

A responsible pharmacist (RP) notice was prominently displayed behind the medicines counter. Staff were able to explain their roles and responsibilities and dispensing labels were initialled by dispenser and checker to provide an audit trail. A current certificate of professional indemnity insurance was available.

Controlled drugs records appeared to be in order. Running balances were recorded and balance audits were completed about once a month. A random balance was checked and found to be correct. A separate register was used to record patient returned CDs. Records of RP, private prescriptions, emergency supplies and unlicensed specials were generally in order.

An information governance (IG) policy was available. It was not clear whether it had been read by staff, but all members of the team confirmed they had signed confidentiality agreements and that they had completed IG training, either in this employment or in previous employment. Confidential waste was collected separately in a bag for destruction by a specialist contractor. A privacy notice was displayed in the retail area, explaining how the pharmacy handled information.

Safeguarding flow charts were displayed in the dispensary and in the retail area, explaining what to do in the event of concerns about vulnerable patients. The flow charts included details of local safeguarding contacts. The pharmacy technician confirmed she had completed level 2 safeguarding

training. She described how the delivery driver sometimes reported concerns. For example, he was recently worried that a patient had not been at home to receive a delivery, so the pharmacy had phoned to check everything was okay.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to safely manage the workload and they are appropriately trained for the jobs they do. Members of the team work well together and can use their professional judgement in the interests of patients. But they do not receive any structured ongoing training so they may not always be able to keep their knowledge up to date.

### Inspector's evidence

The previous regular pharmacist had recently left, and the pharmacy was now using locum pharmacists most days. The superintendent also worked there occasionally. The rest of the pharmacy team comprised of a pharmacy technician and three trained dispensers. Training certificates were displayed in the retail area. At the time of inspection, a locum pharmacist was on duty and was working with the pharmacy technician and two dispensers. They were kept busy, but appeared to work well as a team and managed the workload effectively.

The pharmacy technician explained that she had completed various training courses and recorded her continuing professional development, but no training records were available at the pharmacy. The two dispensers had only recently started working at the pharmacy after previously working for other companies. They had completed training in their previous employment but had not completed any further courses since joining the pharmacy.

A dispenser described how she would ask questions when selling medicines, to be satisfied that they were suitable for the patient. She would refuse the sale if she decided it was not appropriate and would refer to the pharmacist if unsure. She was aware that some medicines were prone to abuse but did not think anyone was currently buying any such medicines repeatedly. The pharmacy did not normally sell codeine linctus because of its potential for misuse.

Members of the pharmacy team appeared to have a good rapport with customers. A whistleblowing policy was available, but the pharmacy technician said that, in the first instance, any concerns would normally be discussed with the pharmacist. There were no specific performance targets relating to professional activities

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy and there is enough space to allow safe working. Infection control measures are in place to help reduce the risk of Covid 19 spread. And a consultation room is available to protect people's privacy. The pharmacy provides a suitable environment for healthcare.

### Inspector's evidence

The pharmacy was an adequate size for the level of business. It was clean and tidy and there was sufficient clear bench space to allow safe working. A consultation room was available for privacy. It was clean and tidy and suitably equipped.

Perspex screens had been fitted to the medicines counter to help avoid the spread of infection. Staff had access to PPE and wore face masks when dealing with customers. There was a limit of two customers allowed in the pharmacy at one time and staff reported that there had been good compliance with this.

There was a dispensary sink and a separate sink in the toilet for handwashing. Both were fitted with hot and cold water. Air conditioning was fitted in the retail area, and all parts of the pharmacy were well lit. The pharmacy was lockable and alarmed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access and they are generally well managed, so that people receive their medicines safely. But members of the pharmacy team do not always know when high-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. The pharmacy team stores medicines safely and carries out checks to help make sure that they are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy entrance was level and was suitable for wheelchairs. There was a notice on display, identifying the services available, and further information about them was provided in leaflets and posters.

The pharmacy offered a delivery service. The delivery driver kept a record on the delivery sheet as an audit trail of deliveries completed. If there was nobody home to receive the delivery a note was left 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 kept behind the medicine counter. Prescription forms were filed separately in alphabetical order so that they could be retrieved when the medicines were handed out. Stickers were attached to medicine bags to show when CDs had been prescribed, so the team could make sure the prescription had not expired when they were handed out. 'Ask pharmacist' stickers were used if the team thought patients might need counselling. But the use was normally at the discretion of the pharmacist on duty and the stickers were not necessarily used for specific groups of high-risk medicines, such as anticoagulants. The team was aware of the risks associated with the use of valproate during pregnancy but did not think the pharmacy had any current patients who met the risk criteria. They knew that patients should be counselled if they might be at risk. All stock packs of valproate contained suitable warnings and information about the risks. But the pharmacy did not have additional supplies of educational material, so might not be able to supply this information if split packs needed to be dispensed.

A dispenser confirmed that people were always asked for their name and address before medicines were handed out, to make sure they were correctly identified. If any medicines could not be immediately supplied, the prescription form was kept in a dedicated basket until the stock arrived. But owing slips were not normally used so there was a risk that patients could misunderstand or forget what they were owed.

The pharmacy supplied medicines in multi-compartment compliance aids (MDS) for some patients, to help them take doses at the right time. The MDS trays were labelled with descriptions so that individual medicines could be identified. A flu vaccination service was offered by appointment. Vaccines were administered by the pharmacist in the consultation room. Adrenaline injections were available in case of anaphylaxis. A covid vaccination service was being provided remotely at an associated premises.

Stock medicines were obtained from licensed wholesalers and any unlicensed specials were ordered from a specials manufacturer. No extemporaneous dispensing was carried out. Medicines were stored tidily in the dispensary. Expiry date checks were completed regularly and recorded. Stickers were used

to highlight any short date medicines. A sample of stock was checked, and no expired medicines were found. There were two medicines fridges in use. Both were clean and tidy and equipped with thermometers. Maximum and minimum temperatures were checked daily and recorded on the pharmacy computer.

Controlled drugs were stored in an appropriate cupboard and patient returns and expired medicines were segregated. Waste medicines were disposed of in dedicated bins that were kept in the dispensary and collected periodically by a specialist waste contractor. Drug alerts were received by e-mail and records were kept to show that they had been actioned.

## 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. They were kept clean, and some were reserved only to be used for methadone, to avoid cross contamination.

Electrical equipment appeared to be in good working order and stickers showed that PAT testing had been carried out in November 2020.

The dispensary was screened to provide privacy for the dispensing operation and phone calls could be made without being overheard. 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.