General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 9 Bestwood Park Drive West, Rise Park, NOTTINGHAM, Nottinghamshire, NG5 5EJ

Pharmacy reference: 1102925

Type of pharmacy: Community

Date of inspection: 27/06/2024

Pharmacy context

This is a community pharmacy situated in a row of shops in a suburb of Nottingham. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy provides the Pharmacy First and the hypertension case-finding service. It supplies medicines in multi- compartment compliance packs to people who live in their own homes. The pharmacy delivers medicines to some people's homes.

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

The pharmacy identifies and manages the risks associated with the provision of its services. And the pharmacy keeps the records it needs to by law. The pharmacy manages people's electronic personal information safely. The pharmacy has some procedures to learn from its mistakes. But because it does not regularly review its mistakes it might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had a set of electronic standard operating procedures (SOPs) which were routinely updated by the pharmacy's head office. After team members had read a SOP, they completed a test to make sure they had understood it. Staff were seen dispensing medicines and handing medicines out to people safely. Staff understood how to sell medicines safely and the advice to give during a sale. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. Prescriptions containing CDs were highlighted to remind staff of their shorter validity.

The pharmacy had some processes for learning from dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time they were found and were then recorded in the paper near miss log. But the sections in the near miss log for reasons for the errors and actions taken were not routinely completed. And the pharmacist was not reviewing the near miss logs for trends and patterns. She said that she would start completing reviews.

The correct responsible pharmacist (RP) certificate was on display. The pharmacy mainly maintained the necessary records to support the safe delivery of pharmacy services. These included the RP log, the private prescription book, and the CD register. The running balance entries for two CDs checked at random during the inspection agreed with the physical stock held. Weekly balance checks of CDs were completed. There were two patient-returned CDs registers, an electronic record, and a paper record, which could cause confusion. The pharmacist said that going forward she would only use the electronic register. Patient-returned CDs and date-expired CDs were clearly marked and separated from stock CDs to prevent dispensing errors.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential information was stored and destroyed securely. Professional indemnity insurance was in place. The team members understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person. The pharmacy team members were not aware of the 'Safe Space Initiative,' the pharmacist said that she would discuss it with her area manager and look for some training for the team.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload. They are suitably trained or in training for the roles they undertake. Team members can raise concerns if needed.

Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively. There was one pharmacist, one trained dispenser and two trainee dispensers. The trainee dispensers were on a recognised training course.

Members of the team worked well together. They discussed any issues informally on a daily basis and felt able to raise concerns if necessary. There was regular training through an online training platform. The pharmacy had transferred from another company to Well Pharmacy and the team were given training and support in the different systems that Well had in place. Staff were also given informal training by the pharmacist. There was an annual review where they were able to give and receive feedback.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And people visiting the pharmacy can have a conversation with a team member in private.

Inspector's evidence

The pharmacy presented a modern image and the public area had sufficient space for people waiting. The dispensary was a little small for the services provided. But there was a separate area for dispensing multi-compartment compliance packs. There was air conditioning to provide suitable heating, and hot and cold running water was available. A small sized consultation room was available for people to have a private conversation with pharmacy staff. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's healthcare services are suitably managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and team members know the right actions to take if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy had a push-pull door with flat access which provided reasonable access for people with a disability or a pushchair to get into the pharmacy. The pharmacy team understood the signposting process and used local knowledge to direct people to local health services. The pharmacy knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacy put one person's sodium valproate tablets in their compliance pack. The pharmacist said that she had considered the risks and had decided it was the appropriate action to take. She had not recorded her risk assessment but said that she would do so. The pharmacist gave a range of advice to people using the pharmacy's services. This included advice when they had a new medicine, an antibiotic or if their dose changed. The pharmacist explained the advice she gave for medicines that required ongoing monitoring such as warfarin, methotrexate, or insulin. She made a record on the person's medication record of their INR levels.

The pharmacy was proactively offering the NHS hypertension case-finding service. The pharmacy team put a sticker on prescriptions for people for whom it might be appropriate. If necessary, people with a high blood pressure reading were referred to their doctor for review. Following this, some people had been prescribed medicines to reduce their blood pressure. The pharmacy was also offering the NHS 'Pharmacy First' service. This allowed the pharmacy to treat seven common conditions including supplying prescription-only medicines. The pharmacist had spoken to the local surgery to make sure that referrals met the clinical criteria. The pharmacy team said that both of these services had been positively received.

Some medicines were dispensed at an automated hub as part of the company's central fulfilment programme. Before transmission to the hub, the pharmacist was required to complete an accuracy check of the computer data and a clinical check of the prescription. Dispensed medicines were received back from the hub within 24-48 hours. The team said that this process mainly worked well.

The pharmacy mainly used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label to help identify who had done each task. Some dispensed controlled drugs were seen without the 'dispensed by' box signed. A dispenser explained that this was because they would carry out a second check before the medicine was supplied and would sign it then. They agreed to start signing the 'dispensed by' box once the initial dispensing had been completed. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error. The pharmacy supplied medicines in multi-compartment compliance packs to people living in the community to help them take their medicines at the right time. The pharmacy spread the workload for preparing these packs across the month. Compliance packs seen included medicine descriptions on the packs to make it easier for people to identify individual medicines in their packs. Patient information leaflets were provided to people each month.

Medicines were stored on shelves in their original containers. Some of the shelves were untidy with different strengths of a medicine mixed-up. This increased the risk that the wrong strength of a medicine would be picked. Opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable for use. The pharmacy team members had a process for date checking medicines. A check of a small number of medicines did not find any that were out of date. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist explained the process for managing drug alerts which included a record of the action taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy's portable electronic appliances looked in a reasonable condition.

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.