

# Registered pharmacy inspection report

**Pharmacy Name:** Goostrey Pharmacy, 164 Main Road, Goostrey, CREWE, Cheshire, CW4 8JP

**Pharmacy reference:** 1106026

**Type of pharmacy:** Community

**Date of inspection:** 23/02/2024

## Pharmacy context

This is a traditional high street village pharmacy in Cheshire. It mainly dispenses NHS prescriptions and sells over-the-counter medicines. It supplies medicines for people living in care homes and provides some of these medicines in multi-compartment compliance packs to help people take their medicines properly. It provides the NHS Pharmacy First service.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.2	Standard not met	The pharmacy does not embed a culture of learning from mistakes. Team members do not make adequate records of mistakes they make. They have no clear process to follow to report, record and learn from dispensing incidents. And they cannot demonstrate any changes they make following mistakes to make services safer.
		1.7	Standard not met	The pharmacy team does not dispose of its confidential waste in the right way. And it has not assessed the risks of disposing it in this way.
<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 not all met

### Summary findings

The pharmacy mostly identifies and manages the risks with delivering its services. But team members do not have clear processes to follow to report mistakes they make when dispensing. They do not take opportunities to learn from their mistakes and amend their ways of working to make them safer. They do not have adequate facilities to dispose of people's confidential information. They generally keep the records they need to by law as they should. And they act on people's feedback about the pharmacy's services to make them better. They understand their role in helping to protect vulnerable people's welfare.

### Inspector's evidence

The pharmacy had a set of current electronic standard operating procedures (SOPs) for most of processes the team followed and for the services provided. This included for dispensing processes, supply of valproate and opioids but not a complete set of procedures for Responsible Pharmacist (RP) regulations. Review dates of the SOPs checked were for March 2024 and 2025. The manager confirmed that the current team had read them but had not signed a training record to confirm they understood and would follow them. Team members were seen following procedures, such as asking people to confirm their address before handing out medicines. The pharmacy had recently increased in size, with additional rooms acquired for dispensing and its dispensing workload had increased. It appeared to have reached capacity for fridge storage, bench space and shelving for the storage of medicines. But the pharmacy had not completed a risk assessment to identify and manage risks associated with these changes. The pharmacy team was aware there were changes planned for the layout but had not been involved in the planning for the refit.

The pharmacy had a paper record for team members to record near miss errors. These were errors identified before people received their medicines. There were a handful of errors recorded in December 2023 and February 2024, but the handwriting was not legible so it would be difficult for the team to learn from the entries. Three of the four near miss errors in February had been completed on one day by a locum pharmacist. The entries lacked detail of what had gone wrong and there were no recorded actions of learnings. The team did not have meetings to discuss errors and the manager couldn't describe any changes made to reduce the risk of errors. Some of the medicines on the dispensary shelves were stored in an untidy manner increasing the risk of a selection error. There were no stickers on the dispensary shelves to indicate medicines had been separated following errors. The pharmacy had recorded a dispensing incident on the near miss record in February 2023. This was an error that had been identified after the person had received the medicine. The pharmacy didn't have a process for recording, reporting, and learning from these errors and had no formal template for the team to use. The handwriting from this entry was not clearly legible which meant it was not clear what the error was and whether it had been investigated. The pharmacy had no other records of dispensing incidents, although one error had occurred around July 2023 that the GPhC had been made aware of.

The correct RP notice was displayed, and as this was not always clearly visible to people in the retail area, the manager moved it during the inspection to a more prominent position. Team members were aware of their roles and responsibilities and were observed working within the scope of their role. The trainee dispenser referred queries to the manager and pharmacist appropriately. They correctly described what could and couldn't be done in the absence of the RP. The pharmacy had a complaints

procedure, including an escalation process to the pharmacy's owner. The manager described how most complaints were managed by the team and didn't need escalation. They were aware of the mixed feedback on online review platforms and described how they read them periodically and acted to resolve issues. They described on one occasion following escalation to the owner how the person was happy with the outcome and had amended the online review.

The pharmacy did not have professional indemnity insurance for the pharmacy at the time of the inspection, but this was rectified following the inspection. Electronic private prescription records were mostly completed correctly but of two entries checked the prescriber's details were either missing or incorrect. The pharmacy held up-to-date controlled drug (CD) registers, with checks of the physical stock against the register balance recorded. This was mostly done monthly however the team wasn't sure if the SOP directed this to be done fortnightly or monthly. The checks completed during the inspection were not all correct, including for some CDs returned by people for destruction as no longer needed. Following the inspection, the pharmacist confirmed the discrepancies had been investigated and resolved. The electronic RP record was mostly completed daily from the sample of entries checked, but the RP regularly didn't complete the time they ceased RP duties. It was explained there was a known IT issue, but this had not been reported or resolved. There were a couple of dates when there was no entry at all.

Team members understood the importance of keeping people's personal information safe and they separated confidential waste from general waste whilst dispensing. But there was no clear process to follow for disposing of the confidential waste and it was being disposed of in clearly marked pharmaceutical medicine waste bins rather than using a shredder or third-party company to dispose of it safely. This had not been agreed with the waste contractor. There was no privacy policy displayed. During the inspection, the driver left a delivery sheet detailing people's names and addresses on the medicines counter where people in the retail area could see. This was removed to a safe area after a short while. The pharmacist confirmed they had completed level 2 safeguarding training in line with NHS Pharmacy Quality Scheme (PQS) requirements for 2022-2023. A team member explained how if they were concerned about a vulnerable person, they would discuss this with the pharmacist. The team had not undergone any formal safeguarding training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with the appropriate qualifications and skills to provide services safely and effectively. Team members work well together to manage the workload. They have some opportunities for ongoing learning to help keep their knowledge up to date. And they feel comfortable in raising any concerns should they need to.

### Inspector's evidence

The RP was a regular locum pharmacist, and they were supported by the manager who was a qualified dispenser. There was also a trainee dispenser working for part of the inspection. The RP explained that there were regular team members absent, including the medicines counter assistant, who worked part time and two other trainee dispensers. A staff member from a local pharmacy within the same company arrived to support the pharmacy's workload for the afternoon. The team appeared to be managing the workload, which was up to date, and the atmosphere was calm. There was a part-time employed driver, who worked three days per week, delivering medicines to people's homes. There was emergency cover available from a driver working in a local pharmacy owned by the same company.

The trainee dispenser had completed all the modules from the accredited qualification training course and was awaiting the outcome. They felt well supported with their learning with more experienced team members willing to answer questions. They had received time during the working day for their studies. Team members had access to NHSE e-learning for healthcare, but without a formal ongoing learning plan. They had received brief training about the NHSE Pharmacy First service, so they were able to refer people to the pharmacist. And the pharmacist had completed learning associated with the service. The trainee dispenser knew the risks of people taking medicines such as codeine-containing painkillers and explained how these sales were always confirmed with the pharmacist. Team members were enthusiastic and knowledgeable about the operation of the pharmacy, but they did not take time to discuss and learn from errors and did not appear to understand the importance of such actions. A team member described how she felt that concerns were listened to, and the manager and pharmacist were open to feedback about how the pharmacy operated. The team member had a direct contact number for the owner should they wish to escalate any issues.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is reasonably clean and hygienic. And it has an adequately sized room to hold private conversations with people. The pharmacy provides a suitable space for its services. But it has limited bench space for its increasing workload.

### Inspector's evidence

The pharmacy had recently acquired more rooms in the building, and this provided more space for the team to dispense medication, including for people living in care homes. There was a front retail area, with dispensing space behind the counter and two further separate rooms reached from the retail area down a short corridor. The existing dispensing benches and shelves storing medicines looked worn. And the pharmacy hadn't added any additional bench space or shelving even though workload had increased, including dispensing for more care homes. Some areas of the pharmacy, such as the bottom shelves where medicines were stored were untidy, appeared cluttered and dusty. There was some clutter in the back room from boxes containing medicine stock and pharmaceutical waste bins. Walkways through these rooms were kept relatively clear, to help prevent slips and falls. The pharmacy's ambient temperature was acceptable for medicine storage and for the team to work in and the pharmacy was well lit. The layout of the pharmacy provided a challenge to the effective supervision of dispensing and medicines sales and team members were aware of this. They described how any sales and requests for advice were discussed with the pharmacist, who explained how they went to speak with the person rather than relaying messages through the team member. This was observed during the inspection.

The pharmacy had a consultation room at the back of the building, off the retail area, down a corridor. There were kitchen and toilet facilities off this corridor with hot and cold running water and other facilities for hand washing. These were shared with another business in the building. The consultation room was not signposted as such. It was suitable for private conversations.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy manages and delivers its services safely. And it helps people access them easily. It obtains its medicines from recognised suppliers. And it mostly stores and manages its medicines as it should. But it does not always keep records and full audit trails to help the team provide services effectively.

### Inspector's evidence

People accessed the pharmacy premises via a small step into a small retail area and there were two chairs for people to use whilst waiting for prescriptions. There was a bright and professional fascia outside, with large windows so team members could help people access the pharmacy up the step if needed. The team displayed a few posters about healthcare services for people to read and some leaflets for people to take away. The pharmacy provided a medicines delivery service, using a company vehicle advertising the pharmacy's services on the outside. The experienced delivery driver had a good knowledge of the procedures for delivering medicines and followed a logical and organised workflow. They documented the time deliveries were made and had a separate form for people to sign for CDs. But they hand transcribed people's names and addresses from the printed name and address bag labels. The manager recognised the risk of error with this but had not changed the procedure since starting in post to align to the SOP. Printed name and address labels were used for the delivery sheet when the other delivery driver covered the role.

There were separate areas for labelling, dispensing, and checking of prescriptions to help manage the workflow, but the benches appeared somewhat cluttered. The pharmacy used dispensing aids to manage risk in the dispensing process. This included baskets to keep people's prescriptions and medicines together during the dispensing process to reduce the risk of errors. And the use of stickers to highlight when a pharmacist intervention was necessary and for CDs. Some dispensed by and checked by boxes were initialled on the dispensing labels. Three different people's medicines checked only had one signature on the label. This meant the audit trail of who dispensed and checked prescriptions was incomplete and it may be difficult to identify who had been involved in the process to learn from errors.

The pharmacy provided services to care homes and dispensed medicines in multi-compartment compliance packs to help some people living in their own homes take their medicines at the right times. The care home teams ordered the prescriptions for people living in the care home and the pharmacy consulted with them if there were any changes. The pharmacy had a completed record card for each person dated from November 2023, which was a record of people's current medicines and times of administration. But these were not used in the dispensing and checking process. They were there as a contingency when the manager who managed this dispensing was not in work. A list of people's medications was kept on the patient medication record (PMR) and any changes were flagged by the system during the labelling process. The pharmacy team provided medicines in original manufacturer's packs to some care homes and for others they dispensed medicines into multi-compartment compliance packs. The pharmacy labelled compliance packs using backing sheets, which provided details of the medicines, dose, directions, administration times and descriptions of what the medicines looked like. The mandatory warnings were not printed on these sheets and the manager understood the settings on the PMR needed changing. The pharmacy supplied patient information leaflets (PILs) for new medicines but not on a regular basis each month. The pharmacist and manager showed an

understanding of the requirements of dispensing valproate for people who may become pregnant and of the recent safety alert updates. They explained how they had discussed the changes to requirements together as part of their learning. There were a couple of open manufacturer's packs of valproate-containing medicines on the shelves and the manager confirmed one person received it in their compliance pack. There had been no written risk assessment for this. The manager confirmed they would discuss this with the care home.

The pharmacy obtained medicines from recognised wholesalers. Pharmacy-only (P) medicines were displayed behind the pharmacy counter, but due to the layout of the pharmacy, to supervise sales, the pharmacist relied on team members informing them of any requests. This was observed to happen during the inspection. Medicines on the dispensary shelves were not kept in a tidy and orderly manner, with different medicines and strengths mixed. One particularly cluttered and untidy shelf was reorganised neatly during the inspection. The pharmacy didn't have a date checking matrix, so there were no records of which areas of the dispensary the team had checked the expiry dates of and when. There were no out-of-date medicines found from a sample checked. A medicine in an unlabelled amber bottle and a medicine with a shortened expiry once opened with no annotated opening date were removed from the shelves during the inspection and highlighted to the pharmacist for disposal. The pharmacy had bins for pharmaceutical waste, but some of these were stored in the communal stairwell. These were moved to pharmacy-only areas during the inspection. The pharmacy stored medicines requiring cold storage in two fridges, and it kept daily records which showed the temperatures were within the required range. But the temperature reading on one of the internal thermometers was initially reading out of range, even though the last recorded temperature that day had been within range. Once this was reset the maximum and minimum readings were acceptable. The fridges were full to capacity and the volume of prescriptions dispensed continued to increase and so required additional space. The owner confirmed this would be addressed. The pharmacy had a large double-locked full height safe used to store medicines requiring safe custody. The team received notification of medicine recalls and safety alerts by email and described how they were actioned, and any affected stock quarantined. They were aware of the recent safety alert regarding supplying valproate. But the team didn't keep records of the actions they took and so there was no audit trail to evidence all recalls had been actioned.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment for the services it provides. And the team uses its equipment and facilities in ways to keep people's confidential information sufficiently safe.

### Inspector's evidence

The pharmacy had reference resources and access to the internet to provide the team with up-to-date information. It had equipment available for the services provided which included a range of CE stamped conical measures, marked to differentiate use for certain medicines. It had triangles used to count tablets, with a separate one for cytotoxic medicines.

The pharmacy had password-protected computers and screens showing confidential information were oriented away from public view. Team members used cordless telephones to help ensure their conversations with people were held in private. It held medicines awaiting collection in plastic boxes off the main retail area and people's confidential information was not on public view.

### 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.