

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: 20/09/2024

Pharmacy context

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

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	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 suitably identifies the risks associated with providing its services. And it mostly keeps accurate records as required by law. Pharmacy team members record, discuss and learn from mistakes they make. They keep people's confidential information secure, and they dispose of confidential waste as they should. They understand what to do if they have a concern about the welfare of a vulnerable person.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) dated April 2024, that had been printed and updated since the last inspection. This included for dispensing processes, controlled drug (CD) management, Responsible Pharmacist (RP) regulations and supply of valproate and opioids. Reading the SOPs was a focus for team members, and there was a list of SOPs for each team member to read according to their role. Most of the current team members had read or were in the process of reading the SOPs. And once read, they signed to confirm they understood the procedures to follow. Team members were seen following some of the procedures, such as asking people to confirm their address before handing out medicines. But the SOP for managing date checking of medicines detailed the use of a date checking record, split into different sections of the dispensary. This matrix was not in use, but during the inspection the blank record sheet was printed, and team members discussed the change of process going forward.

Since the previous inspection, the pharmacy team had improved compliance with procedures for the recording and learning from errors identified during the dispensing process. There were regular entries each month of these near miss errors on a paper log, although the numbers recorded had decreased in the last couple of months. Recording these errors helped the team identify any trends in errors, although records relating to why the error had happened were basic, so the team may be missing opportunities to learn. The regular locum pharmacist analysed the near miss errors monthly and discussed them with the team. They annotated the near miss log with the date the discussion took place, but they did not record any actions taken or learnings discussed. Some of the medicines on the dispensary shelves were stored in an untidy manner with different strengths mixed, which increased the risk of a selection error. A new member of the team was in the process of tidying the shelves to reduce this risk. The pharmacy recorded dispensing incidents, which were errors identified once the medicine had left the pharmacy. A recent error had been identified by care home staff and the investigation and record had been completed jointly by the pharmacy and care home staff. It included reasons for the error and actions taken to prevent a similar error in the future.

The correct RP notice was displayed and visible to people waiting in the retail area. Team members were aware of their roles and responsibilities and were observed working within the scope of their role. 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. Team members described how any complaints were managed by the team and escalated to the manager if needed. The pharmacy had professional indemnity insurance.

The pharmacy held electronic private prescription records and most of the details were completed correctly but for two entries checked the prescriber's details were either missing or incorrect. This had

been the same at the last inspection and was discussed with the manager and regular locum pharmacist to resolve with the team. The pharmacy held up-to-date controlled drug (CD) registers. During the inspection, the locum pharmacist completed a full check of the physical stock against the register balance recorded. The checks were not completed every month, as intended by the pharmacy, and a discussion took place about how this workload could be managed better as this had been highlighted at the last inspection. The inspector completed two checks of the physical stock against the register balance, and these were correct. The pharmacy had changed to a paper RP record following the last inspection and from the sample of entries checked the records were complete.

The processes for managing confidential waste had improved since the last inspection. It was separated from general waste and stored in a metal bin, provided by a third-party contractor, who regularly collected it for shredding and disposal. Team members understood the importance of keeping people's personal information safe and confidential material was kept out of sight from unauthorised view. A temporary cardboard screen had been put up at the dispensary window to prevent people on the pavement outside looking into the dispensary and viewing confidential information on prescriptions being dispensed. 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

Members of the pharmacy team have the necessary skills and knowledge to provide services safely and effectively. And the pharmacy supports them to complete the qualification training they need for their roles. They work together well to manage the workload and they feel comfortable to suggest ideas to improve the way they work.

Inspector's evidence

The RP was the same regular locum pharmacist as at the last inspection, and they were supported by the manager, who had been appointed since the last inspection. The manager was a pharmacy technician accredited to complete accuracy checks (ACPT). Also supporting the workload on the day of inspection were two qualified dispensers, a trainee dispenser and two delivery drivers. One dispenser had transferred from another pharmacy within the company a week ago and so was familiar with the SOPs and ways of working. The trainee dispenser had completed all the modules of their course and felt supported by the pharmacist and manager to do their training. They were seen working independently in the retail area and referring to the pharmacist for advice when needed about prescriptions and over-the-counter medicine sales. Another dispenser, who the pharmacy planned to support through the pharmacy technician course had qualified as a pharmacist overseas. There was another dispenser employed by the pharmacy not working on the day of the inspection. One of the delivery drivers worked over five days and the other supported part time. The manager authorised annual leave, and in the main only one team member was allowed annual leave at one time. The team were working together well, the atmosphere appeared calm, and the workload was up to date. The workload had increased since the last inspection with dispensing for an additional two care homes. Over the coming weeks the pharmacy was due to undergo some change with the regular locum pharmacist leaving and the manager due to be absent for a period. The manager had been training one of the dispensers to take over some of their tasks, but the team was unsure whether regular pharmacist cover had been arranged.

Although it was reported team members had access to NHSE e-learning for healthcare at the last inspection, the team couldn't confirm using this resource. There was no formal learning plan outside of qualification training. One team member described how they were supported in learning about new services or updates in medicine and safety alerts through conversations with the regular locum pharmacist. The team knew about the NHSE Pharmacy First service and referred people to the pharmacist. And the pharmacist had completed learning associated with the service. The team had adhoc team meetings where they openly discussed near miss errors and dispensing incidents together to help prevent future mistakes.

The trainee dispenser knew the risks of people taking medicines liable for misuse, such as codeine-containing painkillers. They kept a record of people purchasing these medicines regularly and referred any concerns to the pharmacist. The culture had changed in the pharmacy since the last inspection and there was more focus on learning from errors. The team openly raised ideas to improve the operation of the pharmacy and felt comfortable discussing any concerns on a one-to-one basis with the manager. The team had access to the superintendent owner's telephone number, which they were confident to use if they needed to escalate and issue or concern. There were no specific targets to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are adequate for the provision of pharmacy services. And they are secure and reasonably clean and hygienic. The pharmacy has a room where people can have private conversations with team members. But it doesn't portray a professional image from which to provide consultation services.

Inspector's evidence

The pharmacy premises had increased in size prior to the last inspection, with additional rooms acquired for dispensing. The planned refit had not yet taken place, although the team was aware of the reasons why. The pharmacy had installed a gate between the retail area and behind the counter to help prevent unauthorised access. In the main dispensary, there was minimal workbench space and shelving for the storage of medicines and the benches were flimsy and makeshift. The dispensing workload had continued to increase. The large back room had been re-organised and was much tidier than on the last inspection and there was additional storage space. There had been an additional fridge purchased, although all fridges had again reached capacity. Some areas of the pharmacy, such as the bottom shelves where medicines were stored were untidy, appeared cluttered and dusty. This had been highlighted at the last inspection. Some other shelves had been recently reorganised and cleaned and were much tidier.

Walkways through the premises were kept clear, to help prevent slips and falls. The pharmacy's ambient temperature was acceptable for medicine storage and for the team to work in. 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. The consultation room was not signposted as such. There weren't any chairs or a table, which had broken since the last inspection and the room did not portray a professional image from which to provide services. People could have conversations in private in this room and the pharmacist confirmed chairs were moved into the room for a consultation to take place. There was a large window in the consultation room, with views of a carpark outside, with no option to draw curtains or blinds. The car park was quiet, and no-one was seen outside at the time of the inspection, but it did detract from the privacy of the room. The pharmacy did not complete many services in the room and understood the company had plans to rectify the situation.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages and delivers its services safely. And it plans its workload for dispensing medicines for people living in care homes well, so they receive their medicines when they need them. The pharmacy obtains medicines from recognised suppliers, and it manages its medicines as it should. Team members make regular checks of medicines to make sure they are suitable to use.

Inspector's evidence

People accessed the pharmacy premises via a small step into a small retail area and there were 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 if needed. The team displayed a few posters about healthcare services for people to read and some leaflets for people to take away. There was a medicines delivery service, and the two delivery drivers were experienced in role. Deliveries were stored separately from prescriptions awaiting collection, and the drivers followed a logical process to manage their routes. The full-time driver handwrote the delivery sheets using the name and address labels on the bags. The risk of a transcription error in this process was discussed during the inspection. The other delivery driver used printed labels for the delivery sheet. The drivers had not yet signed to confirm they had read the delivery SOP. They documented the time deliveries were made and had a separate form for people to sign for CDs.

There were separate areas for labelling, dispensing, and checking of prescriptions to help manage the workflow. The pharmacy used dispensing aids to manage risk in the process. This included baskets to keep people's prescriptions and medicines together and using a specific colour of basket to indicate a fridge line was included on the prescription. The team used stickers to highlight when a pharmacist intervention was necessary and for CDs. They initialled dispensing labels which created an audit trail of who had been involved in the dispensing process. Although there was limited bench space in the main dispensary the benches remained mostly clear during the inspection. The rear small dispensing area was more cluttered with baskets stored on top of one another for dispensing for people living in care homes.

The pharmacy provided services to care homes. And it dispensed medicines into multi-compartment compliance packs to help some people living in their own homes take their medicines at the right times. This workload was spread over a four-week cycle to manage the workload effectively. The care home teams ordered prescriptions for people living in the care home and the pharmacy consulted with them if there were any changes. For some care homes the pharmacy and care home had joint electronic access to records so the pharmacy could check a person's current medication. A list of people's current medications was also kept on the pharmacy 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 medicine, dose, directions, administration times and descriptions of what the medicine looked like.

The pharmacist showed an understanding of the requirements of dispensing valproate for people who may become pregnant and of the recent safety alert updates, including the need to dispense valproate

in an original pack. They confirmed care homes provided services for the elderly and no-one fitted the criteria to be included in a pregnancy prevention programme.

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 the pharmacist relied on team members informing them of any requests to supervise sales. This was observed to happen during the inspection. The team was in the process of tidying the medicines on the shelves and completing a full expiry date check. There was no completed date checking matrix available, so there was no audit trail of which areas of the dispensary the team had checked the expiry dates of and when. A date checking matrix sheet was printed during the inspection to start using. There were no out-of-date medicines found from a sample checked. Short-dated stickers were seen to be used. The pharmacy had bins for pharmaceutical waste stored neatly in the back dispensing area. It stored medicines requiring cold storage in two fridges, and a larger fridge had been purchased since the previous inspection. There were daily records which showed the temperatures were within the required range. One of the fridges was sounding an alert and the team could not reset the alarm. The temperature was within the required range. The team received notification of medicine recalls and safety alerts by email and had records of the actions they took. Recent recalls were seen to have 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 the equipment and facilities in ways to keep people's confidential information 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 dispensing, which included a range of CE stamped conical measures, marked to differentiate use for some higher-risk 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 positioned away from public view. The team used their NHS Smart cards to access computers for dispensing. Team members used a cordless telephone handset to help ensure their conversations with people were held in private. They stored 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.