

Registered pharmacy inspection report

Pharmacy Name: Well, Mill Street Medical Centre, 2 Mill Street, ST.
HELENS, Merseyside, WA10 2BD

Pharmacy reference: 1107045

Type of pharmacy: Community

Date of inspection: 09/05/2019

Pharmacy context

This is a community pharmacy inside a medical centre. It is situated near the town centre of St Helens in Merseyside. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over the counter medicines. It also provides a range of services such as seasonal flu vaccinations and a minor ailment service. A number of people receive their medicines inside multi-compartment compliance aids.

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 team follows written procedures to help make sure the pharmacy provides services safely and effectively. It records things that go wrong and reviews them to help identify learning and reduce the chance of the same mistake happening again. The pharmacy keeps the records it needs to by law. Staff are given training about the safe handling and storage of data. This helps to make sure that they know how to keep private information safe.

Inspector's evidence

There was a current set of Standard Operating Procedures (SOPs) which were regularly updated by the company. The pharmacy team had electronically read the SOPs and completed a quiz to check their understanding.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). Members of the pharmacy team were able to describe how they would record and review errors to identify any learning. The pharmacist had commenced her role in April 2019 and said she had not yet reported any errors.

Near miss incidents were recorded on a paper log and were usually reviewed monthly. However; monthly reviews had not been completed since February 2019, which meant some learning opportunities may have been missed. The pharmacist said she would highlight mistakes to staff at the point of the accuracy check and ask them to rectify their own errors. The pharmacy team gave examples of action they had taken to help reduce the likelihood of errors being repeated e.g. segregating different strengths of Simvastatin tablets by using dividers.

The company shared learning between pharmacies by sending information about significant incidents that had happened at other branches. . The pharmacy team said they discussed the information and related it to their practice.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The pharmacy technician was able to describe what her responsibilities were and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore a standard uniform and had badges identifying their name and role. The responsible pharmacist (RP) had their notice displayed prominently.

A mystery shopper programme was organised by the company, with four visits made to the pharmacy each year. A report was produced following the visit to provide the pharmacy team with feedback. In the latest visit the pharmacy scored 100% without any areas of improvement. The pharmacy complaints procedure was displayed in the retail area. It advised customers how to make direct contact with the pharmacy team or with the company's head office.

A current certificate of professional indemnity insurance was provided prior to inspection. 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 these were checked weekly. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team received annual IG training and had signed confidentiality agreements in their contracts. When questioned, the technician was able to identify what information they considered to be confidential and how it was segregated to be removed by an authorised waste carrier. Details about where to find information about the company's privacy notice was on display in the retail area.

Safeguarding procedures were available, and the pharmacy team had completed in-house safeguarding training. The registered staff had completed level 2 safeguarding training. Contact details of the local safeguarding board were available in the signposting folder. The pharmacy technician 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 properly trained for the jobs they do. The pharmacy team complete learning modules to help them keep their knowledge up to date. They get regular feedback from their manager to discuss how they can improve.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy manager – who was also a dispenser, two pharmacy technicians, and two dispensers – one of whom was in training. All members of the pharmacy team were appropriately trained or in accredited training programmes. The normal staffing level was a pharmacist and two dispensers. The manager also worked two and half days each week.

The volume of work appeared to be managed. A nearby branch was less than 0.5 miles away and when necessary staff were moved between the two pharmacies to provide cover. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff could be requested but they were not often needed.

The company provided the pharmacy team with an e-learning training programme about their procedures and services. Staff were allowed learning time to complete training. Additional learning modules were available to complete but these were not compulsory, and staff had not completed them. So some opportunities to develop the pharmacy teams' skills may be missed.

The pharmacy technician gave examples about how she would sell a Pharmacy Only medicine using the WWHAM questioning technique, refuse co-codamol sales she felt were inappropriate and refer to the pharmacist if needed. The pharmacist said she felt able to exercise her professional judgement and this was respected by the pharmacy manager and the company. The dispenser said she received a good level of support from the pharmacy manager and felt able to ask for further help if she needed it.

Appraisals were conducted regularly by the pharmacy manager. A dispenser said she would complete a pre-appraisal form before they discussed her performance, training requirements and areas for improvement. She felt that the appraisal process was a good chance to receive feedback.

Staff were aware of the whistle blowing policy in place and staff said that they would be comfortable to escalate any concerns to the head office. The pharmacist said there were company targets for services such as MURs and NMS. But she did not feel under pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to allow private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was limited, but members of the pharmacy team explained how they would stagger the workload to help make best use of the space. A sink and washing facilities were available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by use of a gate.

The temperature was controlled in the pharmacy by the use of a thermostatic air conditioning unit. Lighting was sufficient. The staff had access to a kettle, microwave, separate staff fridge, and WC facilities. A consultation room was available with access restricted by use of a lock. There was a computer, a desk, seating, adequate lighting, and a wash basin. It was also used as an office and appeared cluttered with staff belongings, which detracted from the professional image expected of a private consultation area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people. And they are suitably managed to help make sure that they are provided safely. The pharmacy gets its medicines from appropriate sources, manages them safely and carries out regular checks to help make sure that they are in good condition.

Inspector's evidence

Access to the pharmacy was via the GP surgery and was suitable for wheelchair users. The consultation room was wheelchair friendly. Various leaflets provided information about the services provided. There was also information available on the company's website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using a signposting folder.

The pharmacy opening hours were displayed at the entrance of the GP surgery. A range of leaflets provided information about various healthcare topics. There were local restrictions in the area which prevented the pharmacy from ordering prescriptions on behalf of patients.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery sheet was used to obtain patient signatures on receipt of the medication. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a separate signature obtained on receipt of delivery.

Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patient prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf, using a numerical 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 stored on collection shelves were highlighted to indicate their presence so that staff could check prescription validity at the time of supply. High risk medicines (such as warfarin, lithium and methotrexate) were highlighted using stickers, so that the pharmacy team could check the supply remained suitable for the patient.

The staff were aware of the risks associated with the use of Valproate during pregnancy. Educational material would be printed from the internet. The pharmacist said any valproate awaiting collection would be highlighted and she would counsel patients about the pregnancy prevention programme. But she said there were currently no patients this was relevant to.

An individual record sheet was kept for all MDS patients; containing details of current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended.

Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the MDS packs were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely provided.

Prescriptions for dressings and ostomy supplies were sent to an external appliance contractor. The pharmacist said that consent was not obtained from the patient for the prescription to be dispensed by another contractor. So people may not always be aware that their information is being shared.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced via a special's manufacturer. The pharmacy was not yet compliant with the falsified medicine directive (FMD), which is now a legal requirement. New equipment had arrived but had yet to be installed, so the safety checks were not yet being conducted.

Stock was date checked on a 3-month rotating cycle. A date checking matrix was signed by staff and shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on.

There was a clean medicines fridge with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed that temperatures had been within the required range for the last 3 months. Patient returned medication was segregated from current stock in DOOP bins. Drug alerts were received electronically, and these were actioned before being printed and filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has access to the equipment they need for the services they provide.

Inspector's evidence

The staff had access to the internet for general information. This included access to medicine information on the BNF, BNFC and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, all electrical equipment had been PAT tested in March 2018.

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

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. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required.

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.