

# Registered pharmacy inspection report

**Pharmacy Name:** Weldricks Pharmacy, Stonecastle Centre, Gardens Lane, Conisbrough, DONCASTER, South Yorkshire, DN12 3JW

**Pharmacy reference:** 1107866

**Type of pharmacy:** Community

**Date of inspection:** 09/05/2019

## Pharmacy context

The pharmacy is in the same building as a medical centre within a small town. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions. And it delivers medicines to people's 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
<b>1. Governance</b>	Standards met	1.2	Good practice	Pharmacy team members consistently share learning. And they continually work to identify and reduce risks during the dispensing process.
<b>2. Staff</b>	Good practice	2.2	Good practice	The pharmacy supports its team members by monitoring their performance and development. They receive regular, protected learning time to improve their knowledge and skills.
		2.4	Good practice	Pharmacy team members engage in continual shared learning opportunities. And the pharmacy encourages their feedback to support the safe delivery of the pharmacy's services.
		2.5	Good practice	Pharmacy team members are confident in providing feedback. They demonstrate how their ideas have been listened to and used to inform improvements to the management of the pharmacy's services.
<b>3. Premises</b>	Standards met	3.2	Good practice	Pharmacy team members actively promote and make use of the private consultation facilities. This helps to protect the confidentiality of people using the pharmacy's services.
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	Pharmacy team members effectively manage workload. They demonstrate how information technology and automated dispensing equipment improves safety during the dispensing process.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. The pharmacy responds appropriately to people who raise concerns and provide feedback about its services. It keeps all records it must by law. And it generally manages people's private information securely. Pharmacy team members are clear about their roles and responsibilities. They consistently share learning. And they work continually to identify and reduce risks during the dispensing process. Pharmacy team can identify, and report concerns to protect the welfare of vulnerable people.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. SOPs had last been updated prior to electronic versions being made available to the team in 2018. But details of these reviews were not recorded on all SOPs. Some information in SOPs required updating. This was due to a change in the clinical software used by the pharmacy. Roles and responsibilities of the pharmacy team were set out within SOPs. Training records confirmed that most members of the team had completed training associated with SOPs. One trainee dispenser did not have a training record showing on the system. But she confirmed that she had completed training associated with the SOPs. The trainee discussed her role. She explained what tasks could and could not take place if the responsible pharmacist (RP) took absence from the premises. The accuracy checking technician (ACT) also discussed her job role. She demonstrated how she applied her professional judgement when needing to raise a query with the pharmacist. Pharmacists marked prescription forms to indicate that they had carried out a clinical check of the prescription.

The pharmacy maintained evidence of continual audits. These audits helped to monitor the safety of the pharmacy services provided. Audits completed within the last year included information governance, Flu vaccination for people with diabetes and several valproate safety audits.

The pharmacy had a dispensing robot in place. The robot was designed to improve efficiency and safety during the dispensing process. Pharmacy team members demonstrated how it worked to reduce the risk of picking errors during the dispensing process. They had identified risks associated with using the robot. For example, ensuring that information provided manually to the robot was accurate. The dispensary was organised with workflow effectively managed. Pharmacy team members completed labelling and assembly tasks at designated work stations next to the robot's output chutes. They used a separate area of the dispensary for accuracy checking.

There was a near-miss reporting procedure in place. The near-miss reporting form captured details of the type of mistake which had occurred. Pharmacy team members also recorded the likelihood of it happening again and the potential consequence. Near-miss reporting was consistent and the number of near-misses each month was low. This reflected the risk-reduction elements of the dispensing robot discussed the team. The pharmacy team completed continual trend analysis reviews of near-misses. Formalised clinical governance meetings with the whole team took place most months. If the team was unable to hold a full meeting, the manager documented the review and shared the findings through smaller briefings. This helped to ensure that learning points and actions required to improve safety

were shared. Pharmacy team members discussed and demonstrated outcomes from recent reviews. For example, the team had recently engaged in learning related to the different strengths and licensing of ranitidine oral solution. Pharmacy team members had also taken steps to improve their self-checking of strengths of medicines.

The pharmacy reported its dispensing incidents through 'Pharmapod'. The RP demonstrated incident reporting on the system. And she explained how she would manage a dispensing incident in accordance with the pharmacy's SOPs. Completed reports identified learning points. They also contained a root cause analysis of individual errors. This information was updated during the course of the follow up investigation. Both the superintendent pharmacist and the regional deputy superintendent pharmacist provided feedback to the team through the reporting system. The pharmacy manager shared details of incidents with the team at the time they were reported. And re-capped this information during monthly team meetings. A sample of actions recorded within reports were seen to have been completed. For example, high-lighting a person's medication record to prompt additional checks during the dispensing process.

The pharmacy had a complaints procedure in place. A practice leaflet advertised how people could provide feedback to the pharmacy team. It also provided details of how people's information was safeguarded by the pharmacy. A member of the team explained how she would manage feedback. She explained how she would seek to resolve a concern or escalate it to the manager or supervisor. The team were aware of how to escalate concerns through to the pharmacy superintendent's team. The pharmacy engaged people in feedback through annual 'Community Pharmacy Patient Questionnaires'. Following the results of the latest questionnaires, the pharmacy team had engaged more people in healthy living advice.

The pharmacy had up to date indemnity insurance arrangements in place.

The RP notice displayed the correct details of the RP on duty. Entries in the responsible pharmacist record complied with legal requirements.

A sample of the controlled drug (CD) register found that it met legal requirements. The pharmacy maintained running balances in the register. Balances were checked upon receipt and dispensing of CDs. Full balance checks of the register against physical stock took place monthly. A physical balance check of MST Continus 60mg tablets complied with the balance in the register. A CD destruction register for patient returned medicines was maintained and the team entered returns in the register on the date of receipt.

The pharmacy's Prescription Only Medicine (POM) register was maintained with full details of private prescriptions and emergency supplies recorded. The pharmacy also recorded details of signed orders supplied to local surgeries. It had a wholesale dealers license in place for this activity.

The pharmacy completed full audit trails on certificates of conformity for unlicensed medicines as per MHRA record keeping requirements.

The pharmacy held records containing personal identifiable information in staff only areas of the pharmacy. It held bags of assembled medicines in the dispensary. Pharmacy team members had completed additional learning following the introduction of the General Data Protection Regulation (GDPR). The pharmacy reported concerns relating to information governance in accordance with the company's procedures. Workload on the front work bench was protected through staff vigilance. People waiting for their prescriptions were asked to take a seat in the designated waiting area. A member of the surgery team was observed accessing the dispensary several times during the

inspection. A discussion took place about potential risks associated with managing confidentiality through allowing non-pharmacy employees into the dispensary. The pharmacy team transferred confidential waste to white bags. Bags were secured and collected for secure destruction periodically.

The pharmacy had procedures relating to safeguarding vulnerable adults and children. The team had access to contact details for local safeguarding teams. Some pharmacy team members had completed learning relating to safeguarding. Others had discussed safeguarding requirements during team meetings. Pharmacists and pharmacy technicians had completed level 2 training on the subject. A member of the team explained how she would recognise and escalate a concern. A flowchart in the dispensary provided guidance on how to raise a concern.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough staff to provide its services. And it reviews staffing levels and skill mix to ensure they remain appropriate. The pharmacy supports its team members by monitoring their performance and development. It encourages its team members to feedback their ideas. And it has used their ideas to improve pharmacy services. The team are comfortable to raise concerns if necessary. Pharmacy team members are competent in their roles. And those in training roles are suitably supported. Pharmacy team members receive time during working hours to support them in completing continuous learning. And they engage in continual shared learning opportunities.

### Inspector's evidence

On duty at the time of the inspection was the RP (the pharmacy manager), the ACT, a relief pharmacy technician, two trainee dispensers and the pharmacy's supervisor (a qualified level 2 dispenser, enrolled on level 3 training). The pharmacy also employed another two qualified dispensers and another trainee dispenser. The RP explained that item numbers had risen since the last inspection and continued to rise. Some of this additional work was due to residential development in the town. The company had recently carried out a staff review and as a result some additional hours for a dispensing position were approved. The manager confirmed that the pharmacy received support through the relief team when needed. And double up pharmacist cover was provided one day each week. A company employed driver provided the prescription delivery service.

The pharmacy was busy throughout the inspection. Pharmacy team members were observed working well together. The team were up to date with managed workload. Pharmacy team members had created a monthly task matrix to assist them. The matrix included date checking tasks and record keeping checks. The pharmacy displayed information on notices throughout the dispensary to help inform its team members practice. For example, information relating to the Valproate Pregnancy Prevention Programme (VPPP).

Pharmacy team members had access to ongoing training relating to their roles through the online learning platform 'Mediapharm'. They confirmed that they received training time during working hours. And evidence of learning records was provided. Trainee members of the team felt supported in their roles and were confident in explaining how they could ask questions about their learning.

The RP confirmed that the pharmacy had some targets associated with sales and services. A poster displaying details of the targets was on the wall in the dispensary. The RP confirmed that there was no undue pressure in place to perform against targets. And commented that the targets in place were achievable. Pharmacy team members received an annual appraisal. Each team member received documentation to support reflection of their performance and development prior to the appraisal meeting.

Team meetings took place monthly with discussions and daily team briefings held between the formal team meetings. Outcomes from most meetings were documented. Meeting notes contained details of continual discussions and risk reviews taking place. Pharmacy team members expressed that they felt well supported and contributed topics for discussion during meetings. They reflected on the learning opportunities provided through the regular meetings. The team had recently met several times to

discuss and monitor workload relating to the launch of an application that allowed people to order their repeat prescriptions.

Pharmacy team members were aware of the company's whistleblowing policy. They could explain how to raise and escalate a concern about the pharmacy or its services. Pharmacy team members were confident in putting forward ideas to help manage services. For example, they had implemented improvements to the way in which owed prescriptions were managed following an idea from a member of the team. The team had also implemented a change to the way they organised Electronic Prescription Service (EPS) workload to help manage queries in a timely manner.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is secure and well maintained. It promotes a professional environment for delivering its services. Pharmacy team members actively promote and make use of the private consultation facilities. This helps to protect the confidentiality of people using the pharmacy's services.

### Inspector's evidence

The pharmacy was well maintained and secure. It reported maintenance and IT issues to its head office. There were no outstanding maintenance issues found during the inspection. The public area was open plan with the medicine counter accessed close to the entrance to the dispensary. The pharmacy stored pharmacy (P) medicines in cabinets. Clear signage indicated that the medicines were not for self-selection.

The pharmacy was clean and tidy with no slip or trip hazards evident. Air conditioning was in place. Lighting throughout the premises was bright. Antibacterial soap and towels were available close to designated hand washing sinks.

The dispensary was a sufficient size for providing the pharmacy's services. The benches had many prescription baskets on throughout the inspection as the pharmacy was busy. But workflow was organised. A small kitchen area was located to the side of the dispensary. Staff toilet facilities were accessed through a door to the side of the dispensary.

There was a private well sign-posted consultation room available. The room was professional in appearance and accessible to people in wheelchairs or with pushchairs. The room was used with people multiple times during the inspection. This meant that private consultations were not overheard. Pharmacy team members also used cordless telephone handsets when speaking to people over the phone. Staff moved towards the back of the dispensary when discussing person identifiable information on the telephone. This prevented people in the public area from overhearing details of the conversations taking place.



## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people. It provides information to promote services and supports people in leading healthy lifestyles. Its team takes extra care when supplying high-risk medicines to people. The pharmacy identifies people who may benefit from a pharmacist's advice and support when supplying medicines. Pharmacy team members effectively manage workload. They demonstrate how information technology and automated dispensing equipment improves safety during the dispensing process. The pharmacy obtains its medicines from reputable suppliers. It stores medicines safely and securely. And it manages its medicines, so they are safe and fit to supply. It has suitable arrangements in place to deal with concerns about the quality of medicines.

### Inspector's evidence

The pharmacy had two entrances. One was through an automatic door from street level, the other was through an open plan entrance from the medical centre. Opening times and details of the pharmacy's services were advertised. It had a range of service and health information leaflets available to people. And it had a prominent health promotion display in the designated waiting area. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service.

The pharmacy had up to date Patient Group Directions (PGDs) to support the supply of emergency hormonal contraception and varenicline tablets. An up to date minor ailments protocol was in place. The RP reflected on beneficial outcomes from the services provided. For example, counselling people on changes to dose times of some medicines to help reduce side effects. And using MURs as opportunities to promote healthy living and discuss minor concerns which people did not want to bother the doctor with. Some of these concerns had led to interventions and formulation changes to improve people's compliance with medication regimens.

The pharmacy had systems to identify people on high-risk medicines. Pharmacy team members attached stickers to bags of assembled medicines to prompt additional checks of medicines such as warfarin and methotrexate. The RP demonstrated evidence of recording details of monitoring conversations on people's medication records. The team were pro-active at providing safety information related to high-risk medicines. For example, they issued fire-hazard warning leaflets when dispensing paraffin-based preparations. Pharmacy team members could explain checks required as part of the pharmacy's compliance with the VPPP. Valproate warning cards were available. And the team had completed a valproate audit in 2018 to help identify women and girls requiring a pregnancy prevention plan.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and informed workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. They were also required to complete an audit grid on prescription forms. The grid aimed to identify who had taken in, labelled, assembled and accuracy checked the prescription. A random sample of dispensed prescriptions found that the accuracy check section was not always completed.

The team had identified that using the robot reduced near-misses. They demonstrated how it worked to reduce the risk of picking errors during the dispensing process. They had identified risks associated with using the robot and applied regular learning to ensure these were managed. For example, applying robust checks when labelling the prescription to ensure information provided to the robot was accurate.

The pharmacy team kept original prescriptions for medicines owing to people. The prescription was used throughout the dispensing process when the medicine was later supplied. It maintained delivery audit trails for medicines sent through delivery service. These records were held at the central delivery hub. But the team could request the records. People were asked to sign at the point of delivery to confirm that they had received their medicine.

A robust audit trail was in place for the prescription ordering service. This allowed the team to check changes and chase missing prescriptions prior to people attending to collect their medicines. People using this service could download an app for their smartphone or tablet. This provided them with notifications at different stages of the ordering process. And it informed them when their medicines were ready to collect.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. The team were aware of the Falsified Medicines Directive (FMD). The pharmacy had scanners in place and demonstrated how FMD requirements were being met when possible. Bags of assembled medicines waiting for collection were clearly marked if they contained FMD compliant medicines. This prompted the team to scan the barcode on the bag label and decommission medicines upon handout. SOPs had not been updated to reflect the changes caused by FMD. But the team had completed training on the subject and had information to hand to support the pharmacy in meeting FMD requirements.

The pharmacy stored the majority of medicines inside the robot. Those on shelves were held in an orderly manner and in their original packaging. A date checking rota was in place. The team completed rolling checks of all stock at least quarterly. Date-checking for the robot was included on the monthly task sheet. A system was in place for highlighting short-dated medicines. The team annotated details of opening dates on bottles of liquid medicines. No out of date medicines were found during random checks of dispensary stock.

The pharmacy held CDs in a secure cabinet. The cabinet was nearing its storage capacity. But medicines storage inside was orderly. There was a designated area for storing patient returns, and out-of-date CDs. CD prescriptions were highlighted clearly. Including those not requiring safe custody. A dispenser explained that this informed a check of the 28-day expiry date. The pharmacy's fridges were clean, and a sufficient size for the cold chain medicines held. Temperature records for one fridge confirmed that that it was operating between two and eight degrees. Records for the other fridge showed that temperatures had recently been outside of the expected range. Data trackers were fitted in both fridges and these were checked when thermometers indicated that temperatures had fallen out of range. The RP confirmed that she had raised a concern about the second fridge and as such it was being replaced. The pharmacy held most cold chain medicines in clear bags. This prompted additional checks of the medicines inside prior to hand-out.

The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

The pharmacy received drug alerts through email. These were printed, checked and annotated to confirm any action taken. The team were knowledgeable about recent alerts issued. The RP provided evidence of referring a concern related to an adverse drug reaction through the MHRA Yellow Card Scheme.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team has access to equipment for providing its services. The pharmacy has support and monitoring systems to ensure equipment is safe to use and fit for purpose.

### Inspector's evidence

Pharmacy team members had access to up to date written reference resources. These included the British National Formulary (BNF) and BNF for Children. Internet and intranet access provided further reference resources. Computers were password protected and faced into the dispensary. This prevented unauthorised access to the contents on screens. Pharmacy team members on duty had personal NHS smart cards.

Clean, crown stamped measuring cylinders were in place. Separate measures for use with methadone only were clearly identifiable. Counting equipment for tablets and capsules was available. A set of counting scales in the dispensary were calibrated annually. Equipment was washed between use. An inspiratory flow meter and single-use mouth pieces for the meter were available in the consultation room.

The pharmacy had a service contract in place for its dispensing robot. Both remote support and engineer support was available. Contact details for the support service were available to the team. Stickers on electrical equipment showed that visual safety checks had last been carried out in 2017. Electrical equipment was visibly free from wear and tear.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.