

Registered pharmacy inspection report

Pharmacy Name: Whitworth Chemists Ltd, 292-294 Waterloo Road,
BLACKPOOL, FY4 3AG

Pharmacy reference: 1109985

Type of pharmacy: Community

Date of inspection: 21/01/2020

Pharmacy context

This is a purpose-built community pharmacy. It is situated on a major route through a residential area south of Blackpool Town Centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including travel vaccines and seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time.

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	1.7	Good practice	Members of the team are given training so that they know how to keep private information safe
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team complete regular training modules to help them keep their knowledge up to date.
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, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which had passed their stated date of review of October 2019. So they may not always reflect current practice. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). A recent error involved the handout of medicines to the wrong person. The pharmacist had investigated the error and shared his findings with the pharmacy team. Near miss incidents were recorded electronically. The pharmacist explained that he would use the electronic system to review the near miss records, which produced analytical graphs about the common trends, and he would discuss this with the pharmacy team each month. But this was last completed in October 2019, so learning opportunities may have been missed. The pharmacist would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own mistakes. He gave examples of action which had been taken to help prevent similar mistakes. For example, a recent error was due to the manual loading of Qvar inhalers into the dispensary's robot. The pharmacy team removed all Qvar stock and rechecked the robot picked the correct medicines to help prevent a similar mistake.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The trainee dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Any complaints would be recorded to be followed up by the pharmacist manager or head office. A current certificate of professional indemnity insurance was on display.

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 checked monthly. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team had in house IG training and each member had signed a confidentiality agreement. When questioned, the trainee dispenser was able to describe how confidential waste was segregated and destroyed using the on-site shredder. A privacy notice was on display in the retail area and it explained how people's data was handled and stored.

Safeguarding procedures were included in the SOPs. Members of the pharmacy team received in-house

safeguarding training, and the pharmacist said he had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A dispenser 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 appropriately trained for the jobs they do. Members of the pharmacy team complete regular training modules to help them keep their knowledge up to date. Appraisals and team meetings are fully documented, showing a culture of openness, honesty and learning.

Inspector's evidence

The pharmacy team included a pharmacist manager, a pharmacy technician, four dispensers – one of whom was in training, and a driver. Members of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist and four to five other staff. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system. Relief staff from local branches could be requested, but the pharmacist said they were not often needed.

Each year members of the pharmacy team were required to complete a personal portfolio as part of their appraisal. It contained evidence of the learning they had completed, and any associated projects. This involved routine training modules and assessments. During the appraisal programme, each member of the pharmacy team would be questioned about their learning to assess their understanding.

The trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse co-codamol sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgement and this was respected by the pharmacy team and the company. Members of the pharmacy team said they worked well together and felt a good level of support from the pharmacist.

Appraisals were conducted annually by the company. A dispenser said she felt that the appraisal process was a good chance to identify personal development and she felt able to speak about any of her own concerns. The staff held weekly huddles about issues that had arisen, including when there were errors or complaints. A diary was used to record important information so that it could be shared with staff who were not present. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. The pharmacy was set targets for services such as MURs and NMS. The pharmacist said he 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 enable private conversations. An additional entrance helps to maintain the privacy and dignity of people using the substance misuse services.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted by use of a gate. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary. The counter area was screened to help maintain privacy of conversations. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

Four consultation rooms were available. They appeared clutter free and each contained a variety of equipment. Such as a computers, seating, adequate lighting, and wash basins. There was also a separate entrance for substance misuse patients. It contained a small waiting area and a glass window. A 'drive-thru' window hatch was available, with a bell to alert members of the pharmacy team about a person waiting to be served.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via an automatic door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various posters provided information about the services offered and information was also available on the 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 elsewhere using a signposting folder. A range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and logged onto an electronic delivery management system. An electronic device was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. A separate signature was obtained from the recipient for the delivery of CDs.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. But a number of dispensing baskets were stored on the floor whilst awaiting assembly. This may increase the risk of damage to stock. Dispensed medicines awaiting collection were kept on a 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. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Schedule 3 CDs were highlighted so that staff could check prescription validity at the time of supply. However; schedule 4 CDs were not. So there was a risk that these medicines could be supplied after the prescription had expired. High-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team were not always aware when they were being handed out in order to check that the supply was suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he would speak to any patients who were at risk to make sure they were aware of the pregnancy prevention programme, which would be recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid either the pharmacist or the patient's GP would complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their 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 compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were not routinely supplied. So people may not always have all of the necessary information they need to take the medicines safely.

The pharmacy supplied various travel vaccinations using patient group directions (PGDs). Copies of the PGDs were available in the pharmacy. And the pharmacist confirmed he had completed the necessary training to use the PGDs. Details of the vaccination were sent to the patient's GP.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the Falsified Medicine Directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine checks of medicines. Stock was date checked on a monthly basis. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on. Stock inside the dispensing robot was recorded on its database, and the pharmacy had a process which enabled short dated stock to be ejected from the robot.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received on an electronic reporting system. Details about the action taken, when and by whom were recorded on the system.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had last been PAT tested in September 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. Equipment was kept clean.

A dispensing robot was used to assist with the pharmacy's services. A maintenance contract was in place and the pharmacist said the robot had a recent service. Members of the pharmacy team knew how to raise any maintenance issues.

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.