

# Registered pharmacy inspection report

**Pharmacy Name:** Weston Road Pharmacy, Meir Primary Care Centre,  
Weston Road, Meir, STOKE-ON-TRENT, ST3 6AB

**Pharmacy reference:** 1110447

**Type of pharmacy:** Community

**Date of inspection:** 17/12/2019

## Pharmacy context

This busy community pharmacy is open 100 hours a week. It is located next to a large primary care centre, which contains several GP surgeries. It dispenses prescriptions and sells a range of over-the-counter medicines as well as other health and beauty items. The pharmacy provides some medicines in multi-compartment compliance aid packs to help make sure that people take them at the correct time. It also supplies medicines to several local care homes. The pharmacy offers other services including Medicines Use Reviews (MURs), emergency hormonal contraception (EHC) and a substance misuse treatment service. Flu vaccinations are also offered at weekends.

## 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	N/A	N/A	N/A
<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 met

### Summary findings

Overall, the pharmacy suitably identifies and manages the risks associated with its services. It keeps the records it needs to by law and seeks feedback on its services. Pharmacy team members record their mistakes to help them learn and make improvements, they keep people's private information safe and understand how to raise concerns to help protect vulnerable people.

### Inspector's evidence

The pharmacy had a range of written standard operating procedures (SOPs) covering operational tasks and activities. The procedures defined the responsibilities of pharmacy team members, who signed records of competence confirming their acknowledgement, and the regular pharmacist observed team members to ensure that procedures were being followed appropriately. Members of the pharmacy team demonstrated an understanding of their roles and a medicine counter assistant (MCA) was familiar with the activities which were permissible in the absence of a responsible pharmacist (RP). The displayed certificate of insurance covered employers' liability and had expired. The pharmacy owner subsequently provided copies of insurance arrangements which also covered public liability.

The pharmacy kept records of near misses, which were reviewed intermittently by the pharmacist. A dispenser discussed some of the changes that had been made in response to trends, including the use of shelf-edge labels to encourage care with selection and the separation of medicines. Dispensing incidents were documented, and copies of previous incident reports were seen. They recorded the actions taken to help prevent a reoccurrence of the error.

A complaint procedure was in place and the pharmacy practice leaflet provided information on the way in which concerns could be raised. Records of correspondence relating to previous concerns were kept. Feedback was also sought through a Community Pharmacy Patient Questionnaire (CPPQ) which was completed annually. The results of the most recent survey were displayed on the door to the consultation room and were generally positive. A suggestions box was also available in the retail area.

The correct RP notice was clearly displayed near to the medicine counter and the RP log was in order, as were records for emergency supplies. Private prescription details sometimes lacked both the date of supply and the date of prescription, so were not fully compliant. There were also a small number of private prescriptions which had not been recorded within the necessary timeframe. Records for the procurement of specials usually recorded patient details as an audit trail from source to supply. The pharmacy's controlled drugs (CD) registers kept a running balance but there were occasional headings which were incomplete. A patient returns CD register was available and previous destructions had been signed and witnessed.

The pharmacy had an information governance policy and a dispenser discussed some of the ways in which people's private information would be kept safe. Completed prescriptions were filed out of public view and confidential waste was segregated and removed for suitable disposal by an external contractor. Pharmacy team members were in possession of their own NHS smartcards and appropriate

use was seen during the inspection.

Pharmacy team members had completed safeguarding training. They discussed some of the types of concerns which might be identified and provided an example of a concern that had previously been escalated. The contact details of local safeguarding agencies were available to enable escalation. The pharmacy also had a chaperone policy, which was displayed in the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members receive appropriate training for their role and they support one another well in a busy environment. They can raise concerns and provide feedback. And they complete ongoing training to help to address any gaps in their knowledge.

### Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside three full-time dispensers and an MCA. The pharmacy also employed an NVQ3 dispenser who was off sick and another part-time dispenser, as well as a delivery driver, who was present for a short period of time. The workload in the pharmacy was busy. The pharmacy team worked well together and were flexible, often working additional hours to provide cover as necessary and ensure that all tasks and activities were completed on time. Team members had access to an online human resources platform to help manage requests for planned leave.

Sales of medication were discussed with an MCA, who said that requests for pharmacy restricted medicines were usually checked with the pharmacist. The MCA was aware of use restrictions on medications including co-codamol and said when people were taking other regular medicines, checks were made for any potential interactions. Previous instances where sales had been refused due to repeated requests were also discussed.

Team members held the appropriate qualifications for their roles and others were undertaking accredited training. The MCA was due to be enrolled on a dispensing assistant course, as the pharmacist said that he felt she had the necessary skills for progression and further learning was encouraged. Ongoing training was provided using journals and magazines such as Training Matters. Relevant training materials were filed in a training folder and signature sheets were available for team members to complete, indicating that they had read the materials. Where possible, time was provided for team members to complete this during work hours. The pharmacist also regularly asked questions to help test team members' understanding. Ongoing development needs were identified and addressed using an appraisal system.

There was an open dialogue amongst the pharmacy team, who described a family environment. Team members worked together closely and were happy to raise any concerns to the pharmacist. The pharmacy owner was also contactable through a human resources platform which team members had access to and any relevant alerts or communications could be sent using this system. There were some informal targets in place for services such as flu vaccinations. These were managed by the pharmacist and services were only carried out when suitable.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is suitably maintained for the provision of healthcare services. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

### Inspector's evidence

The pharmacy premises including the external fascia were in a suitable state of repair. The pharmacy owner was responsible for addressing any internal maintenance issues and had access to local contractors to assist with this. External issues were resolved by the building landlord. Cleaning duties were carried out by pharmacy team members, usually those who were working the evening shift. On the day, the pharmacy was generally clean and tidy.

The pharmacy had a spacious retail area. It stocked a range of health and beauty items, which were suitable for a healthcare-based business and pharmacy restricted medicines were secured behind the medicines counter. There were no obstructions in the walkways and the pharmacy had a seating area, for use by people waiting for their medicines. Next to this area was a wall which displayed a variety of health promotion leaflets. Off the retail area was an enclosed consultation room. The room was clearly signposted and suitably maintained. It had a desk and seating to facilitate private and confidential discussions.

The dispensary was adequately sized for the current dispensing workload. It had a large work bench to the front, with dispensing terminals used to dispense walk-in prescriptions. Two further work areas were available to the rear of the dispensary, they were used for the assembly of medicines for community compliance packs and nursing home supplies. And a middle work bench was used for the storage of prescriptions which were awaiting a final accuracy check. Large shelving units were used to store medicines. There were some items such as tote boxes which were temporarily stored on the floor and could cause a trip hazard for team members. The dispensary had a separate sink for the preparation of medicines and cleaning materials were available. The staff WC facilities were also suitably maintained.

## Principle 4 - Services ✓ Standards met

### Summary findings

Pharmacy services are generally accessible and suitably managed to help make sure that people receive appropriate care. The pharmacy sources and stores its medicines appropriately and team members carry out some checks to help make sure that medicines are fit for supply.

### Inspector's evidence

The pharmacy had step-free access and an automatic door to assist people with mobility issues. Its services were advertised in a practice leaflet and using some promotional materials in the retail area. A wall of health promotion literature was displayed near to the waiting area, this also contained information on some other local services, such as young adult mental health services, and team members had access to other resources to support signposting.

Prescriptions were dispensed using colour-coded baskets, to keep them separate and help prioritise the workload in the pharmacy. Pharmacy team members kept audit trails for dispensing on dispensing labels. The pharmacy had completed a previous audit on high-risk medicines and people on high-risk medicines such as warfarin were encouraged to present their yellow books. But records of monitoring parameters were not always routinely maintained as an audit trail. Pharmacy team members were aware of the risks of using valproate- based medicines in people who may become pregnant and of the warning literature that should be supplied. The pharmacy had copies of some warning cards on boxes of sodium valproate which were in stock. The inspector advised on how further copies of the relevant materials could be obtained. Prescriptions for some CDs were highlighted using stickers and additional checks were carried out by the pharmacist prior to supply. But this was not the case for CDs which were not subject to safe custody requirements, and this may increase the risk of a supply being made in excess of the valid 28-day expiry date.

The pharmacy offered a prescription collection service. People using the service contacted the pharmacy directly to request their repeat medications, or they ordered medicines using the Healthera repeat management application. Printed requests were then sent to the relevant GP surgery and a diary was kept reconciling requests.

The pharmacy provided medicines for some local nursing homes, which varied in bed numbers. Nursing home staff ordered the medications which were required each month and sent requests directly to the relevant GP surgery. They provided the pharmacy with an updated bed list and a medication picking sheet each month, so that all returned requests could be reconciled and checked for discrepancies. An audit trail was maintained to track the dispensing process to help make sure supplies were made on time. Nursing home team members informed the pharmacy of any interim items and these were supplied using calendar packs, with a medication administration chart. Most medications were supplied using Biodose trays, a type of multi compartment compliance aid pack. Each pod in the tray contained the details of individual medicines and packs were labelled with patient names. Packs were supplied with a master list of medicines, but some did not always record a picture or description of individual medicines, so they may not always be clearly identifiable.

Medications for community-based compliance aid packs were managed using a four-week cycle. A dispenser ordered medications for compliance packs and additional bulk items were ordered at patient request, to help prevent over-ordering. An audit trail was kept tracking the ordering and assembly process and master record sheets were held for each patient. Records were updated to reflect any changes to medicines and prescription discrepancies were escalated to the relevant GP surgery. The dispenser discussed how people would be assessed to ensure suitability for a compliance aid pack and said that many were received as referrals from local GP surgeries. Completed compliance packs contained patient details and an audit trail for dispensing. Descriptions were not present for some medications, which may mean that it is not always easy to identify all individual medicines. Patient leaflets were not always supplied. The dispenser indicated that this was sometimes at patient request, but labelling regulations surrounding the requirements for patient leaflets were discussed.

The delivery driver obtained signatures confirming the delivery of medicines. In exceptional circumstances where a signature could not be obtained, the driver informed the pharmacist. Additional records were kept for the delivery of CDs and medications from failed deliveries were returned to the pharmacy, and a card was left to inform the patient.

The pharmacist had completed training for the provision of the EHC, including safeguarding training and patient group directives (PGDs) were available for reference. The flu vaccination was not available on the day. The service was provided by the pharmacist who worked weekends. Bookings were usually made to make the provision of the service more manageable, and the pharmacy had access to equipment to aid the administration of vaccinations, including gloves, a sharps bin and adrenaline.

Stock medicines were obtained from licensed wholesalers and specials from a licensed manufacturer. Stock medicines were stored in the packaging provided by the manufacturer and were generally organised. A date checking matrix was in place, but this was not always completed accurately. Short dated medicines were identified and removed from the shelves and some examples of this were seen. An expired medicine was identified from random checks. This was immediately removed from the shelves. Obsolete medicines were placed into medicines waste bins and a cytotoxic waste bin was available for the segregation of hazardous materials. The pharmacy was not yet fully compliant with the requirements of the European Falsified Medicines Directive (FMD). Scanners were in place, but full implementation had not yet been trialled. Alerts for the recall of faulty medicines and medical devices were received by the pharmacist and a dispenser. In recent weeks an audit trail for alerts had not been maintained, but the team agreed to review this moving forward.

CDs were stored appropriately. Expired and returned CDs were clearly segregated from stock medicines. The pharmacy fridge was fitted with a maximum and minimum thermometer, the temperature was checked and recorded each day and was within the recommended temperature range.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services and team members use equipment in a way that protects privacy.

### Inspector's evidence

The pharmacy had access to paper reference materials, including the British National Formulary (BNF) and internet access was also available for further research. A range of crown-stamped glass measures were suitably maintained, and separate measures were marked for use with CDs. Counting triangles for loose tablets were clean.

Electrical equipment was in working order. The pharmacy had the contact details for the supplier of the heat seal machine, used for some compliance aid packs in the event of any maintenance issues. And helpdesks were also available for the PMR provider and the Healthera website. The pharmacy computer systems were password protected and screens were located out of public view. Cordless phones were available to enable conversations to take place in private, if 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.