

Registered pharmacy inspection report

Pharmacy Name: Willington Pharmacy, Kingfisher Lane, Willington,
DERBY, DE65 6QT

Pharmacy reference: 1119949

Type of pharmacy: Community

Date of inspection: 26/07/2023

Pharmacy context

This pharmacy is situated within a medical centre in the village of Willington, in Derbyshire. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides some other NHS funded services. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them.

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 manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. The team members understand their role in protecting vulnerable people, and they keep people's personal information safe.

Inspector's evidence

The pharmacy was part of a chain of pharmacies located in Staffordshire and the East Midlands. A range of corporate standard operating procedures (SOPs) were available which covered the activities of the pharmacy and the services provided. The latest SOPs had been implemented in October 2022. Signature sheets were used to record when members of the team had read the SOPs. Roles and responsibilities were highlighted within the SOPs.

A paper near miss log was available. Near misses were routinely recorded, and they were discussed with the dispenser involved to ensure they learnt from the mistake. The team explained that they had moved away from recording near misses electronically and were using a paper log as they felt this was a much simpler process. They thought this enabled them to record near misses promptly and that the paper log was more complete as a result. The pharmacy team were unsure of where the pharmacist manager currently recorded the review of the near misses for patterns and trends, as this had previously been recorded on the electronic system. Stickers were placed next to certain medicines in the dispensary as a visual reminder to take extra care when picking medicines for a prescription. The pharmacy team gave some examples of different types of mistakes and demonstrated some examples of how the dispensary layout had been adapted to try and avoid the same mistake happening again. Dispensing errors were recorded, reviewed, and reported to the company's clinical governance lead. The governance lead reviewed the error report and contacted the pharmacist manager if anything else was required.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales and discussed how she managed requests for codeine containing medicines. The responsible pharmacist (RP) was observed making herself available throughout the inspection to discuss queries with people and giving advice when she handed out prescriptions, or with people on the telephone.

People could give feedback to the pharmacy team in several different ways; verbal, written and online. The pharmacy team tried to resolve issues that were within their control and would involve the SI or RP if they could not reach a solution. The pharmacy had up-to-date professional indemnity insurance. The RP notice was clearly displayed. The RP log was electronic and met requirements. Electronic controlled drug (CD) registers were in order and random balance checks matched the balances recorded in the register. A CD balance audit was carried out approximately monthly. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply and there was an audit trail for home deliveries.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team had their own NHS Smartcards and confirmed that their passcodes were not shared. The pharmacist manager had completed level 3 training on safeguarding. The pharmacy team members understood what safeguarding meant, and a dispenser gave examples of hypothetical safeguarding concerns and how she would report them.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough staff cover to provide the services. Team members work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacist manager, a supervisor (dispensing assistant), three dispensing assistants, a trainee dispensing assistant, an apprentice, a shop assistant, and a delivery driver. Since the pharmacist manager had started working at the pharmacy, he had reviewed the skills mix of the team. A dispensing assistant had recently been promoted to supervisor. All of the team members had either completed or were working towards the appropriate qualification for the role they were undertaking.

Annual leave was booked in advance, and it was clear when people were off. The pharmacy team organised cover in advance to ensure the opening hours were covered. Head office co-ordinated pharmacist holiday cover and the pharmacy team had access to a spreadsheet which listed which pharmacist was due to work at the pharmacy on what day. Pharmacy team members had completed some ongoing training and training needs were identified to align with the NHS Pharmacy Quality Scheme submission. The team members enrolled on accredited training courses were working through their training materials. They were on track to complete the course requirements within the time frame specified by the course provider, although they did not benefit from regular training time during the working week. The team discussed any pharmacy issues as they arose and held regular huddles within the dispensary during quieter times.

The pharmacy team members knew their role within the dispensary. Each team member was allocated specific tasks to help manage the workload. The team worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. The team had a WhatsApp group where they shared information. They said that this was useful as many of them worked part time and it meant that everyone got the same information. Members of the team discussed any pharmacy issues with their colleagues as they arose. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacist manager, SI, or they would contact the GPhC.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has consultation rooms, so that people can speak to the pharmacist in private when needed.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There were two private soundproof consultation rooms which were clearly signposted. The consultation rooms were professional in appearance and the doors to the consultation rooms remained closed when not in use to prevent unauthorised access.

The pharmacy had a dispensing robot which had not been in use for some time, and it was taking up a large amount of space in the dispensary. A refit was planned to remove the robot and create additional space in the dispensary and behind the medicines counter. The major part of the refit was planned to take place on a Sunday when the pharmacy was closed so that disruption to the pharmacy was minimised.

The pharmacy had an air conditioning system which heated and cooled the pharmacy. The system regulated the air temperature to ensure it was within a suitable and comfortable range. The dispensary was clean and tidy with no slip or trip hazards. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap available. Cleaning was carried out by the pharmacy team. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy had step free access from a large car park and a home delivery service was offered to people who could not visit the pharmacy. The pharmacy staff referred people to other local services, such as smoking cessation services, when necessary. The pharmacy staff used local knowledge and the internet to support signposting.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise prescriptions. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Notes and stickers were attached to medication when additional counselling was required or extra items needed to be added to the bag. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available.

The pharmacy had a workflow for dispensing prescriptions that had been received electronically. Acute and urgent prescriptions were dispensed first, before repeat prescriptions. The pharmacy dispensed high volumes of repeat prescriptions and a different dispenser was assigned to a stage of the dispensing process. For example, one dispenser labelled the prescriptions, a second dispenser picked the medicines and put them into a basket for each person, and a third dispenser assembled the prescription. Another dispenser was responsible for unpacking the medicines delivery and carrying out other tasks. The team worked well together, and they allocated tasks at the start of the day. Team members were trained to undertake any of the dispensing tasks so they could work flexibly, and staff absence did not affect the workflow. The pharmacy team were dispensing prescriptions that had been received that day and people's prescriptions were ready when they came in to collect them.

Multi-compartment compliance packs were supplied to people in the community. Prescriptions were requested from the surgeries to allow for any missing items to be queried with the surgery ahead of the intended date of collection or delivery. A sample of dispensed compliance pack prescriptions were labelled with descriptions of medication and patient information leaflets were sent with each supply. There was a process in place for managing mid-cycle change requests. The pharmacist manager and a dispenser had reviewed the record for each patient and had contacted some patients as they felt there was an opportunity to assess whether compliance packs were the most suitable device for people.

The dispensary and shop areas were date checked regularly and short dated stock was listed and marked so that it could be removed from the shelf prior to its expiry date. There were some out-of-date medicines on the dispensary shelves despite the date checking record being up to date for that section. The supervisor agreed to review the date checking process with the pharmacy team, and the RP incorporated a date check into her accuracy check process. Split liquid medicines with limited stability

once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in designated bins. Drug recalls were received electronically and marked when they were actioned. The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridge was working within the required temperature range of 2° and 8° Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team uses it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available. Computer screens were not visible to members of the public as they were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.