

Registered pharmacy inspection report

Pharmacy Name: The Village Pharmacy, 12 Guy Lane, Waverton, Chester, Cheshire, CH3 7NX

Pharmacy reference: 9010102

Type of pharmacy: Community

Date of inspection: 16/08/2022

Pharmacy context

This is a traditional community pharmacy located on a small parade of shops in the centre of a busy village. The pharmacy premises are small and the retail area also operates a post office counter. NHS dispensing is the main activity, and a dispensing robot has recently been installed. The pharmacy also provides a number of other NHS services and sells a range of over-the-counter medicines. At the time of inspection the responsible pharmacist was a locum who had not previously worked at the pharmacy.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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

Members of the pharmacy team follow written instructions to help them work safely and effectively. They record things that go wrong so that they can learn from them. And they take action to help avoid their mistakes being repeated. The pharmacy keeps most of the records that are needed by law. And the pharmacy team understands that personal information needs to be protected.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) to underpin its services. The SOPs were available on the pharmacy computer and had been issued in 2021. Each SOP had names of staff listed at the bottom with the dates they had read it. A dispenser explained that each member of the team was asked to read each individual SOP and then their name was added. Near miss dispensing errors were recorded on paper recording sheets. A dispenser explained that the records were reviewed by the pharmacist every month and discussed with the team. She said specific weaknesses had been identified and discussed with individual members of the team. For example, one person was prone to dispensing the wrong quantity, so they had been asked to change their procedure to include an extra check of the quantity. The dispenser did not remember any actual dispensing errors having occurred. She thought forms were available to record any error that did occur but was unsure where they were kept.

A responsible pharmacist (RP) notice was prominently displayed behind the medicines counter. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. The pharmacy complaints procedure was advertised on a notice in the retail area and was also covered in practice leaflets. A current certificate of professional indemnity insurance was displayed in the retail area. An electronic controlled drugs register was in use and appeared to be in order. Running balances were recorded and audited weekly. A random balance was checked and found to be correct. Patient returned CDs were recorded separately and destruction was up to date. Records of RP, private prescriptions and emergency supplies were in order. Invoices and certificates of conformity were kept for unlicensed specials, but details of supply were not recorded. So the pharmacy may not always be able to identify who the medicines were supplied to, if there was a query or concern. Members of the team signed confidentiality agreements as part of their employment contracts. When questioned, the trainee dispensers were clear about the need to protect confidentiality and knew how to deal with confidential waste. But they had not yet read the pharmacy's information governance policies, so they might not fully understand what was expected of them. Confidential waste was collected separately, for destruction by a specialist contractor.

A safeguarding policy was in place and the dispenser confirmed she had completed basic training and that the regular pharmacist had completed level 2 training. The rest of the team had not completed any training but knew they should speak to the pharmacist if they had any concerns. A poster inside the consultation room explained how concerns could be reported.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to safely manage the workload and they receive the training they need for the jobs they do. Members of the team work well together and they ask for help if they need it.

Inspector's evidence

The superintendent pharmacist normally worked at the pharmacy but was absent on the day of inspection. A locum pharmacist had been employed as RP but was working at the pharmacy for the first time. A regular dispenser was also employed and there were three trainee dispensers who had only recently started working at the pharmacy. Two had started to work through their training courses but the other had only just been enrolled. There were two other assistants who worked on the post office counter, but they had no involvement in medicine sales. Pharmacy customers were normally served by the pharmacist or the trained dispenser. The dispenser explained that the number of prescriptions dispensed had increased significantly during the pandemic. The small size of the pharmacy was a challenge and meant it was impractical to employ more dispensers, so a dispensing robot had recently been installed. It had only been operational for about three weeks and the team were still getting used to it. But the dispenser thought the dispensing operation was a lot calmer since the robot had been introduced. During the inspection the pharmacy team were kept busy but managed the workload effectively. The dispenser confirmed that she had completed various training courses but as the rest of the team were new, they were still focussing on their basic training. The dispenser was heard asking questions when selling medicines, to make sure they were suitable. She was aware that codeine products were liable to abuse and said they had refused a number of telephone requests for codeine linctus and chose not to stock it. She explained that most of the pharmacy's customers were locals and she was not aware of anyone regularly requesting any medicines that were liable to misuse. If she was unsure she would ask the pharmacist.

Members of the pharmacy team appeared to work well together and had good rapport with customers. A whistleblowing policy was in place. There were no specific performance targets set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is small, but it is well organised to make best use of the space that is available. It is clean and tidy and it provides a suitable environment for healthcare.

Inspector's evidence

The pharmacy was a small unit and the lack of space was challenging. But the pharmacy had been re-fitted and a dispensing robot had been installed to make best use of the space that was available. The pharmacy was clean and tidy and there was sufficient clear bench space to allow safe working. The dispensary sink had been removed to accommodate the dispensing robot. This meant the only sink was in the staff toilet, which was difficult to access and unsuitable for dispensing. Arrangements were in hand to install a new sink in the consultation room but in the meantime bottled water was being used for dispensing purposes. A consultation room was available for privacy. It was clean and tidy and suitably equipped. Toilet facilities were accessed via the consultation room and a sliding door prevented unauthorised access. All parts of the pharmacy were well lit. Air conditioning was available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services and they are easy to access. It manages them effectively so that people receive appropriate care and get the advice they need. It obtains medicines from licensed suppliers, and it carries out checks to make sure that they are kept in good condition.

Inspector's evidence

The pharmacy entrance was level and suitable for wheelchairs. There was a sign in the pharmacy window identifying the services available and further information about them was provided in practice leaflets that were available in the retail area. The pharmacy offered a delivery service. The driver used a delivery sheet to keep a record. A signature was obtained from the recipient when CDs were delivered. A note was left if there was nobody home to receive the delivery and the medicines were returned to the pharmacy. Dispensing baskets were used to keep individual prescriptions separate and avoid medicines being mixed up during dispensing. Dispensed medicines awaiting collection were bagged and kept alphabetically on collection shelves. Prescription forms were attached so they were available for reference when the medicines were handed out. Stickers were used to highlight when CDs were present, so the prescription could be checked to make sure it had not expired before handing out. The dispenser and the pharmacist were heard asking people to confirm their name and address before medicines were handed out, to make sure they were correctly identified. Owing slips were used to provide an audit trail for any medicines that could not be immediately supplied. The dispenser was aware of the risks associated with the use of valproate during pregnancy and there was a notice on the wall to remind the team. She said the pharmacy currently had two patients who met the risk criteria and both had been counselled by the pharmacist. Medicines containing valproate were normally supplied in original packs that included educational material, but no additional material was available. The dispenser said leaflets would be printed off the internet if medicines needed to be repackaged. The pharmacy supplied medicines in multi-compartment compliance aids (MDS) for some patients. A master sheet was kept for each patient showing their current medication and dosage times. This information was checked against repeat prescriptions and any changes would be confirmed with the surgery. The MDS trays were labelled with descriptions so that individual medicines could be identified. And the dispenser confirmed that patient information leaflets were routinely supplied. The pharmacy obtained its medicines from licensed wholesalers and unlicensed specials were ordered from a specials manufacturer. No extemporaneous dispensing was carried out. Most stock medicines were stored inside the dispensing robot and the rest were stored tidily on dispensary shelves. Expiry date checks were automatic for robot stock and records were kept showing the date checks of other stock, the most recent having been done the previous month. There was a medicines fridge in the dispensary. It was clean and tidy and equipped with a thermometer. The maximum and minimum temperatures were checked and recorded daily. Controlled drugs were appropriately stored in a standard cupboard. Waste medicines were disposed of in dedicated bins that were kept in the toilet. The bins were collected periodically by a specialist waste contractor. Drug alerts were received by e-mail from the superintendent pharmacist. The e-mails were checked daily by the pharmacist or the dispenser and records were kept to show that they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is appropriately maintained so that it is safe to use, and it is used in a way that protects privacy.

Inspector's evidence

The pharmacy had various reference books, including recent editions of BNF and Martindale, and the team could access the internet for general information. Crown stamped measures were used to measure liquids. The dispensing robot had only been in use for a few weeks and seemed to be operating effectively. The suppliers provided support in the event of breakdown or other difficulties. All other electrical equipment appeared to be in good condition. The dispensary was screened to provide privacy for the dispensing operation. The consultation room was used for services that required privacy and for confidential conversations and counselling. Pharmacy computers were password protected and screens were positioned so that they were not visible to the public.

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.