

Registered pharmacy inspection report

Pharmacy Name: Well, Unit 1, Cock o'Witton, Witton Street,
Northwich, Cheshire, CW9 5QY

Pharmacy reference: 9010389

Type of pharmacy: Community

Date of inspection: 12/03/2024

Pharmacy context

This is a traditional community pharmacy located on the outskirts of a busy town centre. NHS dispensing is the main activity, and the pharmacy also provides a number of other services and sells a range of over-the-counter medicines and other merchandise. About half of the NHS prescriptions supplied from the pharmacy are assembled at an off-site dispensing hub.

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

Members of the pharmacy team follow written instructions to help them work safely and effectively. They discuss things that go wrong so that they can learn from them. But they do not always record their mistakes so they may miss some learning opportunities. The pharmacy keeps most of the records that are needed by law. And staff receive regular training so that they know how to keep private information safe.

Inspector's evidence

The pharmacy had a full set of electronic standard operating procedures (SOPs) to underpin its services. The SOPs were reviewed and updated regularly, on a rolling basis, by the superintendent pharmacist's team. Each member of the pharmacy team had an electronic training record showing that they had read and understood the SOPs. When a team member had read an SOP, they had to answer some questions about it before their training record could be set to completed. The training records were monitored by head office and any overdue training would be chased up. The responsible pharmacist (RP) confirmed that all SOP training was up to date.

Dispensing errors were recorded on the pharmacy computer and a copy was sent to the superintendent pharmacist. The RP provided an example of a recent incident where amitriptyline 50mg had been prescribed but amitriptyline 10mg had been supplied. The RP believed this had happened because the 50mg strength was rarely prescribed, so the incident had been discussed with the team to share learning. A note had also been added to the Patient Medication Record on the pharmacy computer. Members of the pharmacy team explained that they discussed any near miss incidents that happened so that they could learn from them, but they did not normally make records. The RP said they took action to address any risks they identified and gave an example that they had introduced a designated bench space to use when putting away stock orders. This avoided the risk of mixing up medicines if stock orders were put on the dispensing bench.

A responsible pharmacist notice was prominently displayed behind the medicines counter. Staff roles and responsibilities were described in the SOPs. And dispensing labels were initialled by dispenser and checker to provide an audit trail. The pharmacy had a complaints procedure in place and a notice was displayed in the retail area explaining how people could make complaints or provide feedback. A current certificate of professional indemnity insurance was available.

An electronic controlled drugs register was in use and appeared to be in order. Running balances were recorded and a weekly audit was carried out to check the register balances against stock. A random balance was checked and found to be accurate. Patient returned CDs were recorded separately. The RP record and private prescription records were in order. Records of unlicensed specials were kept but patient details were not included, so the pharmacy did not have a complete audit trail.

An information governance (IG) policy was in place and all staff received IG training once a year. Confidential waste was collected separately and disposed of in a dedicated bin for destruction by a specialist contractor. A notice in the retail area explained how the pharmacy handled people's information, and further details were included in the practice leaflets.

A safeguarding policy was in place and the pharmacist confirmed he had completed level 2 training. The rest of the team had all completed in-house training. The RP described how he had previously spoken to the GP surgery when he had concerns that a patient was not able to manage their medicines. The surgery had then taken the concern up with Social Services.

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 complete ongoing training to keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team was made up of a full-time pharmacist manager and four trained dispensers. One of the dispensers was due to begin a pharmacy technician course, to replace a trainee pharmacy technician who had recently moved to another branch. The pharmacy also employed a delivery driver. The team appeared to manage the workload effectively during the inspection and the RP said the staffing level was normally adequate.

Members of the team were regularly provided with ongoing training. This was normally in the form of electronic training packages. The pharmacy team asked questions when selling medicines to check they were suitable. The pharmacist was aware of the medicines that were liable to misuse and confirmed he refused sales if he was not satisfied that they would be used appropriately. But he did not believe there were any current problems with people trying to buy medicines repeatedly.

Members of the pharmacy team appeared to work well together and had a good rapport with customers. A whistleblowing policy was in place and there was a dedicated phone number for the staff to report any concerns. The pharmacist confirmed some performance targets were set in relation to pharmacy services but did not feel under undue pressure to meet them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy and provides a suitable environment for healthcare. A spacious consultation room is available for use when extra privacy is required.

Inspector's evidence

The pharmacy was clean and tidy with adequate space for the services provided. The dispensary was located behind the medicines counter and a gate was fitted to prevent unauthorised access. The dispensary was well organised, with enough bench space to allow safe working. There was a dispensary sink and separate sinks in the toilet areas. All were fitted with hot and cold water. Air conditioning was in use and all parts of the pharmacy were well lit. A good-sized consultation room was available for privacy. It was clean and tidy and suitably equipped.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services that are easy to access, and the dispensing operation is generally well organised. But higher-risk medicines are not always highlighted. So, the team may not be aware when they are being handed out, so may not always check to make sure they are being used safely. Stock medicines are obtained from licensed suppliers and stored appropriately. And the team carries out checks to help make sure they are kept in good condition.

Inspector's evidence

The pharmacy's main entrance had a step but there was another entrance at the rear that was suitable for wheelchairs. There was a notice at the front entrance signposting the alternative entrance. There were posters in the pharmacy's window advertising its services. And further information about services was provided in practice leaflets and various other leaflets that were available in the retail area.

The pharmacy offered a delivery service. The delivery driver had completed training for the role and used a hand-held device to make electronic records of deliveries made. 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 labelled with barcodes, which were scanned when the medicines were handed out to provide an audit trail. The pharmacist attached stickers to the bags to highlight when controlled drugs or fridge lines needed to be added. But schedule 3 and 4 CDs were not normally highlighted, so there could be a risk of the medicines being supplied after the prescriptions had expired. Stickers were also used to highlight when counselling was needed. But these were only used at the pharmacist's discretion and there was no policy to routinely highlight specific higher-risk medicines. A dispenser explained how they always asked people to confirm their names and addresses before medicines were handed out, to make sure they were correctly identified. Owing slips were normally used to provide an audit trail for any medicines that could not be immediately supplied.

About 50% of NHS prescriptions were dispensed off-site at the company's hub pharmacy. The pharmacy team inputted the information from the prescription on the labelling system and this was accuracy checked by the RP before transmitting to the hub. The medicines were then dispensed at the hub in accordance with the transmitted information and returned to the pharmacy in sealed bags to be handed out to the patients. The RP thought the system was working well.

The pharmacist was aware of the risks associated with the use of valproate during pregnancy and an audit of valproate patients had been carried out. The pharmacy did not currently have any patients who met the risk criteria, but the pharmacist knew that such patients should be counselled. The pharmacy team knew that valproate should always be supplied in original packs and knew how to attach dispensing labels to avoid covering important information.

The pharmacy supplied medicines in multi-compartment compliance aids (MDS) for about 100 patients. Record sheets were kept for all the patients, showing their current medication and dosage times. This

information was checked against repeat prescriptions and any discrepancies would be checked with the surgery. The MDS trays were not always labelled with descriptions, so people may not be able to identify the individual medicines. But 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. Stock medicines were stored tidily, and expiry date checks were carried out on a three-month cycle. Controlled drugs were appropriately stored in a locked cabinet. There was a medicines fridge in the dispensary. It was clean and tidy and equipped with a thermometer. The maximum and minimum temperatures were recorded daily and had remained within the required range. Waste medicines were disposed of in dedicated bins that were collected periodically by a specialist waste contractor. Drug alerts and recalls were received electronically, and records were kept showing what action had been taken.

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 access to various online reference sources, including Medicines Complete. Crown stamped measures were used to measure liquids. Electrical equipment appeared to be in good working order and stickers showed PAT testing had been carried out in March 2022. The blood pressure meter had a sticker attached indicating that it had been checked and calibrated and the next check was due in July 2024.

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. |