

# Registered pharmacy inspection report

**Pharmacy Name:** The Prescription Service, 16 Princess Street,  
Knutsford, Cheshire, WA16 6BU

**Pharmacy reference:** 9010645

**Type of pharmacy:** Community

**Date of inspection:** 18/09/2024

## Pharmacy context

This is a community pharmacy located on a high street in the main shopping area of the town of Knutsford, Cheshire. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. The pharmacy supplies several people with their medicines in multi-compartment compliance packs and delivers some medicines to people's homes.

## 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

The pharmacy provides its team members with a comprehensive set of written instructions to support them in safely providing pharmacy services. It monitors mistakes made within the dispensing process and the pharmacy team implement changes to the way it works to reduce the risk of similar mistakes happening again. The pharmacy keeps the records it needs to by law, keeps people's private information safe and its team are adequately equipped to safeguard vulnerable adults and children.

### Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) which were supplied by a third party. Some amendments had been made to reflect the pharmacy's specific ways of working. The SOPs provided the pharmacy's team members with information and instructions on how to complete various tasks. For example, managing controlled drugs (CDs) and dispensing medicines. The SOPs had been issued in the week prior to the inspection and had replaced paper-based versions. Team members were taking turns in using protected time to read and understand the SOPs that were relevant to their role. Two team members had completed the process and signed a digital document to confirm this. The SOPs were due to be reviewed in 12 months to ensure they continued to be accurate.

The pharmacy had a process for recording details of mistakes made during the dispensing process which were identified before a medicine was supplied to a person. These mistakes were known as near misses. The pharmacy used a digital system to record near misses. Team members used their personal smartphones to scan a quick-response (QR) code to access the system. The QR code was displayed in several areas of the premises for easy access. Once scanned team members entered details of each near miss. For example, the time the near miss happened, and any contributory factors. They used the same digital system to record details of dispensing errors which had been identified after the medicine had been supplied to the person. The team followed a process to investigate the incident to help establish any contributing factors that may have caused the error and then implemented an action plan to reduce the risk of a similar mistake happening again. The near misses and dispensing incidents were analysed periodically for any trends or patterns. The team had recently decided to separate pregabalin and gabapentin and also separated the different strengths of propranolol. These steps were taken following a disproportionate number of picking errors made involving these medicines. The responsible pharmacist (RP) on the day of the inspection felt these steps had been suitably effective as no further mistakes involving these medicines had happened since their implementation. The pharmacy did not advertise its feedback and complaints procedure clearly to people who used the pharmacy. However, it was outlined on the pharmacy's website. Team members explained that feedback, complaints, and suggestions were generally received verbally. They knew how to escalate concerns to the attention of the RP.

The pharmacy had current professional indemnity insurance. It displayed an RP notice, but it had the incorrect name and registration number of the RP on duty. It was located behind the retail counter, but it was a significant distance away from the counter and not easily visible to people who used the pharmacy. The RP notice was replaced with a correct version when highlighted to the RP. The pharmacy held an RP record which was not always completed correctly. There were several incomplete entries as the RPs had not recorded the time their RP duties had ended. The pharmacy kept records of supplies against private prescriptions. An example seen was mostly completed correctly, however, the details of

the prescriber were not correct. And so, the full details of the supply were not available. The pharmacy retained complete CD registers and a record of CDs that had been returned to the pharmacy by people.

Team members completed mandatory learning about the protection of people's confidentiality and general data protection when they started employment with the pharmacy. The team placed confidential waste into a separate container to avoid it getting mixed up with general waste. The waste was periodically destroyed via a third-party contractor. The RP and all other team members had completed mandatory learning on the safeguarding of vulnerable adults and children. The pharmacy had a formal procedure to support team members in reporting any concerns identified. It was displayed on a wall in the dispensary alongside the contact details of local safeguarding teams. Team members described hypothetical scenarios that they would report.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy employs a skilled and experienced team to help safely manage its workload. It has processes in place to support team members to complete ongoing training to help keep their knowledge and skills up to date. They work well together and can raise concerns and provide feedback where necessary.

### Inspector's evidence

The RP was the pharmacy's full-time pharmacist and superintendent pharmacist (SI). Locum pharmacists worked on days the regular pharmacist was not working. During the inspection, the RP was being supported by a full-time qualified accuracy checking pharmacy technician (ACPT), three qualified pharmacy assistants and a part-time medicines counter assistant. One of the pharmacy assistants was a locum but had worked regularly at the pharmacy for over two years. The pharmacy employed another team member who worked on Saturday's and to cover absences on weekdays. The team member did not complete any tasks that needed to be under the supervision of a responsible pharmacist as they did not hold a pharmacy related qualification. At the start of the inspection, team members were seen working under some pressure and they explained that this was because they were behind with the dispensing workload. This was due to some unplanned absences. As the inspection progressed, the team had completed a significant amount of the outstanding dispensing workload and were observed working under less pressure.

The pharmacy provided team members with a structured training programme to support them in updating their learning and development needs. The pharmacy's head office team periodically alerted team members via email of training programmes they were required to complete. They took the time during their working hours to read training material that had been provided to the pharmacy by third-party contractors on an ad-hoc basis. Team members explained they were well supported by the pharmacy and were expected to complete to course within a timely manner. The team completed some mandatory training as a part of the pharmacy's NHS contractual requirements. The pharmacy had an annual appraisal process in place. This was completed by the ACPT in the form of a one-to-one conversation with each team member. Team members completed a pre-appraisal form and they recorded how they felt they were performing and details of any personal development plans. One of the pharmacy assistants had recently submitted a request to train as an accuracy checker. This request was granted by the pharmacy and the team member completed the qualification.

The pharmacy did not have a whistleblowing policy to help support team members raise a concern anonymously. Team members attended regularly held meetings with the RP and the pharmacy's owners to discuss workload and any feedback they wished to share. For example, the pharmacy's drivers had raised concerns about the lack of space they used to organise deliveries. As a result of the feedback, the pharmacy's owners converted a first-floor room in a designated area for the drivers to use to manage their workload better. The team was not set any targets to achieve.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is secure, clean, and well maintained. It has facilities for people to have confidential conversations about their health with the pharmacy team.

### Inspector's evidence

The pharmacy was spread over two floors. The main dispensary was located on the ground floor. It had several small benches for team members to use to complete the dispensing process. At the start of the inspection, they were cluttered with baskets containing medicines and prescriptions stacked on top of each other and near other medicines stored on shelves. This increased the risk of medicines falling into the baskets and the incorrect medicine being supplied to people. But the team were seen working effectively to clear the benches and reduce the risk. There was a separate bench used by the RP to complete clinical checks of prescriptions.

The dispensary floor was cluttered with baskets containing medicines that required a final check before being supplied to people. This created a tripping hazard. There was a first-floor room used to dispense multi-compartment compliance packs which appeared to be organised.

The pharmacy had a consultation room where people could speak privately with a team member. The room was kept well organised and was appropriately soundproofed. However, there was some food items belonging to team members stored in the room which did not portray a professional image. The pharmacy had a clean sink available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. A comfortable temperature was maintained and lighting was adequate throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy effectively manages the risks associated with the services provided to people. And these services are made easily accessible to people. The pharmacy team suitably stores and manages its medicines to ensure they are fit for purpose before supply to people.

### Inspector's evidence

People had level access to the pharmacy via its main entrance door from street level. The pharmacy clearly advertised its opening hours and the services it offered on its main window. It had recently started providing the NHS Pharmacy First service. Team members knew the relevant inclusion and exclusion criteria of the service and the pharmacy held all the appropriate documentation to provide the service. These included patient group directions, clinical pathways, and service specifications. The pharmacy provided the NHS blood pressure check service. The RP provided examples of instances where they had identified people with raised blood pressure and referred people for a review by their GP.

The pharmacy had a process in place to support team members in supplying medicines that were of higher risk. Team members were aware of their responsibilities when selling codeine-based painkillers over the counter. Team members knew of the requirements of the valproate Pregnancy Prevention Programmes (PPPs). They were aware of the importance of ensuring they did not cover up any warnings on the packaging of these medicines when attaching dispensing labels. And they were aware of the requirement to supply valproate in the manufacturers original packaging. The RP was aware of recently updated information regarding the supply of valproate to males and demonstrated how the team counselled people to make them aware of the potential risks.

Throughout the dispensing process team members used baskets to help keep people's prescriptions and medicines together and reduce the risk of them being mixed up which could lead to errors being made. The baskets were of differing colours to help prioritise the workload. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a daily delivery service. Bags containing medicines for delivery were kept separately from those for collection. The QR codes of the bags were scanned immediately prior to the driver leaving the pharmacy to deliver. This created an audit trail of when medicines had left the pharmacy and when the medicines had been successfully delivered.

The pharmacy supplied several people living in their own homes with medicines dispensed in multi-compartment compliance packs. These packs were designed to help people take their medicines at the correct times. The packs were dispensed by team members on the first floor of the premises to help reduce distractions from the retail area. They had implemented some steps to help them manage the process safely and effectively. This included spreading the workload evenly over four weeks. Prescriptions and 'master sheets' for each person that received a pack were stored in individual, clear wallets. The master sheets had a list of each medicine that was to be dispensed into the packs and times of administration. Team members annotated the master sheets when any changes were authorised by a prescriber. For example, if a medicines strength was increased or decreased. And they recorded full details of the change. For example, the date the change was authorised, and the identity of the person authoring the change. The packs were labelled with descriptions of the medicines inside. And the pharmacy routinely supplied patient information leaflets. So, people received the full

information about their medicines.

Medicines were stored on shelves and in drawers. However, the shelves were untidy during the inspection. Medicines were not appropriately separated according to their names and strengths. This increased the risk of picking errors being made. The team had a process to check the expiry dates of medicines on an ad-hoc basis. However, the pharmacy did not keep records of when this process was completed, and so an audit trail was not in place. One out-of-date medicine was found following a check of approximately 20 randomly selected medicines. Team members used dot stickers to highlight medicines that were due to expire within the next six months and they were seen checking expiry dates during the dispensing process to further reduce the risk of an expired medicine being supplied to people. The team marked bulk, liquid medicines with details of their opening dates to ensure they remained fit to supply. The pharmacy used two clinical-grade fridges to store medicines that required cold storage. The operating temperature ranges of the fridge was checked and both fridges were seen to be operating within the accepted range of 2 to 8 degrees Celsius. Team members retained daily records of temperature ranges to ensure they operated correctly. Medicines stored in the fridges and CD cabinets were kept well organised. The pharmacy received drug alerts and medicine recalls via email. Team members actioned the alerts as soon as possible and but did not keep a record of the action taken to maintain an audit trail. So, they may not be able to effectively respond to a query following an alert.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Pharmacy team members have access to appropriate equipment for the services they provide. The equipment is fit for purpose and safe to use. Team members generally use equipment and facilities appropriately to protect people's confidentiality.

### Inspector's evidence

The pharmacy used a range of CE marked measuring cylinders for preparing liquid medicines. There was suitable equipment to support the team to manage the NHS Pharmacy First service and to measure people's blood pressure. This included an otoscope and a digital blood pressure monitor.

The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. The pharmacy suitably positioned the computer screen in the consultation room to ensure people could not see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members working in the dispensary could have conversations with people without being overheard by people in the waiting area.

### 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.