

# Registered pharmacy inspection report

**Pharmacy Name:** Saughall Pharmacy, Plainsfield, Church Road,  
Saughall, Chester, Cheshire, CH1 6EP

**Pharmacy reference:** 9011023

**Type of pharmacy:** Community

**Date of inspection:** 09/07/2019

## Pharmacy context

A traditional community pharmacy in a residential village on the outskirts of Chester. The pharmacy had recently re-located into new premises. The pharmacy provides a range of services, including NHS dispensing. Medicines are supplied in multi-compartment compliance aids for a number of people, to help them to take the medicines correctly.

## 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	2.1	Good practice	The pharmacy has a well qualified and experienced team with a good skill mix.
<b>3. Premises</b>	Standards met	3.2	Good practice	There are three consultation rooms, so facilities for private conversations are always available.
<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 has written instructions to help make sure staff work effectively. But some members of the team have not read the most recent versions, so they may not always know what is expected of them. The pharmacy team records mistakes so that it can learn from them. But it does not record everything that goes wrong, so some learning opportunities may be missed. The pharmacy keeps most of the records that are required by law. And staff receive training to make sure they know how to protect vulnerable people and keep private information safe.

### Inspector's evidence

The pharmacy had a range of SOPs in place, which were dated to show they had been introduced in 2018. There were training records attached to the SOPs but they had not been signed by all staff. The superintendent pharmacist (SI) said that they had never fully implemented the 2018 SOPs and were mainly still using 2017 SOPs, which were also available. He said they were currently developing new SOPs.

Dispensing errors were recorded on a spreadsheet on the pharmacy computer. Basic details of the incident were recorded but there was no information about learning points or follow up action. A recent incident had involved the wrong bag of medicines being handed out. The dispenser explained that when she had selected the bag from the collection shelf she had also picked up another bag that was in front of it. This meant she had a bag in each hand and she had inadvertently put the wrong bag back on the shelf and handed out the other. She said since the incident she consciously only used one hand when she selected medicines to hand out and kept the other hand behind her back.

There were no recent records of near miss incidents. The SI admitted near misses were not normally recorded but said they were discussed with staff at the time they occurred.

Dispensing labels were initialled by the dispenser and checker to provide an audit trail. A complaints procedure was in place and there were practice leaflets on display that explained how people could make complaints or give feedback. A Community Pharmacy Patient Questionnaire (CPPQ) customer satisfaction survey was being conducted.

A current professional indemnity insurance certificate was provided. A responsible pharmacist (RP) notice was prominently displayed, but it belonged to the pharmacist who was working as second pharmacist. The SI, who was also present, had recorded himself in as the RP in the register. This could cause confusion and it could be unclear who is taking overall responsibility for the safe and effective operation of the pharmacy. The RP record was up to date but did not always record the time responsibility ended. The SI was usually recorded as RP, but there was normally more than one pharmacist working.

Records of controlled drugs were maintained in accordance with requirements, running balances were recorded. Patient returned CDs were appropriately recorded on loose sheets. Records of private prescriptions and unlicensed specials were generally in order. Emergency supplies were recorded but

the records did not always include the nature of emergency.

An information governance policy was in place with training material that all staff had read and signed. Staff had also completed General Data Protection Regulation (GDPR) training. A basket in the dispensary was used to collect confidential waste, which was then shredded. A dispenser described confidential waste as anything with a name or address on.

A safeguarding notice was on display in the dispensary outlining the procedure for dealing with concerns and giving details of local contacts. The pharmacists and pharmacy technicians had completed level 2 safeguarding training and other staff had completed level 1.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a well qualified and experienced team with a good skill mix. There are enough people working in the pharmacy to safely manage the workload.

### Inspector's evidence

The pharmacy employed five regular pharmacists, one of whom was the superintendent, two pharmacy technicians and two dispensers, one of whom was training to be a pharmacy technician. The normal staffing level was two pharmacists and at least two other members of staff, but there were sometimes three pharmacists working. The staff were able to comfortably manage their workload during the inspection and the pharmacist said the staffing level was adequate to handle the level of business. Staff attended occasional training courses and also completed some training from the 'virtual outcomes' provider. A training folder was kept with certificates of completion.

The pharmacy team appeared to work closely together and there was a friendly rapport between the team and with customers. A whistleblowing policy was in place. A dispenser was heard asking questions when selling medicines, to be satisfied that they were appropriate, and referring to the pharmacist when she was unsure. Staff were aware that codeine products might be abused but said most of the people who used the pharmacy were from the village, so they would notice anyone making repeat requests. No specific performance targets were set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy and has a professional appearance. It provides a suitable environment for healthcare. There are three consultation rooms, so facilities for private conversations are always available.

### Inspector's evidence

The pharmacy had recently relocated, and the new premises had been fitted out to a good standard. There was enough bench space for the volume of dispensing and the pharmacy was generally clean and tidy. There was a dispensary sink for medicines preparation and separate sinks in the staff room area and toilet. All were fitted with hot and cold running water. Air conditioning was fitted, and the pharmacy was well lit.

There were two consultation rooms used for private consultations and counselling. The main consultation room was kept locked. A third consultation room was also available but had not yet been needed. The dispensary was screened to provide privacy for the dispensing operation.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services and manages them safely. It gets its medicines from appropriate sources, stores them safely, and carries out checks to help make sure that they are kept in good condition.

### Inspector's evidence

The pharmacy entrance was via a ramp, with a wide door that was suitable for wheelchairs. Practice leaflets included details of the pharmacy services and there were various other leaflets and posters on display providing information about services and other healthcare topics. Staff were aware of the need to signpost patients requiring services not available at the pharmacy.

The pharmacy offered a prescription collection and delivery service for the local area. All deliveries were made by the SI and there were normally only one or two deliveries a day. The SI said he normally rang the patient before setting out, to make sure they would be home to receive the delivery.

Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing. Prescriptions were retained with dispensed medicines awaiting collection, filed separately in alphabetical order. Stickers were put on bags to indicate when a fridge line or CD needed to be added. The pharmacist said stickers should also be used to highlight when schedule 3 or 4 CDs were present but admitted this did not always happen. A zopiclone prescription was found present that had not been highlighted. This meant there could be a risk that CDs could be handed out after the prescription had expired.

The pharmacy technician said high-risk medicines awaiting collection would normally be highlighted with a 'see pharmacist' sticker or by writing a note on the prescription. No examples were available.

The pharmacy team were aware of the risks associated with the use of valproate during pregnancy and the need to counsel patients. The pharmacist said there were currently no patients who may become pregnant using the pharmacy who were prescribed valproate. Educational material was available if needed.

The dispenser explained that she asked people to confirm their name and address when she handed out dispensed medicines and checked against the bag label.

Multi-compartment compliance aids were used to dispense medicines for some patients who had compliance difficulties. These were labelled with clear descriptions to enable identification of the individual medicines. Staff confirmed patient information leaflets (PILs) were always supplied. A printed record was kept for each patient to show the current medicines and any medication changes, and this was checked against repeat prescriptions before dispensing.

Medicines were obtained from licensed wholesalers and specials were obtained from a specials manufacturer. No extemporaneous dispensing was carried out. An iPad based system was available that

was being used to scan and decommission medicines in line with FMD requirements. The pharmacy technician demonstrated how it was used, and it appeared to meet the requirements of the legislation. However, it took a long time to scan and recognise each medicine, so she expressed doubts about the practicality when more 2D barcode medicines were in circulation.

Stock medicines were stored in an orderly fashion in the dispensary. Regular expiry date checks were carried out and recorded. Stickers were used to highlight short dated stock.

There were two medicines fridges, one used for stock and the other for dispensed medicines awaiting collection. Both were equipped with maximum and minimum thermometers and temperatures were checked daily and recorded. The records showed the temperatures had remained within the required range.

Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. There were two cupboards in use for storage of controlled drugs. One was used for stock and the other for dispensed medicines awaiting collection.

Waste medicines were disposed of in bins that were stored in the toilet area. Full bins were kept in locked cupboards pending collection by a waste contractor. Drug alerts and recalls were received by email and dealt with by the pharmacists. Records were retained.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The team has the equipment it needs for the services it provides.

### Inspector's evidence

Various reference books were in use including a recent BNF, and staff had access to the internet. A range of crown stamped conical measures were available to measure liquids. All electrical equipment appeared to be in good working order and PAT testing had been carried out in March 2019.

Patient medication records were stored on the pharmacy computer, which was password protected. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls. There were three consultation rooms that could be used for confidential conversations and consultations.

### 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.