

Registered pharmacy inspection report

Pharmacy Name: Chapelford Pharmacy, Chapelford Health Centre,
Santa Rosa Boulevard, Great Sankey, Warrington, Cheshire, WA5
3AG

Pharmacy reference: 9011253

Type of pharmacy: Community

Date of inspection: 03/06/2021

Pharmacy context

The pharmacy is in the same building as a doctor's surgery. And it is next to a supermarket on the outskirts of Warrington town. It mainly dispenses NHS prescriptions, including some in multi-compartment compliance packs. It delivers medicines to some people at home. It sells a range of over-the-counter medicines and the team provides advice and services to support people's health needs. This inspection was completed during the pandemic.

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 suitably identifies and manages the risks with its services, including during the pandemic. It has up-to-date relevant written procedures for team members to follow to help provide services safely. Pharmacy team members mostly keep people's private information secure and they know what to do to help support vulnerable people. They regularly record mistakes they make and make some changes to prevent these mistakes happening again. The records the pharmacy needs to keep by law are mostly accurate.

Inspector's evidence

The pharmacy had completed both personal and general risk assessments to identify risks associated with COVID-19 virus transmission. It displayed a sign in the retail area stating that a COVID-19 risk assessment had been completed to provide reassurance to people using the pharmacy. The team members wore masks or a visor and worked at a suitable distance apart. One team member wore gloves. The premises had a large airy dispensary that helped achieve social distancing. The retail area had a barrier and stickers and arrows on the floor that made it clear to people where to stand. This helped with social distancing. The pharmacy counter had two separate areas, both had plastic screens with a small access area at the bottom to hand over items and monies. There was hand sanitiser on the pharmacy counter. The pharmacy displayed a poster showing the team members how to wash their hands properly to help infection control. The pharmacy had different working areas to support the team with social distancing.

The pharmacy had an updated set of standard operating procedures (SOPs) from February 2021. The SOPs were relevant to the services the pharmacy provided. The pharmacy's SOPs included processes involving controlled drugs (CDs), responsible pharmacist (RP), dispensing and other services. Pharmacy team members had signed and dated a log to confirm they had read the SOPs and when. The pharmacy had a paper near miss log that the pharmacist scanned on to the computer monthly, so the pharmacy superintendent (SI) had visibility of the records made. The team made some entries each month, including throughout the pandemic. There were limited records for the actions taken and lessons learnt. The pharmacist completed a monthly patient safety report to identify any trends in the errors. The information was limited to numerical information and other questions in the template remained unanswered. This meant the team may have missed out on learning and improving. Team members had attached stickers to the dispensary shelves in places where they had identified there was an increased likelihood of a selection error. This included for look-alike and sound-alike (LASA) medicines. The pharmacy had dedicated dispensing incident forms with appropriate completed actions to minimise the risk of future similar errors.

The pharmacy displayed had an accurate RP notice. Pharmacy team members were clear about their roles and seen appropriately referring queries to the pharmacist when needed. The pharmacy had a SOP for the management of complaints. It completed an annual patient feedback questionnaire and displayed the results clearly in the retail area and on its website for people to see. This included how the pharmacy intended to improve services by offering improved healthy living advice. The latest results from 2019-2020 were positive. An experienced team member knew how to effectively deal with complaints and when to refer to the pharmacist manager.

The pharmacy had up-to-date professional indemnity insurance until 31 January 2022. It kept an up-to-date electronic CD register. Of the sample of records checked, the team completed monthly balance checks of the physical quantity against the register entry. The physical balance matched the register for the one item checked. The pharmacy recorded the destruction of patient-returned CDs, but some medicines returned had not been entered at the time of receipt. The pharmacy held electronic private prescription records, and these mostly had all the required details. But on two of the entries checked the prescriber was incorrect. The electronic emergency supply records did not detail the reason for the supply. The pharmacist showed how to make an emergency supply entry and it was not obvious how to enter the reason for the supply at this point. The pharmacy held a complete RP record and special records.

The pharmacy team had read up-to-date training information about Information Governance (IG) and General Data Protection Regulation (GDPR) and was aware of the importance of keeping people's private information secure. Team members disposed of confidential waste in separate bins and later transferred the contents to confidential waste sacks. These sacks were kept in a locked cupboard and collected by a third-party contractor for shredding. The pharmacy displayed a safe space poster on the consultation room door so people knew they could access this safeguarding service if needed. The pharmacist manager completed Level 2 safeguarding training every two years. He explained how a regular pharmacist had used their safeguarding knowledge to help support a vulnerable person. The pharmacy had a safeguarding SOP to help team members understand their role. They had a basic knowledge of safeguarding and knew to refer any concerns to the pharmacist. The team had local safeguarding contact information.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the experience, qualifications and skills to appropriately manage the pharmacy's services. They complete some ongoing training relevant to their roles. And the more experienced team members support others in their training well. They feel comfortable discussing ideas and sharing concerns to help improve the pharmacy's services.

Inspector's evidence

The experienced pharmacist manager worked four out of the five days the pharmacy was open. Regular locum pharmacists worked the other day, providing continuity. Usually two dispensers supported the pharmacist, and on some days three dispensers worked together for part of the day. One dispenser was completing qualification training and felt supported by the rest of the team. The pharmacy had two part-time drivers to deliver people's medicines to them at home. The drivers also worked for another local nearby branch. The pharmacy had a staffing vacancy, which was putting some pressure on the rest of the team. The pharmacist described the added pressures the team felt during the pandemic as workload had increased. As part of the relocation the pharmacy had moved to be co-located next to a health centre and during the pandemic the team had felt more pressure when the surgery's doors had not been open. This had not fully returned to normal. Team members were seen working well together and managing the workload.

Team members provided appropriate advice to people and referred queries to the pharmacist when they needed to. The pharmacy received some telephone requests for codeine linctus sales. The pharmacy did not stock the product and the team was aware of the potential for abuse and recommended alternative products. A dispenser explained how she referred any regular repeat requests for medicines such as co-codamol to the pharmacist. The pharmacist and experienced team members were seen proactively supporting the trainee dispenser. Team members regularly received reading and up-to-date information from the pharmacy's head office and felt informed. They had recently completed online suicide awareness training. A dispenser described how she felt comfortable raising concerns or sharing ideas with the pharmacist manager. This had been particularly important after the relocation when the team regularly shared ideas as to the best ways of working. The superintendent regularly visited the pharmacy and was described as approachable. The pharmacy had a whistleblowing SOP. The pharmacy had some targets and the team spoke positively about how these were achieved.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and spacious. It has appropriate arrangements for the team to speak with people privately. And it is suitably secured outside of its opening hours.

Inspector's evidence

The pharmacy was in a recently built complex co-located with a surgery and it promoted a good professional image. It was clean, hygienic and of a suitable size for the workload and services provided. There was enough space for future increases in pharmacy workload, including ample bench space and space for storage of medicines. There were some medicines awaiting collection stored on the floor as there was a lack of space on the prescription collection shelves. This could be remedied by re-allocating some space.

The pharmacy had a small separate staff area, a large toilet area with hot and cold running water and hand washing facilities. The dispensary and consultation room had sinks for professional services. The lighting was bright and the temperature adequate. The consultation room was of a suitable size and people could socially distance. The pharmacist indicated the room was not used much during the pandemic and as the team had limited the number of people accessing the pharmacy at any one time there was adequate space in the retail area to have private conversations.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible for people. And the pharmacy mostly manages its services well to deliver them safely and effectively. It sources, stores and manages its medicines appropriately. And it acts on medicine safety alerts promptly to make sure its medicines are safe to supply.

Inspector's evidence

The pharmacy was clearly signposted from the car parking area and had a level access to help people with mobility difficulties. It supplied chairs in the retail area two metres apart for people to use. The pharmacy had restricted access into the pharmacy during the pandemic and had a one-way system in operation. The pharmacy delivered medicines to people's homes. The pharmacy stored the deliveries for that day on separate shelves and the driver made a record of the deliveries. But the pharmacy did not keep a record of which deliveries were made on a specific date and so it would be more difficult for the team to answer queries and resolve any problems. During the pandemic the driver only asked people receiving CDs to sign for receipt. The driver social distanced whilst completing all deliveries leaving them at the door whilst stepping back.

The pharmacy used dispensing baskets to keep people's medicines and prescriptions separate. The team initialled boxes on the dispensing labels to provide an audit trail of who had dispensed and checked the prescription. There were separate areas for labelling, dispensing and checking and this helped with workflow and social distancing. The pharmacy had specific SOPs for some higher-risk medicines including for the management of lithium and opioid therapy. The pharmacist was aware of the professional requirements of valproate use in pregnancy and the repeat prescriptions the pharmacy dispensed regularly for this medicine. This meant the ongoing risk for people was assessed. The pharmacy had the valproate patient booklets in stock and supplied the medicines in the original packs with the warning information available. The pharmacy held other booklets and information associated with higher-risk medicines kept together, including the updated prednisolone emergency cards.

The pharmacy dispensed some medicines into multi-compartment compliance packs. One dispenser held overall responsibility for managing the service and the pharmacist also had visibility of the processes for when she wasn't working. Team members used master sheets, which detailed the person's name, address and medication details including administration times. They clearly annotated these sheets with any changes to the person's medicines and acted on hospital discharge information. To minimise workload pressure team members dispensed some packs prior to a valid prescription being received. The pharmacist minimised the risks associated with this practice with a number of checks, including checking the master sheets against prescriptions before the pack was supplied. He signed his initials on the pack to create an audit trail in case of queries. The pharmacy printed labels on to backing sheets. These contained all the relevant medication and dosage information, including any warnings. But they were not suitably secured into the packs to comply with labelling requirements. The pharmacists contacted the prescriber if they had concerns people were not using the compliance packs correctly to help the person receive additional support if they needed it.

The pharmacy had suitable storage for its medicines in the dispensary and kept Pharmacy (P) medicines stored behind the pharmacy counter. It had medicinal waste bins that were securely stored prior to collection and CD denaturing kits. The pharmacy had a medical fridge with an inbuilt thermometer. The

pharmacy kept an electronic record of the temperature range and records were seen to be within the required range. The fridge was full of stock and adequately tidy. The pharmacy stored medicines requiring safe custody as required.

The pharmacy regularly checked the expiry dates of its medicines and recorded when these checks had been completed. One out-of-date medicine was found in a sample checked. It had expired at the end of the previous month and was clearly highlighted as short dated. This was removed from the shelf. The pharmacy ordered its medicines from recognised wholesalers. Pharmacy team members had a SOP detailing how to manage drug recalls and safety alerts. They received medicine recall alerts via email and printed a copy. The latest Medicines and Healthcare products regulatory agency (MHRA) recall for carbimazole had been printed and signed to show it had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the services it provides. And the pharmacy mostly uses its equipment and facilities in ways that protect people's private information.

Inspector's evidence

The pharmacy had reference resources and access to the internet for up-to-date information. It used clean glass measures for measuring liquids. The pharmacy had a blood pressure monitor but hadn't recorded when it was due to be checked or renewed. The team had not been using it during the pandemic. The computers were password protected and monitors positioned away from public view. Some telephones had portable handsets to allow team members to have private conversations. The pharmacy stored people's medicines awaiting collection out of public view. The pharmacy ordered and mostly stored the consumables for the compliance packs appropriately. There were some consumables stored in the large toilet area. The pharmacist reported issues with obtaining NHS smart cards and the card in one of the terminals was for a person not working on the day.

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.