

Registered pharmacy inspection report

Pharmacy Name: Weldricks Pharmacy, 1 Finkle Street, Thorne, Doncaster, South Yorkshire, DN8 5DE

Pharmacy reference: 9011259

Type of pharmacy: Community

Date of inspection: 28/06/2021

Pharmacy context

The pharmacy is in a pedestrianised shopping area in the town of Thorne in South Yorkshire. It relocated to its new premises in November 2019. The pharmacy's main services include dispensing NHS prescriptions and selling over-the counter medicines. It also offers advice and treatment to help people manage minor ailments. And it provides a range of private services including an allergy test and treat service and an ear and hearing health service. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people to take their medicines. And it delivers some medicines to people's homes. The pharmacy was inspected during the COVID-19 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	1.2	Good practice	The pharmacy has some good processes for managing safety. And its team members are committed to reviewing risk and sharing learning to help continuously drive improvement.
2. Staff	Standards met	2.4	Good practice	The pharmacy demonstrates a clear culture of openness and honesty. It achieves this through continually sharing learning. And through the enthusiasm of its team members who work together well to achieve common goals.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	Pharmacy team members recognise the benefits of providing person centred care. And are particularly good at supporting people in taking higher risk medicines safely. They do this by completing and recording therapy monitoring checks each time they dispense these types of medicine.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy identifies and manages the risks associated with its services well. Its team members have a good understanding of their roles and responsibilities. And they understand the key risks to patient safety presented by the pharmacy's activities. Team members are committed to sharing learning to help continuously drive improvement. The pharmacy keeps people's private information secure. And it keeps all records it must by law. The pharmacy has the necessary arrangements in place to protect the health and wellbeing of vulnerable people. And it responds appropriately to the feedback it receives from people using its services.

Inspector's evidence

The pharmacy had addressed risks associated with providing pharmacy services during the pandemic. This included completing COVID-19 risk assessments throughout the pandemic. And implementing physical changes to the way people accessed pharmacy services. For example, the pharmacy had a cap on the number of people allowed in the public area to help ensure people could maintain social distancing during their visit. And the pharmacy had a marked out area around the prescription reception counter designed to help team members socially distance from members of the public. Notices in window displays informed people of the pharmacy's access policy and the need to wear a face covering when visiting. Pharmacy team members had appropriate access to personal protective equipment and wore type IIR face masks whilst working.

The dispensary was a good size, and was organised and clean. Workflow was efficient with plenty of space for labelling, assembly and checking tasks. Team members used coloured baskets throughout the dispensing process. This helped to manage workload and ensured the team prioritised prescriptions for people waiting in the pharmacy or calling back after a short period of time. There was dedicated space for completing higher risk tasks and for holding baskets of part-assembled medicines waiting for stock to complete the prescription.

The pharmacy had up-to-date standard operating procedures (SOPs) in place to support the safe delivery of its services. It stored these electronically and they covered the roles and responsibilities of team members, responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. SOPs viewed during the inspection had been authorised for use by the Superintendent Pharmacist (SI) and clearly identified the next review date. Pharmacy team members had job descriptions and were observed working in accordance with dispensing SOPs throughout the inspection. For example, signing their initials on both the prescription form and medicine label to identify who had been involved in the dispensing process. A new trainee member of the team was not directly involved in the sale of Pharmacy (P) medicines. This member of the team was observed bringing requests for advice and for P medicines to the direct attention of the RP. One dispenser had completed additional training and worked in the role of an accuracy checking assistant (ACA). The RP explained how they physically annotated prescription forms to confirm a clinical check had been carried out prior to the ACA completing any final accuracy checks of medicines.

The pharmacy had an electronic near-miss error reporting record. And team members were in the process of adjusting to recording mistakes made during the dispensing process on this record. Team members were asked to look again at their work when a mistake was noticed by either the RP or the

ACA. They corrected their own mistakes and recorded details of the mistake on the electronic record. The records could be viewed at both pharmacy level and at head office level. And the system provided evidence of review at head office level which helped the SI's team address common mistakes through regular news bulletins to teams. The team also used the system to record dispensing incidents. There was evidence of root cause analysis investigations following incidents and of the actions the team had taken to reduce risk following adverse events. For example, different strengths of the same medicine had been separated on the dispensary shelves following an incident. And following a trend in near misses team members were applying additional checks when separating prescriptions into baskets to ensure only one person's prescription was in each basket. A member of the team led on clinical governance and completed monthly trend analysis reviews of adverse events. Notes from team discussions held as part of this review process identified contributory factors and details of the actions taken to help prevent similar mistakes occurring. And team members were familiar with the steps taken to reduce risk.

The pharmacy had a complaints procedure in place and this was advertised within its practice leaflet alongside its arrangements for managing people's information. There was a procedure in place for managing feedback. And a team member identified how the team had applied changes to how prescriptions ordered through the pharmacy's smart phone application (App) were processed following feedback. This involved ensuring people were informed of their medicines being ready for collection once they had been assembled. The pharmacy had procedures relating to safeguarding vulnerable adults and children. The team had access to contact details for local safeguarding teams and undertook training on the subject. A team member was confident when explaining the steps they would take to report a concern.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. And a sample of the RP record, prescription only medicine (POM) register, and specials records complied with legal and regulatory requirements. The pharmacy held its CD register electronically and entries within the register conformed to legal requirements. It maintained running balances and the RP undertook regular balance checks upon the receipt of stock. Full balance audits were completed at least monthly, and more regularly for some formulations of medicines used daily. A written record of patient returned CDs was maintained and returns waiting to be destroyed were clearly entered in this record. The pharmacy had information governance procedures in place. It held person identifiable information in staff only areas of the premises. And it had secure processes in place for destroying confidential waste. Team members completed training relating to managing confidential information and were confident when explaining how they would deal with a hypothetical scenario posed to them.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs suitably skilled team members to manage its workload. It monitors its workload and adapts its staffing and skill mix in response to identified changes. The pharmacy promotes a clear culture of openness and honesty. Team members demonstrate enthusiasm for their roles and they engage in continual shared learning to inform the safe delivery of pharmacy services. They work well together and understand how to provide feedback about the pharmacy and can raise a professional concern if needed.

Inspector's evidence

On duty during the inspection was the RP, three qualified dispensers (one of whom was the pharmacy manager), and a new trainee member of staff. The pharmacy also employed two more qualified dispensers (one of which was an ACA) and a pharmacy technician. The new trainee team member was appointed under the government kickstart scheme and was completing a six-month placement at the pharmacy. The pharmacy's workload had increased significantly since it had moved premises. The pharmacy had appropriately reviewed staffing levels and skill mix in response to this change in workload. Managed workload was up to date on the day of inspection and team members were observed working together well. The pharmacy had a daily task rota in place to help manage workload and team members had input into this. The rota had been changed recently in line with changes to some team members taking on additional roles.

The team demonstrated a committed approach to ongoing learning. This learning was normally completed through an e-learning provider and the pharmacy manager had oversight of all learning completed. The pharmacy encouraged team members to expand their roles. For example, the pharmacy technician led on the ear and hearing health service. And the ACA had been enrolled on an accredited pharmacy technician training course. The trainee team member was completing induction training and learning which focussed primarily on customer care. Team members engaged in a structured appraisal process to support their learning and development. The RP, who was the pharmacy's regular pharmacist, had worked as a provisional registrant and reported feeling well supported by the company during this time. The RP was now a mentor to a current pre-registration pharmacist employed by the company. This provided the pre-registration pharmacist with the option of seeking information from a person who had recently gone through their training year. And this role was in addition to the supporting roles of the tutor and training team. The mentorship role provided an opportunity for reflection and a chance to pass on valuable learning points.

Notices in the staff area of the pharmacy reminded team members of their roles and responsibilities. And of the steps to take to manage medicines commonly involved in adverse safety events. For example, pregabalin and gabapentin. The RP raised no concerns related to targets in place to support the delivery of some pharmacy services. The pharmacy had a whistleblowing policy in place and team members understood how to raise concerns at work. The team provided evidence of continual shared learning from patient safety reviews and weekly team briefings. And team members demonstrated recent actions taken to improve patient safety. For example, team members were marking prescriptions to identify new medicines or changes in medicine regimens. This helped inform the pharmacist's clinical check and ensured team members were looking at a person's medication history

when dispensing. Another recent change saw the team treat prescriptions for dressings as priority rather than leaving them to be processed with other managed workload. This meant that stock was ordered at the earliest opportunity and avoided any undue delay to the person receiving the dressings.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure. It offers a professional environment for delivering healthcare services. People using the pharmacy can speak with a member of the pharmacy team in confidence in a private consultation space.

Inspector's evidence

The pharmacy was secure and provided a professional image for the delivery of pharmacy services. Members of the pharmacy team followed an enhanced cleaning rota to help manage infection control risks associated with the current pandemic. And all areas of the pharmacy were clean and clutter free on the day of inspection. The premises consisted of a large open plan public area, two private consultation spaces, a good size dispensary, a storeroom and staff facilities. Lighting was bright throughout the pharmacy and air conditioning ensured the pharmacy stored medicines under 25 degrees Celsius.

The pharmacy's private consultation room was fully accessible to members of the public. And team members were able to socially distance adequately from people when in the room. The pharmacy also had a walk-in area where people could attend and speak to a team member through a hatch leading to the side of the dispensary. This area was mainly used by those accessing supervised doses of medicine. The pharmacy had plenty of space for completing tasks associated with the dispensing service. And workflow in the dispensary was organised well with separate areas for higher risk tasks such as the assembly of multi-compartment compliance packs.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy ensures its services are easily accessible. It obtains its medicines from reputable sources. And it stores these medicines safely and securely. Pharmacy team members are committed to engaging with people about their health and wellbeing. And they recognise and respond well to the individual needs of people accessing the pharmacy's services. Team members are particularly good at ensuring people receive appropriate information when they are supplied with their medicines. And they record this information to help inform continual care needs.

Inspector's evidence

People accessed the pharmacy through a push/pull door from street level. The public area was open plan and accessible to all. A poster advertised different ways the team could support people who had specific needs when accessing pharmacy services. The pharmacy had a designated healthy living display zone. This was currently being used to promote new services which had yet to be accessed by people, such as the allergy test and treat service and private consultation services. The RP had completed training ahead of providing these services. And had highlighted key points within the range of patient group directions (PGDs) to support the consultation process when supplying medicines through the services. The pharmacy also had up to date and legally valid PGDs in place to support the supply of varenicline tablets and emergency hormonal contraception. The ear and hearing health service had proved popular since its launch with members of the public self-referring into the service. Team members were aware of signposting requirements if the pharmacy was not able to supply a medicine or provide a service.

The team demonstrated a committed approach to providing person centred care and provided several examples of this throughout the inspection. For example, a team member was observed taking time with a member of the public to discuss their individual needs relating to ordering medicines and shared ways the pharmacy could support with this. A conversation with team members also identified how the team had taken time to engage with people who were experiencing loneliness throughout the pandemic. The RP had recognised a person was suffering with an undisclosed health concern when they had attended the pharmacy to access a service. And had worked together with the person to ensure they were put at ease and received the treatment they required. The team also continual care plans were in place for the person..

The pharmacy protected P medicines from self-selection as it displayed them behind clear screens to the side of the prescription reception counter. The pharmacy had procedures in place for managing higher risk medicines. And a range of recorded interventions took place when these medicines were supplied to people. For example, opioid therapy checks identified newly prescribed opioid medicines and changes in doses. This allowed the RP to check doses were suitable and provided an opportunity to ensure the person understood how to use their medicine correctly. The team highlighted prescriptions for CDs, including those not requiring safe custody. And a team member identified how this provided the opportunity to complete additional checks throughout the dispensing process. Recorded monitoring interventions were in place for other higher risk medicines such as warfarin and methotrexate and stickers were applied to bag labels to prompt these monitoring checks. The RP discussed the requirements of the Valproate Pregnancy Prevention Programme (PPP). The pharmacy did not currently

issue valproate to any person within the high-risk group. But it had the tools and information readily available to meet the criteria of the programme when needed.

The pharmacy team used full audit trails to support the safe delivery of its services. For example, in addition to team members signing the 'dispensed by' and 'checked by' boxes on medicine labels, they also completed an audit grid on prescription forms to identify who had taken in the prescription, who had labelled it, assembled it and who had completed the final accuracy check. In addition to dispensing audit trails the team kept records of medicines sent through its delivery service. It kept records relating to activity through the Weldricks App which allowed people to order prescriptions and provided an opportunity for people to send messages to the team. And the pharmacy maintained a full audit trail of the prescriptions it ordered following requests from people. This allowed the team to identify any missing items on prescription forms and either re-order them or contact the person if there was an issue with the prescription.

The pharmacy provided some medicines in multi-compartment compliance packs. The service was managed well using a work planner and diary. The pharmacy engaged people in individual assessments used to identify if a person was likely to benefit from having their medicines supplied in this way. It used patient profiles to record key information relating to the service. This included details of current medicine regimens and tracked details of any changes made. Assembled packs contained full dispensing audit trails and clear descriptions of each medicine inside the pack. And the pharmacy issued patient information leaflets routinely to people when supplying medicines in this way.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. It stored medicines in an organised manner, within their original packaging, on shelves throughout the dispensary. A date checking matrix confirmed team members carried out regular checks. The pharmacy identified most of its short-dated medicines with stickers. The team annotated open bottles of liquid medicines with the date of opening. Medicines storage inside the CD cabinet and the pharmacy fridge was orderly. The pharmacy's fridge was clean and a good size for stock held. The team recorded fridge temperatures daily (Monday-Saturday) and records identified medicines in the fridge were stored between two and eight degrees Celsius. There was also a data logger in place which provided continual temperature monitoring. The pharmacy had appropriate medicinal waste bins and CD denaturing kits available. It received medicine alerts through email and it maintained a record of the actions taken in response to these alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. And pharmacy team members act with care by using the equipment in a way which protects people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for children. Pharmacy team members had access to the internet and intranet. The pharmacy took care when managing people's information. For example, computers were password protected, and computer monitors faced into the dispensary. It stored bags of assembled medicines on designated shelving within the dispensary. This protected information on bag labels from authorised view. Pharmacy team members used cordless telephone handsets. And they were observed moving out earshot of the public area when a phone call required privacy.

The pharmacy team used crown stamped measuring cylinders for measuring liquid medicines. Equipment for counting capsules and tablets was also available. There was separate equipment available for counting and measuring higher risk medicines to reduce any risk of cross contamination. Equipment associated with the supply of medicines in compliance packs was single use. All equipment seen was in working order, and electrical equipment such as the pharmacy fridge was subject to scheduled safety checks.

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.