

Registered pharmacy inspection report

Pharmacy Name: Well, 7 High Street West, Glossop, Derbyshire, SK13 8AL

Pharmacy reference: 9011266

Type of pharmacy: Community

Date of inspection: 27/05/2021

Pharmacy context

This community pharmacy is located on a main road in the town centre. The pharmacy dispenses NHS prescriptions and it sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. Around 40% of prescriptions are sent to the company's hub to be dispensed. The inspection was undertaken 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	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 generally manages risks to make sure its services are safe, and it acts to improve patient safety. It completes the records that it needs to by law and asks its customers for their views and feedback. Members of the pharmacy team are clear about their roles and responsibilities. The team has written procedures on keeping people's private information safe and team members understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided. Members of the pharmacy team confirmed electronically via an e-Learning system that they had read and accepted the procedures. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. Team members were wearing uniforms and name badges showing their roles. The name of the responsible pharmacist (RP) was not displayed at the start of the inspection but this was rectified when pointed out.

Dispensing incidents were reported on an electronic reporting system 'Datix', which could be viewed at the pharmacy superintendent's (SI) office. The action taken to avoid a re-occurrence was recorded. Near misses were also reported on Datix and discussed with the pharmacy team. Monthly patient safety reports were completed by the pharmacy manager and sent to the SI office. Similar packaging and look-alike and sound-alike drugs (LASAs) were separated and a team member pointed out the separation of prednisolone and propranolol after a near miss. 'Safe and well' bulletins were sent from the SI office sharing learning within the organisation. Clear plastic bags were used for assembled CDs, insulin and compliance-aid packs to allow an additional check at hand out.

The risks of coronavirus to the pharmacy team and people using the pharmacy had been considered and the team had introduced several steps to ensure social distancing and infection control. Individual staff risk assessments had been completed and forwarded to head office. There was a Perspex screen at the medicine counter to reduce the risk of infection transmission and floor markers to remind people to maintain social distancing. All team members wore face masks and carried out twice weekly lateral flow testing. All team members, apart from one, had been vaccinated and this team member had organised a vaccination appointment.

A 'Customer Care' notice was on display on the consultation room door which gave the details of head office, in case of a complaint, and it also encouraged customers to give feedback. Insurance arrangements were in place. Private prescription and emergency supply records, the RP record, and the controlled drug (CD) register were appropriately maintained. The CD register was electronic. Records of CD running balances were kept and these were regularly audited. A CD balance was checked and found to be correct. Patient returned CDs were recorded on the electronic CD register and disposed of appropriately.

All staff completed annual training on information governance which included confidentiality. Confidential waste was collected in designated bins which were collected by a specialised disposal company. A dispenser correctly described the difference between confidential and general waste.

Assembled prescriptions awaiting collection were not visible from the medicines counter. Paperwork containing people's confidential information was stored appropriately. A privacy statement was on display, in line with the General Data Protection Regulation (GDPR). The pharmacy sent people's prescriptions to the hub pharmacy in Stoke without obtaining explicit consent from the person, which potentially breached their confidentiality. Details of the hub pharmacy were on the bag label and medication label. But people were assumed to have 'opted in' unless they objected, when their record would be changed to 'opted out'.

The pharmacy manager had completed Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. Other members of the team had completed safeguarding training appropriate to their role. A dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. The pharmacy had a chaperone policy, and this was highlighted to people.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together in a busy environment. They have the right training and qualifications for the jobs they do. Team members are comfortable providing feedback to their manager and they receive feedback about their own performance.

Inspector's evidence

The pharmacy manager was working as RP and there were two NVQ2 qualified dispensers (or equivalent) on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection. Planned absences were organised so that not more than one person was away at a time. Staff absences were covered by re-arranging the staff hours and there was some flexibility within the team.

Pharmacy team members carrying out the services had completed appropriate training. They completed ongoing training using the company's e-learning system. Staff were able to display their 'learning plan' which was a record of their completed training which included topics such as antibiotic guardianship and SOPs. Training was audited by head office and the pharmacy manager alerted to any outstanding training. The pharmacy manager explained that the team were currently working through the first eight SOPs as these had been recently reviewed.

Team members were given formal appraisals where performance and development were discussed, and they received positive and negative feedback informally from the pharmacy manager. Communication within the company was via the intranet and there was an online alerting system, which highlighted when new information was available, such as messages from the SI's office, and alerts and recalls.

The team discussed issues informally on a daily basis and concerns could be freely raised. A dispenser said she felt comfortable talking to the pharmacy manager about any concerns she might have and she felt comfortable admitting and discussing errors. There was a whistleblowing policy.

The pharmacy manager was empowered to exercise her professional judgement and could comply with her own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because she felt it was inappropriate. She said targets were set for services but most pressure came from meeting dealines, which were often challenging, and it was sometimes difficult to achieve everything that the team were expected to do.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a professional environment for people to receive healthcare services. The pharmacy has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

Inspector's evidence

The pharmacy premises, including the shop front and fascia, were clean and in a good state of repair. The retail area was free from obstructions and professional in appearance. There were two separate waiting areas with a chair in each area. The temperature and lighting were adequately controlled. The pharmacy relocated into the new premises around eighteen months ago and the pharmacy had been fitted out to a good standard. Maintenance problems were reported to Well support centre and the response time was appropriate to the nature of the issue.

Staff facilities included a small kitchen area and a WC with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand sanitizer gel was available. There was a consultation room, which was clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as vaccinations, and also when customers needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are generally well managed and easy for people to access. The pharmacy team members are helpful and give healthcare advice and support to people in the community. But it could do more to make sure people receiving compliance packs get enough information to take their medicines safely. The pharmacy sources, stores and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy had step-free access and there was a hearing loop on the medicine counter. Team members were clear what services were offered, but there was nothing on display to indicate this, so people might not be aware of the full range of services available. There was a range of healthcare leaflets available near the consultation room door, although they were not clearly visible from the rest of the pharmacy. The team were supplying free lateral flow tests and were actively promoting this service to people visiting the pharmacy.

There was a home delivery service with associated audit trail. The delivery driver had completed a Covid-secure training course and the service had been adapted to minimise contact with recipients. The delivery driver stayed a safe distance away whilst the prescription was retrieved from the doorstep, and they confirmed the safe receipt in their electronic records. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was quite limited in the dispensary but the workflow was organised into separate areas with a designated checking area. The dispensary shelves were reasonably well organised, but some could have been tidier, to reduce the chance of picking errors. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or a CD was prescribed. 'Speak to Pharmacist' stickers were used to highlight when counselling was required. The team were aware of the valproate pregnancy prevention programme. Valproate care cards were available to ensure people in the at-risk group were given the appropriate information and counselling.

Multi-compartment compliance aid packs were generally well organised. There was a form to record communications with GPs and changes to medication. Medicine descriptions were not usually added to aid identification, and packaging leaflets were not usually included, so people did not have easy access to all the required information about their medicines. Disposable equipment was used. An assessment was carried out as to the appropriateness of a compliance aid pack when new people requested to have their medicines dispensed in packs, but the pharmacy manager said most of the people using compliance packs had been referred by another healthcare professional, who had carried out an assessment prior to referral.

A dispenser explained what questions she asked when making a medicine sale and knew when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in a CD cabinet which was securely fixed to the floor. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Date expired and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Recognised licensed wholesalers were used to obtain medicines. Patient details were not always recorded when medicines were dispensed from 'Specials', so there might not be an accurate audit trail in the event of a problem or query. And this is not in-line with Medicines and Healthcare products Regulatory Agency (MHRA) requirements. No extemporaneous dispensing was carried out. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and recorded electronically. This was audited by head office. Short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins. Alerts and recalls were received from the superintendent's office via the online alerting system and could also be viewed directly from the intranet. These were read and acted on by the pharmacist or member of the pharmacy team.

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. They maintain the equipment so that it is safe and use it in a way that protects privacy.

Inspector's evidence

Current versions of the British National Formulary (BNF) and BNF for children were available and the pharmacist could access the internet for the most up-to-date information. There were two clean medical fridges. The minimum and maximum temperatures were being recorded daily and had been within range throughout the month. All electrical equipment appeared to be in good working order and had been PAT tested. Equipment was ordered through the Well support centre at head office and any problems with equipment (including IT) would be dealt with by them. There was a selection of clean liquid measures with British Standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy also had a range of clean equipment for counting loose tablets and capsules. Medicine containers were appropriately capped to prevent contamination. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. PMRs were password protected. Cordless phones were available in the pharmacy so staff could move to a private area if the phone call warranted privacy.

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.