

Registered pharmacy inspection report

Pharmacy Name: Well, Unit 1 Moorland Service Station, Moorland Road, Burslem, Stoke-on-Trent, Staffordshire, ST6 1JP

Pharmacy reference: 9011327

Type of pharmacy: Community

Date of inspection: 26/05/2021

Pharmacy context

This community pharmacy is located on a small service station in a residential area of Stoke-on-Trent. It relocated from its previous premises in 2020. The pharmacy dispenses prescriptions and sells a range of over the counter (OTC) medicines. It provides some medicines in multi-compartment compliance aid packs, to help make sure people take them at the right time and it also provides a home delivery service. The pharmacy offers additional services including emergency hormonal contraception (EHC) and a substance misuse treatment service. The inspection took place during the COVID-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 associated with its services. It maintains the records it needs to by law and it keeps people's private information safe. The pharmacy team members are clear about their roles and responsibilities. They record their mistakes to help them learn and improve and they understand how to raise concerns to safeguard the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) covering operational tasks and activities. The procedures were available electronically and were subject to regular review. Team members read the procedures and an audit trail was maintained confirming their acknowledgement. This was tracked by the pharmacist and also by staff working at the company's head office. There were two newly recruited team members who were still working through the procedures. Team members present on the day demonstrated a sound understanding of their roles. And a pharmacy assistant was able to clearly describe the activities which may or may not be completed in the absence of a responsible pharmacist. The pharmacy had suitable professional indemnity arrangements in place.

The pharmacy completed an annual audit to monitor adherence to the procedures that were in place. There had been some outstanding actions identified from the most recent audit that had been completed. These included ensuring all date checks were up-to-date and other paperwork-based actions. An action plan had been generated in response to this and the pharmacy was due a re-audit in the coming days.

Pharmacy team members recorded details of their near misses using an electronic system. The system produced a dashboard report which identified any patterns and trends. These were discussed verbally with the team and a paper record of the review was also kept. Although there had been some delays to recording in recent weeks. Team members discussed some of the actions that they had taken in response to near misses. This included separating medicines with similar packaging and the use of shelf edge label stickers to encourage additional care. Dispensing incidents were also recorded through the electronic system. Dispensing incidents were investigated by the pharmacist as well as the pharmacy's head office. There had been no recent dispensing incidents.

The pharmacy had a complaint procedure which was advertised and people using pharmacy services could also provide feedback verbally. The pharmacy participated in the NHS Community Pharmacy Patient Questionnaire and also received feedback through a mystery shopper style scheme. Feedback from the most recent visit was positive.

The correct responsible pharmacist (RP) notice was displayed near to the medicine counter and the RP log was generally in order. But there was a missing entry for 04 May 2021, so it was not technically compliant. Records for private prescriptions and emergency supplies were suitably maintained. But specials procurement records did not always contain patient details as an audit trail from source to supply. The pharmacy's controlled drugs (CD) registers kept a running balance and regular checks were

completed. The pharmacy also had a patient returns CD register.

Pharmacy team members received training on the General Data Protection Regulation (GDPR) and confidentiality. A pharmacy assistant discussed several ways in which she would ensure people's private information was kept safe. This included the appropriate storage of paper records in the pharmacy and checks of name and address when discussing personal information or handing out prescriptions. Confidential waste was clearly segregated and placed in a dedicated disposal bin, which was removed by an authorised external waste contractor. Team members held their own NHS smartcards and suitable use was seen during the inspection.

The pharmacist had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). She discussed some of the types of concerns that might be identified, especially in relation to supplies of emergency hormonal contraception. The contact details of local safeguarding agencies were accessible through the internet. The pharmacy had a chaperone policy, the details of which were displayed on a notice on the entrance to the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably trained for the roles in which they are working. They complete ongoing training and they feel comfortable to raise concerns and provide feedback on pharmacy services. But some short term staffing issues mean that team members are sometimes under increased pressure and they sometimes find it more difficult to complete non-urgent tasks.

Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside two pharmacy assistants. The pharmacy also employed three additional pharmacy assistants, one of whom was currently on long-term sick leave and another who worked part-time on Saturdays. Recently, the pharmacy had also employed two pharmacy students to provide further assistance at weekends. The workload in the pharmacy was busy. Due to the current sickness and previously planned staff holidays, the team had been working with a reduced number of staff for several weeks. The company had provided some relief support, but this did not cover all of the hours that were lost due to sickness. At the time of the inspection, the pharmacy was approximately half a day behind on the current dispensing workload. As the relief cover was usually provided in the latter half of the week, the team were usually complete the outstanding dispensing by the end of week. But this meant that there was a greater level of pressure within the branch and some non-urgent tasks were more difficult to complete. The ongoing challenges had been escalated through the appropriate management structure. In order to try and manage staffing levels, the team planned leave in advance and restrictions were in place to ensure only one team member was off at a time.

Several suitable sales were observed during the inspection. Team members were seen to ask appropriate questions relating to the sale of medicines and they provided associated counselling on use. Queries were referred to the pharmacist.

Pharmacy team members were trained for the roles in which they were working. They completed additional ongoing training through an online platform. The company released compulsory modules for team members to complete and time was provided during work hours for this. The training system also provided additional modules that team members could complete at their discretion and for their own independent learning. Any additional modules were completed in their own personal time. Feedback was provided verbally on an informal basis and an appraisal system was also in place, although the pandemic had caused some delays to this process. The pharmacist confirmed that she was due to complete the appraisals shortly.

The team worked closely together and were happy to discuss any issues and raise concerns. The team were comfortable to approach the pharmacist in charge and were aware of the management structure to escalate concerns if the need occurred. The team were also able to contact the superintendent pharmacist and their team directly. And a whistleblowing policy was in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services. It has a consultation room which pharmacy team members use to speak to people in private. But some areas in the dispensary are cluttered which may detract from the overall professional appearance.

Inspector's evidence

The pharmacy was in a good state of repair and had been fitted to a high standard. There was adequate lighting throughout and air conditioning was installed to maintain a temperature suitable for the storage of medicines. Pharmacy team members completed house-keeping duties and the main retail area of the pharmacy was clean and tidy on the day.

The retail area was spacious and stocked a range of products which were suitable for a healthcare-based business. Pharmacy only medicines were restricted from self-selection. Off the retail area was a consultation room, which was fitted with a lock. The room was equipped with a desk and seating to facilitate private and confidential discussions and a supervision hatch was also installed.

The dispensary was suitably sized for the volume of dispensing. There were dedicated areas for multi-compartment compliance aid pack dispensing and general repeat dispensing, each had an appropriate amount for work bench space and additional storage on shelving units. There were some areas of the pharmacy which were cluttered, particularly the main dispensing area. There were some obstructions on the floor which may cause a trip hazard and work benches were full of paperwork, which may impact on the space available for dispensing. The pharmacy had a sink equipped with hot and cold water and additional cleaning materials were available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible and well organised, so people receive appropriate care. But it could do more to identify people on high-risk medications to make sure they get all the information they need about their medicines. The pharmacy generally stores and manages its medicines appropriately.

Inspector's evidence

The pharmacy had step-free access from the main entrance and an automatic assist button was installed to aid wheelchair access. The pharmacy also had a hearing loop on the medicine counter. The opening hours of the pharmacy were stated in the entrance window and its services were advertised through a variety of promotional leaflets and posters which were displayed throughout the retail area. Additional health promotion materials were also displayed, and the pharmacy team had an awareness of other local services in the area, so that people requiring other services could be appropriately signposted. A patient who presented on the day was seen to be signposted to a local walk-in centre.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Pharmacy team members signed 'dispensed' and 'checked' boxes on dispensing labels as an audit trail to identify those involved in the dispensing process. The pharmacy did not routinely identify prescriptions for high-risk medicines or keep records of monitoring parameters for INR readings for people on warfarin. The pharmacist was aware of the risks regarding the use of valproate-based medicines in people who may become pregnant. The relevant safety literature was available when making supplies.

The pharmacy provided a repeat prescription service. People were asked to identify the medications which were required for the next month. The pharmacy placed repeat prescription orders with the GP surgery and kept audit trails to help identify unreturned prescriptions or discrepancies. The majority of the pharmacy's repeat prescriptions were sent for dispensing at a nearby dispensing hub. Patients provided consent for this when the service was initially launched. If consent was not provided, then this was marked on their record to ensure that the prescription was dispensed at the pharmacy instead. Prescriptions were labelled using the patient medication record (PMR) system, they were then clinically checked by the pharmacist and were transmitted to the hub for dispensing. Prescriptions were returned in sealed tote boxes and they were matched with any items which were dispensed in branch.

The pharmacy supplied over 100 people with medications in multi-compartment compliance aid packs. This included some supplies to a small local care home. The community-based packs were managed using a four-week system. Master records of medications were held for each patient and these were amended to reflect any changes made to medicines. Completed compliance aid packs had patient details on the front of each pack, a backing sheet provided brief descriptions of each medicine and patient leaflets were supplied. The pharmacist managed the medicines that were supplied to the care home, in conjunction with the team at the home. Care home team members ordered prescriptions that were required for each patient. Once prescriptions were received, they were checked against a master record and the pharmacist queried any identified changes with the care home staff. Medicines were

supplied in individual compliance aid packs, which contained one medicine per pack. Packs were colour coded according to administration time.

The pharmacy sourced its medicines from reputable wholesalers and specials from a licensed manufacturer. Medicines were stored in the original packaging provided by the manufacturer and they were arranged in an organised manner on the dispensary shelves. The pharmacy completed regular date checking. Short dated medicines were identified and recorded. Medicines which were due to expire were then removed from the shelves at the end each month. Expired and obsolete medicines were disposed of in bags marked for pharmaceutical waste. The pharmacy received medicine recall notifications through an electronic system and an audit trail was kept recording the details of the action that had been taken in response.

The pharmacy had two refrigerators, which were each fitted with a maximum/minimum thermometer. The temperature was checked and recorded, but there were a small number of gaps on one of the temperature logs. So, the pharmacy may not always be able to show that they store fridge medications at the right temperature. Both refrigerators were within the recommended range on the day. CDs were stored appropriately with expired and returned CD segregated from stock medicines. Random balance checks were found to be correct. The pharmacy used a Methameasure device for the management of the substance misuse service.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy had the necessary equipment and facilities to deliver its services. Team members use the equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to paper reference sources including the British National Formulary (BNF), further resources were also available via internet access. The pharmacy had approved glass measures available for measuring liquids and counting triangles for tablets. The Methameasure device was calibrated each morning.

Electrical equipment appeared to be in working order. Computer systems were password protected and screens were all positioned out of view. The pharmacy had cordless phones to enable conversations to take place in private. The pharmacy had additional equipment to help manage infection control in light of the COVID-19 pandemic. This included Perspex screens at the medicine counter and PPE for team members.

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.