

Registered pharmacy inspection report

Pharmacy Name: Little Sutton Pharmacy, 381 Chester Road, Little Sutton, Ellesmere Port, Cheshire, CH66 3RQ

Pharmacy reference: 9011486

Type of pharmacy: Community

Date of inspection: 24/06/2021

Pharmacy context

This is a traditional community pharmacy that recently re-located to a new, larger premises. It is situated on a parade of shops in the town centre. NHS dispensing is the main activity and the pharmacy also provides a number of other NHS services and sells a range of over-the-counter medicines. The inspection was carried out 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

Members of the pharmacy team follow written instructions to help them work safely and effectively. They record things that go wrong so that they can learn from them. And they take action to stop the same mistakes from happening again. The pharmacy keeps most of the records that are needed by law. Staff know how to safeguard vulnerable people. And they know how to keep private information safe.

Inspector's evidence

The pharmacy had a full set of written SOPs in place, most of which were dated to show they had been introduced in 2019. The original review dates had been 2020 or 2021 and labels had been attached to each SOP indicating that the next review was intended in 2022. Each SOP included a declaration that had been signed by staff to confirm reading. But some of the signature dates were before the review date, so it was not clear whether staff had read the most recent versions. This means there may be a risk that people are not always following current procedures.

Dispensing errors were recorded in a book using a proforma that included a root cause analysis. The most recent example involved the supply of levomepromazine capsules that were a month past their expiry date. The expiry date had been highlighted to show it was short, but this had not been noticed when the medicine was checked. Staff had been reminded to update the date checking matrix regularly and remove any expired stock. Near miss incidents were recorded separately and the pharmacist confirmed that he reviewed them monthly to identify learning points. But this was not recorded so some learning opportunities could be missed. A dispenser gave an example of separating pantoprazole stock from pravastatin, to avoid picking errors.

A responsible pharmacist (RP) notice was prominently displayed behind the medicines counter. Staff roles and responsibilities were described in the SOPs. And dispensing labels were initialled by dispenser and checker to provide an audit trail. The pharmacy had a complaints procedure in place, but it was not advertised so people may not know how they can give feedback. A current certificate of professional indemnity insurance was available.

An electronic controlled drugs (CD) register was in use and appeared to be in order. Running balances were recorded and a quarter of the CD balances were audited each week, so that all the stock was checked every month. Patient returned CDs were recorded separately in a paper register. Records of RP, unlicensed specials, and private prescriptions were in order. Emergency supplies were recorded on the patient medication record but there wasn't a separate record kept as required by law which means it would be difficult to properly audit these supplies.

An information governance policy was in place and staff had completed training. Confidential waste was collected separately in a large bin for destruction by a specialist contractor. There was no privacy notice on display so people using the pharmacy may not know how their personal information is handled.

A safeguarding policy was in place and all staff had completed training. The pharmacist and the technicians had completed level 2 or level 3. A flow chart was available outlining the local reporting

procedures and giving details of local contacts. The pharmacist described how he had recently contacted the safeguarding board to report concerns about a patient who was unable to properly look after themselves.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to safely manage the workload and they receive the training they need for the jobs they do. Members of the team work well together and they ask for help if they need it.

Inspector's evidence

There was a pharmacist manager, who worked regularly as the RP, and a pre-registration pharmacist. The pharmacy employed two pharmacy technicians, one of whom had trained to be an accuracy checking technician but was not currently used as such. There were also three dispensers, two of whom were training to be pharmacy technicians, two part time medicines counter assistants and three delivery drivers. During the inspection the pharmacy team were kept busy but managed the workload effectively. All staff had completed appropriate training for their roles, and their training certificates were displayed in the retail area. A dispenser explained that staff completed various other training courses from time to time, such as safeguarding training.

The medicines counter assistant gave examples of questions she would ask when selling medicines, based on the WWHAM sales protocol. She said she would refer to the pharmacist if unsure. She was aware that codeine products were liable to abuse and said she would refer to the pharmacist if she noticed anyone asking for anything regularly. The pharmacist worked in an area where there was good oversight of the medicines counter.

Members of the pharmacy team appeared to work well together and had good rapport with customers. A whistleblowing policy was available if they needed to report any concerns. There were no specific performance targets set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is fitted out to a good standard and well maintained. It is clean and hygienic, and it provides a suitable environment for healthcare. But storage of medicines in the consultation room may limit its usefulness and could be a security risk.

Inspector's evidence

The pharmacy had been fitted out to a good standard and was clean and tidy. The dispensary had enough clear bench space to allow safe working and a separate room was used to assemble multi compartment compliance aids.

The pharmacy had limited the number of customers allowed in the shop to three at a time to aid social distancing during the pandemic. This was explained by a notice on the entrance door. Perspex screens were fitted on the medicines counter to protect against the spread of infection. The pharmacy team had access to Personal Protective Equipment and wore protective face masks throughout the day. Hand sanitiser was available in all areas.

There was a dispensary sink and a separate sink in the toilet. Both were fitted with hot and cold water. Air conditioning was fitted, and all parts of the pharmacy were well lit. The entrances to the pharmacy were lockable and protected by metal shutters. A consultation room was available for privacy. It was clean and tidy and suitably equipped. However, the room was being used to store some dispensed medicines awaiting collection, which could be a security risk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services and they are easy to access. It manages them effectively so that people receive appropriate care and get the advice they need. It obtains medicines from licensed suppliers, and it carries out checks to make sure that they are kept in good condition.

Inspector's evidence

The pharmacy entrance had a conventional door with a large button that activated automatic opening. There was a small step but a prominent notice on the door advised wheelchair users that a portable ramp was available on request. Almost all leaflets had been removed from the retail area because of the risk of spreading infection. There were a few information posters, but little information about the pharmacy's services. So people may not always know what services are available.

The pharmacy offered a delivery service. The pharmacist confirmed that the driver kept a record of deliveries that he completed after checking the patient's name and address were correct at the doorstep. A note was left if there was nobody home to receive the delivery and the medicines were returned to the pharmacy.

Dispensing baskets were used to keep individual prescriptions separate and avoid medicines being mixed up during dispensing. Dispensed medicines awaiting collection were bagged and kept on shelves in the dispensary and the consultation room. Prescription forms were filed separately in alphabetical order so that they could be retrieved when the medicines were handed out. Stickers were added to the bags to highlight when controlled drugs were present, so staff could check the prescription had not expired before handing out. The pharmacist confirmed stickers were also used to highlight medicines where counselling was needed. For example, when patients were prescribed warfarin so that they could be asked to show their INR results. Staff were heard confirming the patient's name and address before medicines were handed out, to make sure they were correctly identified.

The pharmacist was aware of the risks associated with the use of valproate during pregnancy. He had previously completed an audit of valproate prescribing and did not believe the pharmacy currently had any patients who met the risk criteria. He knew that such patients should be counselled, and all stock pack of valproate included educational material. However, the pharmacist was not able to locate any additional educational material, so may not be able to supply if part packs were dispensed.

The pharmacy supplied medicines in multi-compartment compliance aids (MDS) for some people, to help them take their medicines at the right time. A record sheet was kept for each patient showing their current medication and dosage times. This information was checked against repeat prescriptions and any changes would be confirmed with the surgery. The MDS trays were labelled with descriptions so that individual medicines could be identified. And the dispenser confirmed that patient information leaflets were routinely supplied.

The pharmacy obtained stock medicines from licensed wholesalers and also from a 'warehouse' at another branch. Unlicensed specials were ordered from a specials manufacturer. No extemporaneous dispensing was carried out.

Stock medicines were stored in orderly fashion. Expiry date checks were carried out every six months

and recorded. The records showed that checks were a few weeks overdue. Short dated medicines were highlighted and listed so that they could be removed from the shelves at the appropriate time. There were two medicines fridges, which were clean and tidy and equipped with thermometers. The maximum and minimum temperatures were recorded daily and had generally remained within the required range. Controlled drugs were appropriately stored. Waste medicines were disposed of in dedicated bins that were collected periodically by a specialist waste contractor. Drug alerts were received by e-mail from MHRA. The e-mails were checked by the pharmacist or a technician and records were kept to show that they had been actioned.

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. Equipment is appropriately maintained so that it is safe to use, and it is used in a way that protects privacy.

Inspector's evidence

The pharmacy had various reference books, including recent editions of BNF, and the team could also access the internet for information. Calibrated measures were used to measure liquids.

Electrical equipment appeared to be in good working order and stickers showed that PAT testing was next due in September 2021. A blood pressure meter was in use. There was no record of calibration, but the pharmacist said the machine it had only recently been replaced.

The dispensary was screened to provide privacy for the dispensing operation. The consultation room was used for services that required privacy and for confidential conversations and counselling. A cordless phone was available so that phone calls could be made without being overheard. Pharmacy computers were password protected and screens were positioned so that they were not visible to the public.

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.