

# Registered pharmacy inspection report

**Pharmacy Name:** Weldricks Pharmacy, Unit 2, 87 Amersall Road,  
Doncaster, South Yorkshire, DN5 9PQ

**Pharmacy reference:** 9011552

**Type of pharmacy:** Community

**Date of inspection:** 01/12/2021

## Pharmacy context

The pharmacy is in a residential suburb of Doncaster, South Yorkshire. It relocated to its new premises in March 2021. The pharmacy's main services include dispensing NHS prescriptions, selling over-the-counter medicines and providing advice to support people in managing common ailments. The pharmacy offers people an option to collect their medicine from an onsite locker within the pharmacy. 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.5	Good practice	The pharmacy encourages its team members to regularly feedback their ideas. And it is good at using this feedback to help inform the safety and quality of its services.
<b>3. Premises</b>	Good practice	3.2	Good practice	The pharmacy's consultation spaces are of a high standard. And they include a dedicated private consultation space for managing supervised medicine services.
		3.3	Good practice	Pharmacy team members regularly follow an enhanced cleaning regimen to help manage the risks associated with the pandemic. And they use specialised equipment to appropriately manage the health and safety risks associated with cleaning floors.
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy team uses technology well to promote access to pharmacy services. And to effectively communicate with people about their individual needs.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy efficiently manages the risks associated with providing its services. It has clearly written procedures which are reviewed regularly. And these procedures are largely followed to support the safe and effective delivery of the pharmacy's services. The pharmacy clearly advertises how people can provide feedback and it keeps people's private information safe and secure. The pharmacy generally keeps the records it needs by law. It encourages its team members to actively reflect on any mistakes made during the dispensing process. Pharmacy team members engage in regular discussions about patient safety. And they act swiftly to reduce the risk of making similar mistakes again. They understand how to act to help safeguard vulnerable people.

### Inspector's evidence

The pharmacy undertook risk assessments and used information provided by its head office support team to deliver its services safely during the pandemic. This included completing regular COVID-19 risk assessments and reviewing access arrangements into the pharmacy following the easing of restrictions in July 2021. The public area of the pharmacy was large and people visiting the pharmacy during the inspection were seen to socially distance from others. Members of the pharmacy team encouraged the use of face coverings by members of the public. And they wore type IIR face masks themselves whilst working. Supplies of other personal protective equipment and hand sanitiser were readily available. Some team members opted to wear disposable gloves. A team member was observed appropriately doffing the gloves and replacing them after handling some waste medicines. The dispensary was a good size and this meant team members could generally maintain social distancing whilst working. The team followed an enhanced cleaning rota which included regular cleaning of public spaces, including the onsite collection lockers.

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. The superintendent pharmacist's (SI's) team reviewed the SOPs on a rolling calendar rota. This meant pharmacy team members completed ongoing training related to one-two SOPs every month. And the electronic system clearly highlighted the recently reviewed SOPs.

Pharmacy team members had job descriptions and were generally 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 check of completed prescription forms identified some very minor gaps in audit grids used to identify who had labelled, assembled and accuracy checked items on the prescription. The pharmacy employed an accuracy checking technician (ACT) . But the team did deviate from practice identified in a SOP designed to support the role of non-pharmacist accuracy checkers. This was because the SOP identified that the clinical check of a prescription should take place prior to or during the assembly and labelling stage of the dispensing process. But during busy periods the pharmacy used a system where the ACT completed the accuracy check and segregated bags of assembled items until the RP had time to clinically check the prescription. The clinical check was recorded. And bags of assembled items were not released to the ready for collection or delivery area until this check had taken place. The team had appropriately

considered the risks associated with the practice observed. But it had not considered applying for a local amendment to the SOP to support team members working in this way. Members of the team in training roles were observed referring queries to the RP as required. And they were confident when outlining the tasks that could not take place if the RP took absence.

The pharmacy had an electronic near-miss error reporting record. Pharmacy team members were asked to review their own work when a mistake was identified. And they corrected their own mistakes as much as possible. The RP and ACT encouraged team members to record details of their mistakes on the electronic record. And general compliance with reporting was noted. A reduction in reporting during a recent busy period had prompted a discussion about the importance of sharing learning through reporting. And this was seen to have had a positive reaction through an increased compliance in reporting during November 2021. The pharmacy also reported dispensing incidents electronically. And a review of these reports found good documentation of the steps taken to reduce a similar mistake occurring. Physical checks of the dispensary environment found that the team had applied these risk reduction actions. For example, sildenafil and sumatriptan were stored separately and clearly highlighted with warning labels using tall man lettering. This helped to prompt additional checks during the dispensing process.

The pharmacy's reporting system produced a monthly patient safety report. And the team used this report to hold reflective discussions focussing on risk management. In recent months the team had expanded the patient safety review to discuss and document more details of how they worked to identify and manage risk. This approach supported continual shared learning of both local risk and wider risk. And the SI's team supported this learning by sharing examples of common mistakes reported across the company. For example, learning during a recent review had focussed on reducing the risk of hand-out errors. And this had prompted a review to ensure that team members physically signed bag labels when completing an address check with the patient or their representative collecting the medicine.

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 discussed how they would manage a concern by listening to the person and establishing their expectations. Pharmacy team members were knowledgeable about the steps required to escalate a concern if necessary. The pharmacy stored all personal identifiable information in staff only areas. And team members completed learning related to data protection and confidentiality requirements through e-learning and reading SOPs. The pharmacy had secure processes in place for disposing of confidential waste. Mandatory training arrangements for team members also included learning related to safeguarding vulnerable people. Pharmacy professionals had completed level two safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). Contact information for local safeguarding teams was readily available. And a team member discussed how they would identify and manage a safeguarding concern.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. The pharmacy's RP record was generally kept in accordance with requirements. But an oversight had led to a gap in the record between 28 September 2021 and 6 October 2021. This was able to be rectified during the inspection. The pharmacy held its prescription only medicine (POM) register electronically. There was a need to improve the accuracy of the record as team members did not always record details of the prescriber accurately. And on at least one occasion in the sample of private prescriptions examined a team member had not made a record of a private prescription. This was because it had been dispensed on the patient medication record (PMR) system as a NHS prescription in error. The pharmacy maintained its specials records in accordance with the

requirements of the Medicines and Healthcare products Regulatory Agency. It held its CD register electronically and entries within the register conformed to legal requirements. It maintained running balances and team members undertook regular balance checks, at least monthly and more often for commonly used medicines. Team members were also encouraged to physically check quantities against the register when entering the receipt or supply of a CD. The pharmacy maintained a written record of patient returned CDs and it kept this record up to date.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough skilled and knowledgeable people working to provide its services safely. It appropriately reviews its staffing levels and monitors its skill mix. The pharmacy supports its trainee team members through regular and structured reviews. Pharmacy team members are enthusiastic about their roles. They work well together and support each other in delivering the pharmacy's services in a busy environment. The pharmacy encourages feedback from its team members. And it demonstrates how it listens to and responds to feedback to inform the quality and safety of its services.

### Inspector's evidence

On duty during the inspection was the RP (pharmacy manager), two qualified dispensers (one of which was the pharmacy supervisor), the ACT, and two trainee pharmacy assistants. Both trainees on duty were enrolled on a GPhC accredited course relevant to their role. The pharmacy had extended the contract of a trainee employed through the government's Kickstart scheme to cover a team member's long-term planned leave. The pharmacy also employed another trainee pharmacy assistant who was not on duty during the inspection. A company-employed delivery driver supported the pharmacy's medicine delivery service. The RP explained that the company were actively reviewing skill mix and staffing levels within the pharmacy. This was due to recent changes in skill mix due to some experienced team members leaving. And the review was also in response to a rise in dispensing workload. The pharmacy was busy throughout the inspection and team members were observed working well together to manage both acute and planned workload.

Pharmacy team members had access to ongoing learning relevant to their roles. For example, the pharmacy supervisor had undertaken specific leadership and management training to support their role within the team. All team members completed regular e-learning through a pharmacy training provider. Much of the learning covered recently through the e-learning platform related to the NHS Pharmacy Quality Scheme (PQS). The pharmacy was committed to supporting its team members in training roles by providing some protected learning time for them at work. And other team members reported receiving time and support to complete their learning. The pharmacy was supported in monitoring learning by a training team at its head office. This helped to ensure that team members worked through their learning at an agreed pace. All team members in training roles were supported through regular performance and development reviews. And the pharmacy had a structured appraisal process to support all team members. The current cycle of appraisals was reported to be running behind schedule due to the pandemic. But the appraisal process had begun with the RP having their appraisal recently with the pharmacy's area manager. The pharmacy did have some targets in place related to the delivery of its services. The RP confirmed that the targets were realistic. And he was clearly able to apply his professional judgement when delivering the pharmacy's services.

Pharmacy team members communicated well with each other. Team meetings were held frequently and the pharmacy kept notes of the discussions held in general 'team huddles' and from patient safety review meetings. The notes identified learning points to help drive continual improvement. The pharmacy had a whistleblowing policy and team members felt able to raise concerns and provide feedback at work. There was a clear culture of openness and honesty within the team. And multiple

examples of how staff feedback was used to inform the safe delivery of pharmacy services was provided. For example, one team member was trialling working shorter hours over more days after they had identified a potential concern over their concentration levels being affected by long days. And the team had introduced stickers on baskets of part-assembled medicines to help identify what day and time the stock was due in, and which wholesaler the stock was ordered from. This process had been introduced following a team member working at another of the company's pharmacies.

## Principle 3 - Premises ✓ Good practice

### Summary findings

The pharmacy is well designed for current and future services . It is secure and maintained to a good standard. It offers a bright, clean, and professional environment for delivering its services. Private consultation spaces are fully accessible. And these spaces are clearly designed with clinical services in mind.

### Inspector's evidence

The pharmacy consisted of a large open plan public area, dedicated private consultation spaces, a good size dispensary, an organised stock room, a staff kitchen, and staff toilet facilities. The pharmacy's onsite secure lockers were located to the side of the public area. Pharmacy team members could observe and support people using the lockers if required. Workflow in the dispensary was efficient with clearly designated space for labelling, assembly and accuracy checking. And the team used quieter areas to manage higher risk tasks. For example, handling and assembling controlled drugs. The pharmacy's private consultation spaces included a spacious consultation room, and a protected room providing access to a hatch leading into the dispensary. This room provided extra privacy for people attending for supervised doses of medicine. In addition to these rooms the pharmacy had another large consultation room. This room was not yet in regular use but it supported the pharmacy in potentially expanding its consultation services in the future.

The pharmacy was secure and fitted out to a good standard. For example, its consultation spaces were designed well with clinical services in mind. This included impermeable vinyl flooring which came part-way up the wall. The layout of the pharmacy supported the potential for future growth of both dispensing workload and of consultation services. The pharmacy was clean throughout with cleaning rotas used to support an enhanced cleaning regimen. The pharmacy had been provided with a specialist floor cleaner to help prevent health and safety risks when cleaning vinyl flooring. Lighting was bright and air conditioning helped to ensure that the pharmacy stored its medicines in appropriate temperature conditions.



## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy makes its services accessible to all by providing a range of access options to support people's individual needs. It uses technology well to promote its services and to communicate with people. The pharmacy has written procedures to support its team in managing its services safely. It obtains its medicines from reputable sources. And it stores its medicines safely and securely. Pharmacy team members recognise the risks associated with the pharmacy services provided. And they generally act with care to manage these risks.

### Inspector's evidence

People accessed the pharmacy through an automatic door from street level. Onsite carparking was available for people commuting to the pharmacy by car. The public area of the pharmacy was open plan and accessible to all. The pharmacy had a designated health promotion area and a poster advertised different ways the team could support people who had specific needs when accessing pharmacy services. The pharmacy had a designated waiting area with wipeable seating. And hand sanitiser was available in the public area for people to use. The pharmacy protected P medicines from self-selection as it displayed them behind plastic screens to the side of the prescription reception counter. Notices informed people to seek staff assistance when selecting medicines from behind the screens. And team members monitored this area closely and intervened quickly to support people requiring these medicines.

The pharmacy promoted use of the Weldricks smartphone application (App). The App allowed people to communicate with pharmacy team members about their prescriptions. Team members completed customer service training as part of their induction process. And regularly communicated with people through the App. For example, by informing people their medicines were ready for collection. Team members sent bespoke messages for people, and in these circumstances, they would often ask another team member to check the message to ensure it was written clearly.

The pharmacy promoted the use of its secure lockers by displaying large print information about how people could access them. And all team members had received training in how the locker system worked and had immediate access to the relevant SOP to refer to if needed. People were able to collect their medicines from the locker using a secure code sent to them via the App. Team members copied and pasted the code from the internal locker management system into the App messaging service to avoid any risk of a transcription mistake occurring. This also provided team members with the opportunity to double check the person's details prior to sending the code. People could also ask for a 'click and collect' order placed through the company's website to be put into a locker. Pharmacy team members recorded consent for the use of the lockers on a person's medication record (PMR). And they recorded the preference to use the locker on the PMR. The SOP contained guidance related to medicines that were not suitable for placement in the lockers. For example, schedule 2 and 3 CDs, higher risk medicines requiring counselling and medicines subject to cold chain storage requirements. And the RP used their professional judgement when assessing whether a medicine was suitable for placement within a locker. For example, the team would not place a new medicine which required additional counselling in a locker. In these circumstances the pharmacy team informed the patient via the App that they would need to collect the medicine from the pharmacy counter. The pharmacy held

prescriptions associated with the bags of assembled medicines placed in the lockers in a separate retrieval system. And team members checked the internal locker management system daily to check which medicines had been retrieved. These prescriptions were then removed and filed along with other completed prescriptions. The pharmacy had a master code to fill the lockers. This code also allowed lockers to be opened and the contents checked. For example, if a RP needed to intervene up to the point of collection. The lockers were on registered premises and the RP remained accountable for the safe handout of the medicines within the lockers. Team members understood that this meant the lockers could not be used in the absence of the RP. And the lockers were suitably fitted with an off switch to prevent them from being used in these circumstances.

Pharmacy team members understood the importance of promoting services to people. And the RP reflected on positive feedback received through the time taken with people to complete New Medicine Service follow-up consultations. Patient group directions (PGDs) associated with the administration of flu vaccinations, emergency hormonal contraception and medicines supplied through a local ear care service were up-to-date and accessible to the RP. The pharmacy had completed a good number of flu vaccinations within the current season due to an increased demand from members of the public. The ear care service was fully accessible and the RP had completed specific training to enable him to provide the service for people.

The pharmacy had procedures to support it in managing higher risk medicines. And a range of additional checks took place when the pharmacy supplied these medicines. For example, opioid 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 recorded medicines dispensed through the substance misuse service on the PMR and within the separate record associated with the service. And the RP led this service with support from the ACT. Counselling took place to ensure people on medicines such as warfarin attended regular monitoring checks. But the pharmacy team did not take all opportunities to record this counselling on people's medication records if people did not present monitoring records. For example, some records for warfarin did not show any counselling notes despite the RP explaining that people were prompted to bring their monitoring records next time they collected their medicines. The pharmacy was awaiting stock of the newer steroid emergency card. But the RP was aware of the card and had signposted a person to the local surgery to obtain one when required. The pharmacy team reported that they did not routinely make any supplies of valproate to people requiring a valproate Pregnancy Prevention Programme (PPP). But had the information and tools to provide if presented with a prescription for a person who required a PPP. And a discussion took place about the appropriate use of valproate patient cards and placement of labels on valproate packaging.

The pharmacy team used colour coded baskets to help inform the priority of its workload. It used 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 used an audit grid on prescription forms. They also kept records of medicines sent through its delivery service. 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 medicines in multi-compartment compliance packs to a handful of people. Most people requiring this service were managed through the company's centralised delivery pharmacy. No assembled compliance packs were available for inspection. But a team member demonstrated how the packs were supplied. The pharmacy completed suitability assessments for each person on this service. And 'patient control' sheets were used to record medication regimens and

specific details of how the medicines were to be supplied. The team member confirmed that the packs assembled contained medicine labels, descriptions of each medicine inside and included a full dispensing audit trail. But it was reported that the pharmacy supplied patient information leaflets when the brand of medicine changed or when a new medicine was commenced, rather than at each dispensing. A discussion about routinely supplying these leaflets for each cycle of medicines took place between the inspector and supervisor.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. It stored medicines in an organised manner, generally within their original packaging, on shelves throughout the dispensary. Medicines not stored within their original packaging were stored in appropriately labelled boxes with their batch number and expiry date clearly recorded. A date checking matrix confirmed team members carried out regular checks. The pharmacy identified 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's medical fridges was orderly. The pharmacy used a separate fridge to store assembled medicines, and it held these in clear bags to prompt additional checks when they were collected or sent for delivery. The pharmacy recorded fridge temperatures daily (Monday-Saturday) and records identified medicines in the fridge were stored between two and eight degrees Celsius. There was also data loggers in place which provided continual temperature mapping.

The pharmacy had appropriate medicine waste bins and CD denaturing kits available. A team member was observed seeking guidance from the RP about the receipt of some patient returned medicines during the inspection. And the RP made himself immediately available to check the contents of a tote used to hold the waste medicines for controlled drugs. These were identified and the ACT acted immediately to manage the CD returns under the supervision of the RP. The pharmacy received medicine alerts through email and it maintained a record of the actions taken in response to these alerts. This included responding to its head office team to confirm each alert had been actioned.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. It applies regular monitoring checks to ensure its equipment remains fit for purpose. 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 and electronic reference resources available. These included the British National Formulary (BNF) and BNF for children. The pharmacy's computer system was password protected. And team members used NHS smart cards to access people's medication records. The pharmacy stored bags of assembled medicines in totes, on shelving within the dispensary. And it held prescription forms associated with these medicines in a retrieval file within the dispensary. Pharmacy team members used cordless telephone handsets. This allowed them to move out of earshot of the public area when a phone call required privacy.

There was evidence of periodic safety checks associated with the pharmacy's equipment. An electronic machine used to support the dispensing of substance misuse medicines was calibrated daily. And the machine was regularly maintained to ensure it was kept in working order. There was also a dedicated support line provided by the manufacturer to assist the team in case of a machine malfunction. And maintenance support for the electronic lockers was also available. The pharmacy team used crown-stamped measuring cylinders for measuring liquid medicines. Counting equipment was available for tablets and capsules. And it used separate equipment for measuring and counting some higher risk medicines. Equipment used to support the multi-compartment compliance pack service was single use.

### 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.