

Registered pharmacy inspection report

Pharmacy Name: Well, 974-976 London Road, Trent Vale, Stoke-on-Trent, Staffordshire, ST4 5NX

Pharmacy reference: 9011610

Type of pharmacy: Community

Date of inspection: 30/03/2022

Pharmacy context

This is a traditional community pharmacy located on a small row of shops. The pharmacy had been open for a few months after relocating from another premises. 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.

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 procedures to help them work safely. But they do not always keep records of things that go wrong. So they may miss some opportunities to learn. The pharmacy keeps the records it needs to by law. But some of its records are incomplete, so it may not always be able to show exactly what has happened if there are queries or concerns. Members of the team know how to keep people's private information safe. And they understand how to report concerns about vulnerable people.

Inspector's evidence

The pharmacy had a full range of electronic SOPs in place, with individual electronic training records for each member of the team. After reading the SOP a team member had to answer a number of test questions to check their understanding before the SOP training could be recorded as completed. Records could only be checked by going into each individual training folder, which required the individual to enter their personal access code. A technician demonstrated her own records, which were up to date with the exception of one SOP for substance misuse, but that was a service the pharmacy did not currently provide. The pharmacist explained that SOP completion was monitored by head office and e-mails were sent to advise if any was outstanding.

Dispensing errors were recorded electronically on the intranet (Datix). These were monitored by head office and normally followed up with an email to make sure the pharmacy had learned from what had happened. The pharmacist remembered a recent incident where date expired spironolactone had been supplied. He had discussed the incident with the team and reminded them to check expiry dates during dispensing. Near miss dispensing incidents were supposed to be recorded similarly on the Datix system, but only two incidents had been recorded during the previous month. The pharmacist admitted that most near miss incidents did not get recorded because it was time consuming to make the record. But he said near misses were always discussed by the team so that they could learn from them. He showed that pregabalin capsules were kept on a separate shelf from pregabalin tablets and explained that this had been done to help avoid picking errors, following a near miss incident.

A Responsible Pharmacist (RP) notice was prominently displayed in the retail area. Roles and responsibilities of team members were described in the pharmacy SOPs. All dispensing labels were initialled by the dispenser and checker to provide an audit trail. A complaints procedure was in place. There were no practice leaflets available to provide information about how to make comments or complaints but a notice in the retail area contained a correspondence address and explained complaints and feedback could be made in writing.

The pharmacy owner has provided evidence that current professional indemnity insurance was in place. RP records were generally in order but the times the RP had started and finished were not always recorded so there could be uncertainty about when the RP was actually in place. Records of Controlled Drugs (CDs) were maintained electronically and appeared to be in order. Running Balances were recorded and normally checked at the time of dispensing. Additional balance checks were completed occasionally. Two random balances were checked and found to be correct. A separate electronic record of patient returned CDs was kept, but it contained little information. For example, it did not record the

name of the patient who had returned the medicines. And several patient-returned CDs were present in the cupboard that had not yet been recorded. There was also an electronic record to show when CDs had been destroyed. This identified the witness but did not show who else had been involved, and it did not appear to be tamper-evident.

Records of private prescriptions were entered in a book but there did not appear to be any records of emergency supplies. The pharmacist explained that emergency supplies were recorded on the individual patient's computer record (PMR) but he was not able to produce a record showing all of the supplies that had been made. This meant the records could not be properly audited. Records of unlicensed specials were in order. Members of the team confirmed they had completed Information Governance training, but a recent refresher training course was overdue completion. The pharmacy technician explained how a dedicated bin was used for the disposal of confidential waste, which was then collected by a specialist company. The pharmacist and pharmacy technician had completed level 2 safeguarding training and all staff received in-house training. The pharmacy did not have a list of safeguarding contacts, but the pharmacist was aware that these could be found online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. The team members are properly trained for the jobs they do, and they complete extra training to keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy employed a regular pharmacist, a pharmacy technician, and a trainee dispensing assistant, who all worked full time, and there was also a part-time dispensing assistant. The team appeared to work well together and seemed able to manage the workload comfortably.

All members of the team were appropriately qualified for their roles, or in the process of completing the required training. They also completed additional training packages on various topics relevant to their role. Details of completion were recorded electronically, and these records were scrutinised by head office, who would chase up any outstanding training by sending an e-mail to the manager.

A whistle-blowing policy was in place and the trainee dispenser knew who he could speak to if he had any concerns. Members of the pharmacy team asked questions when they sold medicines over-the-counter, to make sure they were suitable for people. A range of veterinary medicines was displayed behind the medicines-counter, but members of the team admitted they were unsure about the requirements for selling them, such as whether it was permissible to sell multiple packs. So, there could be a risk of them making inappropriate sales. The team knew that some medicines could be abused or misused but was not aware of any current problems or of anyone making repeated requests for such medicines. The pharmacist did not feel under pressure to meet performance targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working and provides a suitable environment for healthcare.

Inspector's evidence

The pharmacy was clean and tidy. It had been fitted to a good standard and appeared to be well maintained. The dispensary was generally well organised and there was enough bench space available to allow safe dispensing. There was a dispensary sink for medicines preparation and a separate sink in the toilet for hand washing. Both were fitted with hot and cold running water. The toilet was clean and tidy. A gate at the side of the medicines counter was used to prevent unauthorised access to the dispensary but it did not fit properly so was difficult to close.

The retail area displayed a range of merchandise for sale. Some pharmacy medicines were displayed in the retail area but protected by Perspex covers to prevent self-selection. The pharmacist confirmed that the covers were effective and that people wanting to buy the medicines always asked a member of staff. Lighting was good throughout the pharmacy. Air conditioning was fitted to control the temperature. A consultation room was available for private conversations and consultations.

Members of the pharmacy team were not wearing PPE for protection against covid infection. The pharmacist explained that they had stopped wearing it when covid restrictions had eased, but they were still using hand sanitizer and regularly cleaning all surfaces. He confirmed that he still wore a face mask if he dealt with anyone in the consultation room. There were no restrictions on people entering the pharmacy, but footfall was normally low, so people were able to socially distance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy for people to access. The team's working practices are safe and effective so that people receive appropriate care and get the advice they need. The pharmacy gets its medicines from licensed suppliers, and the team carries out some checks to make sure that medicines are kept in good condition. But stock checks are not always recorded so the pharmacy cannot show when the checks were completed, and some medicines could be overlooked.

Inspector's evidence

The pharmacy entrance was level with the pavement and had a power assisted door. All areas of the retail area were accessible for wheelchair users, including the consultation room. Various leaflets and posters were displayed in the retail area, providing information about pharmacy services and other healthcare matters. No practice leaflets were available. The pharmacy offered a prescription collection and delivery service. The pharmacist explained that signatures were no longer obtained because of covid arrangements. The delivery driver now used an electronic device which kept an accurate record of where medicines had been delivered. If nobody was available to receive the delivery a note was left, and the medicines were returned to the pharmacy. Dispensed medicines awaiting collection were stored on a bay of shelves in the dispensary and a barcode system was used to locate the medicines and keep a record of supply. Prescription forms or tokens were retained and attached to the bags for reference when the medicines were handed out. Stickers were put on bags to indicate when a fridge line or CD needed to be added or to highlight high-risk medicines so that patients could be counselled. The pharmacist was aware of the risks associated with the use of valproate during pregnancy. All stock packs of valproate included appropriate warnings and additional educational material was available in case medicines could not be supplied in their original containers. The pharmacist thought there was currently only one patient who met the risk criteria and would ensure she had been appropriately counselled. Staff asked patients to confirm their address when medicines were handed out, to check they were being given to the correct person. Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing.

A few patients received their medicines in multi compartment compliance aids (MDS) to help them take the medicines at the right times. MDS trays were labelled with descriptions to allow the patient to identify individual medicines. The pharmacist confirmed packaging leaflets were always supplied when available. When prescriptions could not be dispensed in full owing slips were used to manage outstanding medicines. Medicines were obtained from licensed wholesalers and unlicensed specials were obtained from a specials manufacturer. No extemporaneous dispensing was carried out. Stock medicines were stored tidily in the dispensary in alphabetical order. The pharmacy team confirmed they had completed expiry date checks of all stock, but these had not been recorded. 'Use first' stickers were available to highlight any short-dated stock, but none were seen in use. A random selection of stock medicines were checked and no expired medicines were found.

There were two medicines fridges in use, both equipped with maximum/minimum thermometers. Records showed that the temperatures were checked daily and had remained within the required range. Another fridge was available in the staffroom to store food. Appropriate arrangements were in place for storage of Controlled Drugs. DOOP bins were used to collect waste medicines awaiting

disposal. Drug alerts and recalls were received electronically, and records were kept to show what action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Various reference books were available including a current BNF. The pharmacist was also able to access the internet. A range of crown stamped conical measures were available to measure liquids.

All Electrical equipment appeared to be in good working order. A blood pressure meter was available in the consultation room and was used to carry out blood pressure checks. It appeared fairly new but there was nothing to indicate when it had first been used or when it might need to be calibrated.

Prescriptions awaiting collection were stored so that they were not visible from the medicines counter. Pharmacy computers were password protected and computer terminals were not visible to the public. The dispensary was clearly separated from the retail area and generally afforded good privacy for the dispensing operation and any associated conversations or telephone calls. A consultation room was available and kept clean and tidy.

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.