

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 1 Livingstone Road, Nottingham,  
Nottinghamshire, NG3 3GG

**Pharmacy reference:** 9011670

**Type of pharmacy:** Community

**Date of inspection:** 08/08/2023

## Pharmacy context

The pharmacy is situated opposite a health centre in a residential area. It dispenses NHS and private prescriptions and sells over-the-counter medicines. It supplies some medicines in multi-compartment compliance packs. And it delivers medicines to people's homes. It offers services such as seasonal influenza vaccination, the New Medicines Service (NMS) and a hypertension case-finding service. The pharmacy provides a substance misuse service, including supervised consumption.

## 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	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy adequately manages its risks to make sure its services are safe. Its team members discuss and learn from any mistakes they make. They keep people's private information secure, and they know how to help protect the welfare of vulnerable people.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to support its safe and effective running. It held SOPs electronically and the superintendent's team at head office updated the SOPs periodically. The team leader had oversight of the training team members had completed and all current team members had completed appropriate learning associated with the SOPs.

The SOPs defined the team members' roles and responsibilities. Team members could explain their main responsibilities and worked within their capabilities. The responsible pharmacist (RP) notice was visible from the retail area and identified the pharmacist on duty. The pharmacy team members knew clearly what they could and couldn't do in the absence of the RP.

The pharmacy team members highlighted and discussed mistakes that happened during the dispensing process. This included mistakes which had been identified before the medicines had been supplied to a person (near misses). And those where a mistake had happened, and the medicines had reached a person (dispensing error). The pharmacy had some evidence of documenting near misses although this was not regularly done. Team members described actions they had taken following mistakes, such as having separated medicines that looked alike or had similar names, to prevent the wrong medicine from being selected.

The pharmacy had a complaints procedure and this was advertised to people using the pharmacy. Pharmacy team members could explain how they would manage feedback and understood how to escalate a concern when required. Team members described how they would try and resolve the complaint and if they couldn't do so in the pharmacy, they would signpost people by giving them the head office contact details.

The pharmacy had up-to-date professional indemnity insurance. The pharmacy team maintained appropriate records including an electronic controlled drug (CD) register, RP records and private prescription records. The pharmacy kept running balances in all the CD registers, and these were audited against the physical stock on a regular basis. The inspector checked the running balances against the physical stock at random for three products and they were all correct. Records about private prescriptions and emergency supplies were held electronically in date order. These included all of the necessary information.

The pharmacy had information governance policies. The pharmacy team members understood the principles of data protection and confidentiality. The pharmacy stored confidential information securely and separated confidential waste prior to collection and disposal by a licensed contractor. The pharmacist had completed level 2 safeguarding training and team members had completed company safeguarding modules. Details of local support agencies were not available, but team members knew how to access this information should they need it. The pharmacy had a chaperone policy and the team

members were aware this was an option which could be offered to people. The pharmacy team members knew how to report concerns and were aware of safe space initiatives such as 'Ask ANI'. A consultation room was available and pharmacy team members were aware this was an option which could be offered to people.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members work well together in a busy environment to manage the workload. They have the right qualifications and training for the jobs they do and are comfortable sharing ideas and concerns.

### Inspector's evidence

At the time of inspection, the pharmacy team members present were the regular pharmacist (who was the RP), two qualified dispensers and a trainee dispenser. The team coped with the workload during the inspection and team members worked well together. The pharmacy team members felt the branch was adequately staffed and workload was manageable. One of the dispensers who was also the team leader explained that the pharmacist tried to make sure there were always two members of the team working with them.

The pharmacy team members were up to date with their training and the trainees were on track with their courses. The team leader proactively checked and was alerted when anyone had outstanding modules to complete and allowed the team member to complete any learning during working hours. Pharmacy team members had access to ongoing learning to support them in their roles. They engaged in a structured annual appraisal process. The team leader had recently completed vaccination training to support the delivery of the flu vaccination service. The pharmacist employed to provide services had records of training to be able to deliver these, including chicken pox vaccinations and flu vaccinations.

Team members were happy to raise any concerns and were comfortable sharing ideas with the current area manager. They were generally satisfied with the support received from their area manager and did not feel pressured to hit targets. The regular pharmacist also commented that they did not feel pressured to do a certain number of services such as the New Medicines Service (NMS). Pharmacy team members said they were aware the company had a whistleblowing procedure and knew what to do in the event of needing to raise a concern.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are appropriately maintained. They provide an adequate space for the delivery of healthcare services. People using the pharmacy can speak with a member of the pharmacy team in a private consultation room.

### Inspector's evidence

The pharmacy was secure and appropriately maintained. It was generally clean, organised and adequately maintained. Some non-working areas such as the toilet were somewhat cluttered with medication wastage bins. The clutter did not pose a health and safety risk and the pharmacy kept all public spaces and working areas clear. There was enough space to carry out dispensing tasks safely. The dispensary, benches and prescription storage areas were reasonably well-organised. The pharmacy had one signposted consultation room available, and it was kept locked when not in use. The room had enough space and private conversations in it couldn't be heard from outside. There was no unprotected confidential information in the room.

There was a clean, well-maintained sink in the dispensary used for medicines preparation and it had hot and cold running water. Room temperature was controllable, and levels of ventilation and lighting were appropriate during the visit. The premises were secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy has systems in place to help provide its services safely and effectively. The team helps people access its services and provides suitable advice to people about their medicines. The pharmacy dispenses prescriptions in an organised way, and it sources its medicines appropriately. Team members make some records to help them manage medicines appropriately. And they take suitable action in response to patient safety alerts to protect people's health and wellbeing.

### Inspector's evidence

The pharmacy had step-free access and people accessed the pharmacy via an automatic door. There was sufficient space for people with wheelchairs or those with mobility aids to access the pharmacy. A hearing loop was available in the dispensary. And team members explained how they would action specific requests for people, such as producing large font labels, where needed. The pharmacy's opening hours were clearly displayed as people entered the store. The pharmacy's designated waiting area had seats available for people to use whilst waiting. And it had information leaflets available about the pharmacy's services. The pharmacy routinely checked for people's eligibility for certain services such as the hypertension case-finding service when dispensing their prescriptions. This meant people were given the opportunity to help improve their health. Pharmacy team members were aware of how to signpost a person to another pharmacy or healthcare provider if they required a service which the pharmacy could not provide. The pharmacy protected Pharmacy (P) medicines from self-selection as it displayed them behind the medicine counter. And the RP was able to supervise the activity taking place in the public area from the dispensary.

The pharmacy dispensed the majority of its prescriptions at the company's off-site dispensing hub where medicines were picked and assembled by a dispensing robot. Team members explained that prescriptions were checked to establish whether they were suitable to be sent to the hub. They used the hub mainly for people's regular medication. Prescriptions such as urgent acute items, antibiotics and for unusual quantities were not sent to the hub and dispensed at the pharmacy. Pharmacy team members separated which items were being sent to the hub and which items were for the team to dispense. The pharmacist performed a clinical and data accuracy check of each prescription. Once the check was completed, they released the prescription for assembly in the hub. The pharmacy received the dispensed medicines in a sealed package from the hub. Pharmacy team members matched up the bags with the prescription and any medicines that had already been prepared in the pharmacy. The bags were added to the prescription retrieval shelves ready for collection or delivery.

The pharmacy had a clear flow of dispensing and checking. Dispensing audit trails were maintained to help identify who was involved in dispensing, checking and handing out prescriptions. The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped inform workload priority. The pharmacy kept original prescriptions for medicines owing to people. Team members used the prescription throughout the dispensing process when the medicine was later supplied. Pharmacy team members could demonstrate how they managed prescriptions when part was dispensed at the hub and part was dispensed in the pharmacy. This included ensuring those locally dispensed were assembled and checked in good time.

Team members used barcode technology and an electronic scanning device which tracked the prescription through the entire dispensing process. Data on the device included storage locations of the assembled medicines held in the pharmacy. This mitigated the risk of people only being supplied with part of their prescription. Team members reported rejections from the hub were due to several reasons such as stock supply issues. They demonstrated how a prescription could be pulled back from the hub and dispensed locally if needed.

The pharmacy's delivery driver also used the barcode technology to support the safe delivery of medicines. This provided an audit trail of delivery and supported the team in answering any queries relating to the service. The pharmacy supplied medicines daily to some people, as supervised and unsupervised doses. These medicines were dispensed in advance to reduce waiting times and the risk of error. The team banded the prescription around the dispensed item which reduced the risk of incorrect selection.

The pharmacy supplied medicines in multi-compartment compliance packs to around 70 people. One of the dispensers was responsible for ordering people's prescriptions. She ordered the prescriptions in advance to allow time to resolve queries and dispense the medication. The pharmacy attached backing sheets to the packs, so people had written instructions about how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the packs. And they provided people with patient information leaflets about their medicines each month. They documented any changes to medicines provided in packs on the person's master record sheet and on their electronic patient medication record (PMR).

The pharmacy team would highlight higher-risk medicines to the RP and when people needed extra counselling when they collected their prescription medicines. The team members were aware of the criteria of the valproate Pregnancy Prevention Programme. The pharmacist explained how they counselled people accordingly when each valproate was dispensed. The RP asked people receiving warfarin for their latest blood test result each time they received a prescription for warfarin. This was to check that their results were within the expected range. People taking lithium often let the team members know when they had their blood test and if the lithium levels were in range. Team members however didn't record this on the PMR.

The pharmacy obtained medicines from licensed wholesalers and stored them in an organised way on shelves. It kept all stock in restricted areas of the premises where necessary. The pharmacy had medicinal waste bins to store out-of-date stock and patient-returned medication. However, these were stored in the toilet due to there being no room to store them in the dispensary. The pharmacy kept its CDs securely. It stored out-of-date and patient-returned CDs separate from in-date stock. The team members checked medicine expiry dates every month and marked medicines with a short expiry date to prompt them to check the medicine was still in date when dispensing. No out-of-date stock was found amongst the sample of medicines selected. The team members recorded the dates of opening on medicines with altered shelf-lives after opening. This meant they could assess if the medicines were still safe to use.



The pharmacy had a process in place to make sure the fridges storing medicines were maintaining the appropriate storage conditions, but this was not always followed. On occasions, they did not monitor or record the temperature of the fridges. However, during the inspection the temperatures were within acceptable limits. The RP and the pharmacy manager explained if a fridge temperature went out of range an alarm sound occurred to alert the team members so they could intervene.

Over-the-counter medicines were stored appropriately, and staff were aware of higher-risk over-the-counter medicines such as painkillers containing codeine. Team members asked relevant questions and referred to the RP if they had concerns. Staff were observed during the inspection only selling one packet at a time and referring to the RP if a person wanted more. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email and the company communication portal. The store manager printed the alerts off, signed them once actioned and then stored them in a folder.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities to provide its services safely and to protect people's confidentiality.

### Inspector's evidence

The pharmacy had a range of up-to-date references sources available, and the RP explained that they used the online BNF for ease of access and for more up-to-date information. The pharmacy had a set of clean, well-maintained measures available for measuring liquids. This included separate measures for different medicines, to help avoid cross-contamination. The pharmacy computers were password protected and access to people's records was restricted by the NHS smart card system. The computer terminals were kept in a secure area of the pharmacy, away from public view. The medicine fridges were clean and suitable for storing medicines. The pharmacy's equipment was tested regularly to make sure it was safe and functional.

### 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.