

Registered pharmacy inspection report

Pharmacy Name: Weldricks Pharmacy, 67A Scrooby Road, Bircotes, Doncaster, Nottinghamshire, DN11 8JN

Pharmacy reference: 9011745

Type of pharmacy: Community

Date of inspection: 06/06/2022

Pharmacy context

This busy community pharmacy is located across the road from a medical practice in the centre of the town. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. The inspection was undertaken during the Covid 19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: Improvement Action Plan

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	1.2	Good practice	The pharmacy team records and analyses adverse dispensing incidents to identify learning points which it incorporates into day to day practice to help manage future risks.
2. Staff	Standards met	2.2	Good practice	The team members have the appropriate skills, qualifications and competence for their roles, and the pharmacy effectively supports them to address their ongoing learning and development needs.
		2.4	Good practice	The pharmacy team work well together. Team members communicate effectively, and openness, honesty and learning are encouraged.
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 effectively identifies and manages risks, so people receive their medicines safely. And it completes all the records that it needs to by law. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them and act to help stop the same sort of mistakes from happening again. The team members keep people's private information safe. And they complete training so they know how to protect children and vulnerable adults.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided. These were available as electronic versions which all members of the pharmacy team could access via individual portals. A record of the date when team members had read and 'signed off' individual SOPs was available and this was monitored by management. Team members were sent messages when new SOPs were released and reminders when there were any outstanding SOPs which had not been read. The SOPs were in short easy to read format and there was a dispensary branch procedure manual which was used alongside the SOPs. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. They were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team recorded dispensing errors and near miss errors electronically. The pharmacy team and a designated person within the company reviewed these monthly. Root cause analysis and learning points were included for any errors reaching a patient and these reports were assigned to the area manager to check. Head office sent out a patient safety briefing every month sharing learnings from other pharmacies in the company. It also highlighted any changes to SOPs and listed the month's safety alerts and product recalls. This briefing was used when the pharmacy held monthly patient safety meetings, which ensured all the relevant information and learnings were cascaded to the team. Members of the pharmacy team confirmed that they were comfortable reporting and discussing errors and felt that learning from mistakes was the main focus. Clear plastic bags were used for assembled CDs and fridge lines to allow an additional check at hand out. Team members were made aware of look-alike and sound-alike drugs (LASAs) so extra care was taken when selecting these medicines. The team were currently focusing on reducing prescription hand-out errors by double checking the correct patient details and taking extra care when entering a patient onto the electronic delivery system.

A dispenser described how the team would deal with a customer complaint which was to attempt to resolve the situation in the pharmacy, involving the pharmacist or manager if required. If this was not possible then the person would be given the contact details of the company's complaints co-ordinator. This procedure was outlined on the pharmacy's website and in the 'Problem Solving' SOP. A notice was on display in the retail area with head office's details.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display. Private prescription and emergency supply records, the RP record, and the controlled drug (CD)

register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

All members of the pharmacy team had completed training on information governance which included reading the SOP on patient identifiable information. Confidential waste was collected in designated bags which were sent to head office for disposal. A dispenser correctly described the difference between confidential and general waste. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. There was a notice on display which gave hints and tips on the General Data Protection Regulation (GDPR). The pharmacy had just received confirmation that company email addresses complied with GDPR. A privacy statement was on display.

The pharmacists had completed level 2 training on safeguarding children and vulnerable adults, and the other team members had completed level 1 training. A dispenser confirmed that they would voice any concerns of this nature to the pharmacist. The pharmacy had a chaperone policy. There was a notice highlighting this to people, but it was on display inside the consultation room, so some people might not realise this was an option. The manager confirmed he would review the location of the notice. Team members were aware of the 'Safe Space' initiative and confirmed the consultation room was always available for anyone requiring a confidential conversation. There was a notice with support for victims of domestic abuse inside the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are well trained and work effectively together in a busy environment. The pharmacy encourages them to keep their skills up to date and supports their development. Communication within the team is good and team members have opportunities to discuss issues informally. Team members are comfortable providing feedback to their manager and they receive feedback about their own performance.

Inspector's evidence

There were two pharmacists, four NVQ2 qualified dispensers (or equivalent), three trainee dispensers and a medicines counter assistant (MCA) on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the people who visited the pharmacy. There were three other dispensers on the pharmacy team, who weren't present at the inspection and the pharmacy was recruiting for two more dispensers. Absences were covered by re-arranging the staff rota and support could be requested from the relief team. There were usually two pharmacists on duty and one of the pharmacists was the pharmacy manager. The pharmacy had relocated into the new premises in December 2021. The neighbouring branch of Weldricks had closed down in March 2022 and the staff moved to work at this pharmacy. This had been a challenging time for the pharmacy team as they adapted to the increased workload and new way of working. A non-pharmacist manager from one of the other neighbouring branches and a dispenser from the relief team had been providing regularly support during the relocation and merging process.

Members of the pharmacy team carrying out the services had completed appropriate training. Team members could access resources via an online training platform and were required to complete regular packages which included clinical topics as well as fire and health and safety. The pharmacy manager explained that the team sometimes completed training at home to keep up-to-date, as protected training time had not always been possible due to the challenges of the relocation and merging process. There was a formal appraisal process to review team member's performance and discuss their development. The pharmacy manager carried out probationary reviews for new members of the team three and six months after commencing work.

The pharmacist superintendent (SI) and the team at head office sent memos and emails to the pharmacy regularly. These included both professional and business information, and updates on company procedures. The team held daily huddles where a variety of issues were discussed, and concerns could be raised. There was a communication book where details could be recorded to share with the team. An evening meeting had been held recently, outside of working hours, when there were significant changes to discuss. Two dispensers confirmed there was an open and honest culture in the pharmacy and said they would feel comfortable talking to the pharmacists about any concerns they might have. There was a whistleblowing policy.

The pharmacists were empowered to exercise their professional judgement and felt supported by the team at head office. They were aware of the company's priorities, but they had not been put under any pressure to achieve targets, other than meeting people's expectations in terms of customer service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are safe and secure and provide a professional environment for people to receive healthcare services. There are private consultation rooms that provide members of the public with the opportunity to receive services in private and have confidential conversations.

Inspector's evidence

The pharmacy premises, including the shop front and fascia, were clean, spacious and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with eight chairs. The temperature and lighting were adequately controlled. The pharmacy was fitted out to a high standard, and the fixtures and fittings were good. Maintenance problems were reported to a dedicated team at head office and the response time was appropriate to the nature of the issue.

There was a separate stockroom where excess stock was stored. Staff facilities included a kitchen area and WC with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sinks and hand sanitizer was available.

There were three consultation rooms which were uncluttered, clean and professional in appearance. Two of the rooms were equipped with sinks and were used when carrying out services such as vaccinations and when customers needed a private area to talk. The other room was used for people receiving supervised medication and there was a hatch from the dispensary into this room. The availability of the rooms was highlighted by signs on the doors.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. Services are well managed, so people receive appropriate care. The pharmacy sources, stores and supplies medicines safely. And it carries out checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation rooms and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. There was a notice on display asking people if they had any communication needs to make it known to a member of the team. There were various adjustments which could be made, such as medication labels with large font. Services provided by the pharmacy were listed on the pharmacy's website, but they were not all advertised in the pharmacy, so people who did not check the website might not realise what was provided. There was a small amount of health promotion material. For example, a poster promoting healthy eating. The pharmacy manager said healthy living topics were changed monthly and often included healthcare leaflets for people to read. There was a poster in the supervised medication consultation room signposting people to drug and alcohol support. The pharmacy provided flu and covid vaccinations. The required equipment was in place, including sharps bins, and there were notices on display with information on needlestick injuries and anaphylaxis.

The pharmacy team encouraged people to sign up to the pharmacy's App which was integrated with the NHS App. People could order repeat prescriptions, communicate with the pharmacy and receive notifications when their prescription was ready to collect, via the App. There was a home delivery service. Software had been installed onto the pharmacy's computers to manage the delivery process and the status of any delivery could be tracked. Each delivery was recorded and a signature was obtained from the recipient on the driver's hand-held device. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

The dispensary was spacious and the workflow was well organised. The dispensary shelves were neat and tidy. Dispensed by and checked by boxes were completed on the medication labels to provide an audit trail. These details, and the team members who had downloaded the prescription and labelled it, were also recorded on the prescription itself. Dispensers used a number rather than their initials for clarity. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Patient Info Alert' forms were completed and attached to the prescription bag to highlight a higher risk medicine and when counselling was required. The team were aware of the valproate pregnancy prevention programme. Around two of the regular patients had been identified as in the at-risk group and the pharmacist had made a note on their records that a discussion about pregnancy prevention had taken place. Team members confirmed that original packs of valproate were always supplied, so that

people received the valproate care cards and the required information.

Multi-compartment compliance aid packs were well managed. The pharmacy had an audit trail for communications with GPs and changes to medication. Medicine descriptions were included on the labels to enable identification of the individual medicines. A team member explained that packaging leaflets were included monthly so people were able to easily access additional information about their medicines. Disposable equipment was used. An assessment was made by the pharmacist as to the appropriateness of a pack, or if other adjustments might be more suited to their needs, when new people requested a compliance aid pack.

CDs were stored in a CD cabinet which was securely fixed to the wall. The keys were under the control of the pharmacists during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy (P) medicines were stored in Perspex cabinets close to the medicines counter. The cabinets stated that people should ask for assistance if they required any of these medicines, however it was possible for people to open the cabinets themselves, which risked unauthorised access. The pharmacy manager agreed to review the position of some of the higher risk medicines in the cabinets, so that they could be better controlled. The MCA was clear what questions to ask when selling medicines and knew which medicines could be sold in the presence and absence of a pharmacist.

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials'. The team worked hard to source medicines and liaised with head office to help negotiate issues with stock quotas. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins.

Alerts and recalls were received via email messages from head office and the Medicines & Healthcare products Regulatory Agency (MHRA). These were read and acted on by a member of the pharmacy team and then filed, so the team were able to respond to queries. A record of the action taken was sent to head office to provide assurance that the appropriate action had been taken.

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. They maintain the equipment so that it is safe and use it in a way that protects privacy.

Inspector's evidence

The pharmacists could access the internet for the most up-to-date reference information. For example, British National Formulary (BNF) and BNF for children. And the pharmacy manager said he usually used the BNF App rather than the printed version.

There were three clean medical fridges. The stock inside the fridges was well organised and the fridges were clearly labelled with the contents. The minimum and maximum temperatures were being recorded regularly. There were a couple of occasions when a maximum temperature above 8 degrees Celsius had been recorded. However, a data logger inside the fridges confirmed that each fridge had remained within range throughout the month. A dispenser confirmed that she would re-set the fridge thermometers each day and monitor them closely. All electrical equipment appeared to be in good working order.

There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked for methadone solution, but a methadone pump was generally used. It was clean and suitably secure. The pharmacy had a range of clean equipment for counting loose tablets and capsules.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.