

Registered pharmacy inspection report

Pharmacy Name: Stourport Pharmacy, Stourport (SMC) Pharmacy,
Stourport Medical Centre, Dunley Road, Stourport-on-Severn,
Worcestershire, DY13 0AA

Pharmacy reference: 9011901

Type of pharmacy: Community

Date of inspection: 31/01/2023

Pharmacy context

This is a community pharmacy inside a medical centre in the town of Stourport-on-Severn, Worcestershire. The pharmacy dispenses NHS and private prescriptions. It's team members sell over-the-counter medicines, offer local deliveries and seasonal flu vaccinations. And the pharmacy supplies some people's medicines inside multi-compartment compliance packs if they find it difficult to take them. This includes people in their own homes and residential care homes.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.1	Good practice	The pharmacy has enough suitably qualified and skilled staff to support the volume of work and provide a safe and effective service.
		2.2	Good practice	Members of the pharmacy team are competent. They have the appropriate skills and qualifications for the roles and the tasks they undertake.
		2.4	Good practice	The pharmacy has a culture of openness, learning and honesty. Its team members are provided with training resources and staff are given time to complete this. This helps improve their knowledge and skills.
3. Premises	Standards met	3.1	Good practice	The pharmacy premises are professionally presented. The design and layout ensures there is sufficient space to safely provide pharmacy services.
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 is largely operating safely. It has suitable systems in place to identify and manage the risks associated with its services. Members of the pharmacy team understand their role in protecting the welfare of vulnerable people. And the pharmacy protects people's private information appropriately. But it doesn't always record all the required information in some of its records. This could mean that its team may not have enough information available if problems or queries arise in the future.

Inspector's evidence

The pharmacy had recently relocated into new premises inside a medical centre and overall, was observed to be well-run with competent, and appropriately skilled staff. The pharmacy had a range of electronic standard operating procedures (SOPs) to provide its team with guidance on how to complete tasks appropriately. The SOPs had been implemented recently, most of the staff had read and signed them but this was work in progress. Each staff member's responsibility was clear, and members of the pharmacy team knew what their tasks involved. However, an incorrect notice to identify the pharmacist responsible for the pharmacy's activities was on display. This was rectified when highlighted.

Once prescriptions had been assembled, pharmacists or accuracy checking technicians (ACT) carried out the final accuracy-check. The ACT was not involved in any other dispensing process other than the final check, and there was an SOP to cover this process. The responsible pharmacist (RP) clinically checked the prescription first before it was assembled by other staff. Although staff knew when this process had taken place from the way prescriptions moved around the dispensary, there was no method being used to help easily identify that this stage had been completed.

The pharmacy had processes in place to record and learn from its mistakes. Staff explained that they used the prescription to select medicines against and generate dispensing labels. They described paying attention when dispensing and during the accuracy checking process. The team's near miss mistakes were recorded, reviewed and raised with them. Staff identified medicines that had been involved or where their packaging was the same and separated them. This included separating for example, different strengths of the same medicine which helped prevent the mistake occurring again. Look-alike and sound-alike medicines were also highlighted. The pharmacy had a process to formally review mistakes every month, but this had not yet been implemented. The RP described handling incidents and complaints in a suitable way, details were recorded and investigated appropriately.

The pharmacy team ensured people's confidential information was protected. Team members used their own NHS smart cards to access electronic prescriptions. Confidential waste was separated and removed for disposal. And there was no sensitive information visible from the retail space. The pharmacy's computer systems were password protected. The RP had been trained to level three to safeguard the welfare of vulnerable people through the Centre for Pharmacy Postgraduate Education (CPPE). Members of the team could recognise signs of concern; they had been trained appropriately and referred suitably in the event of a concern. The pharmacy had contact details available for the local safeguarding agencies and a chaperone policy available, although this was not displayed at the point of inspection.

Most of the pharmacy's records were compliant with statutory and best practice requirements. This included a sample of electronic registers seen for controlled drugs (CDs) and most records of emergency supplies. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy had been maintained and records verifying that fridge temperatures had remained within the required range had been completed. The pharmacy's professional indemnity insurance was through the National Pharmacy Association and due for renewal after 31 May 2023. The RP record was mostly complete, but some details of when the pharmacist's responsibility had ceased were missing. There were also issues with the electronic register for private prescriptions as some details of the prescribers were missing or were incomplete. In addition, prescriber details were missing from records of unlicensed medicines.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has plenty of staff to help manage its workload appropriately. Members of the pharmacy team are capable and manage the workload well. They have completed or are undertaking the required training for their roles. And the pharmacy provides them with appropriate resources for their ongoing training. This helps keep the team's knowledge and skills up to date.

Inspector's evidence

The pharmacy had plenty of staff to manage the workload and staff were up to date with this at the time of the inspection. The team consisted of two pharmacists, one of whom was the RP and pharmacy manager, the other was the superintendent pharmacist (or locums provided cover), two ACTs, two medicines counter assistants (MCA's), an apprentice and several dispensing assistants. Some of the latter were in training to complete the NVQ3 in dispensing and some covered both the counter and dispensary. There were also three part-time delivery drivers. One of the ACTs was the assistant manager. Members of the pharmacy team were appropriately trained for their roles and their certificates of qualification were seen. They felt supported and liked working at the pharmacy. The team was well presented, staff wore name badges which helped to easily identify them and uniforms.

MCAs knew what they could or could not do in the absence of the RP. They were knowledgeable about the medicines which could be purchased over the counter and asked appropriate questions before selling them. If they were unsure or if people requested more than one product, they always checked with the RP. Sales of medicines which could be abused were routinely monitored. Team members had access to resources for ongoing training. This was through a pharmacy support organisation (Alphega) as well as online references. The team's performance was monitored, and they regularly discussed relevant points. Noticeboards highlighted important information such as deliveries and details involving care homes. Completing training and upskilling the team appeared to be encouraged. Staff in training were provided with time during working hours and completed some at home.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable to provide healthcare services from. The pharmacy is presented well and kept appropriately clean as well as tidy. The pharmacy has plenty of space to provide its services. And has separate spaces where confidential conversations and services can take place easily.

Inspector's evidence

The pharmacy was very well presented. It was modern, with new fixtures and fittings and professional in its appearance. The pharmacy was also clean and tidy, bright and suitably ventilated. The pharmacy premises consisted of a spacious retail area, with an open dispensary located behind the medicines counter and further dispensing as well as shelf or storage space to one side. This additional dispensing space was used as a suitable, segregated area to prepare multi-compartment compliance packs. Dispensing areas had enough space for the team to carry out this task safely and they were kept free of clutter. The pharmacy was secured against unauthorised access. The pharmacy also had three signposted consultation rooms for private conversations and services. Two of the rooms were spacious but only one of these was suitable for the purpose it served. Some of the rooms were not used to provide services but were quite cluttered and untidy with unauthorised access to stock possible. They were locked when highlighted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has organised processes in place. It obtains its medicines from reputable sources and stores as well as manages its medicines appropriately. And it generally supplies medicines inside multi-compartment compliance packs effectively. But the pharmacy doesn't always identify people who receive higher-risk medicines and make the relevant checks. This limits its ability to show that people are provided with appropriate advice when supplying these medicines.

Inspector's evidence

People using the pharmacy's services could easily park outside the medical centre. There were two entrances, although only the entrance from inside the medical centre was currently being used. The pharmacy's retail space was made up of wide aisles and clear, open space. This assisted people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. Six chairs were available for people wanting to wait for prescriptions. The pharmacy had some leaflets on display to provide information about various health matters, this included a notice board about healthy living and a specific newsletter for people to read which staff were also encouraged to read.

The workflow in the dispensary involved staff preparing prescriptions in one area, medicines were checked for accuracy from another section and a designated space to one side of the retail space was used to assemble compliance packs. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. They were also colour coded which helped identify priority, call-backs and deliveries. Once staff generated the dispensing labels, there was a facility on them to help identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare, Lexon and Trident to obtain medicines and medical devices. Medicines were stored in an organised way. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified. There were no date-expired medicines seen. Dispensed medicines requiring refrigeration were stored within clear bags. This helped to easily identify the contents upon hand-out. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps or needles provided they were in sealed bins. Drug alerts were received by email and actioned appropriately. Records were kept verifying this. The team was aware of the risks associated with valproates, they were stored separately and highlighted to indicate the risks. Appropriate literature was available to provide to people at risk when supplying valproates. However, people prescribed other higher-risk medicines were not routinely identified, asked relevant questions or details about their treatment recorded.

People's medicines were delivered to them, and the team kept records about this service. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and no medicines were left unattended. The pharmacy provided medicines inside compliance packs to residents in care homes. The care homes ordered repeat prescriptions for their residents, a proxy electronic ordering system was in place for this process. A designated member of staff monitored the process, and schedules were in place to help keep track of when the medicines were due. Any changes or missing items were monitored, requests were sent to the GP surgery by the pharmacy and

records were maintained to verify this. Staff obtained information about allergies and recorded this on the medication administration record (MAR). None of the residents required higher-risk medicines. Interim or medicines which were needed mid-cycle were dispensed at the pharmacy. Any requests to administer medicines covertly required authorisation and were referred to the GP. Descriptions of medicines were provided, and the care homes were advised to print details of patient information leaflets (PILs).

The pharmacy also provided people who still lived in their own homes with their medicines inside compliance packs once the person's GP had identified a need for this. The team ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. All medicines were removed from their packaging before being placed inside the compliance packs. Descriptions of the medicines were provided but PILs were not routinely supplied. There were also some potential concerns noted with the pharmacy's practice of placing sodium valproate inside compliance packs due to issues with its stability. This practice and ensuring PILs were routinely supplied was discussed with the pharmacy manager at the time.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is suitably clean.

Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included current versions of reference sources, a range of clean, standardised conical measures for liquid medicines, counting triangles with a separate one for cytotoxic medicines, legally compliant CD cabinets and appropriately operating pharmacy fridges. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Staff used cordless telephones for private conversations to take place if required and the pharmacy's computer terminals were positioned in a way that prevented unauthorised access.

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.