

# Registered pharmacy inspection report

**Pharmacy Name:** Harrison Healthcare Ellesmere Port, Units 7A - 7B,  
Rivington Road, Ellesmere Port, Cheshire, CH65 0AW

**Pharmacy reference:** 9012300

**Type of pharmacy:** Community

**Date of inspection:** 02/07/2024

## Pharmacy context

This is a traditional community pharmacy located in a town centre. NHS dispensing is the main activity, and the pharmacy is equipped with a dispensing robot. A separate robot is used to dispense medicines in multi compartment compliance packs (MDS), and the pharmacy also acts as a dispensing hub to assemble MDS for another local branch. A range of other services are offered, including substance misuse service, pharmacy first service, and vaccination services for COVID-19 and flu. The pharmacy premises recently extended which involved a change of address.

## 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
<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

Members of the pharmacy team follow written instructions to help them work safely and effectively. They keep the records that are needed by law. And they record things that go wrong so that they can learn from them. Then they take action to prevent the same mistakes from happening again.

### Inspector's evidence

The pharmacy had a full set of written standard operating procedures (SOPs) in place that had been recently reviewed and updated. A training record had been signed by all members of the team to confirm they had read and understood the updated versions.

Members of the team recorded any near miss incidents on paper logs and the records were reviewed once a month to identify any learning points. The pharmacist explained that since dispensing robots had been introduced, the number of near miss incidents had been significantly reduced. But some of the medicines that were stored outside of the robot had been distinctly separated to avoid picking errors. For example, clobazam liquid was stored separately from clonazepam liquid. If a dispensing error was identified after it had reached a patient, it was fully recorded with a root cause analysis completed in order to learn from what had gone wrong. The most recent example had involved a labelling error with a controlled drug (CD). Since then, a new system had been introduced so that a third check was always included when CDs were dispensed.

A responsible pharmacist (RP) notice was prominently displayed next to the medicines counter. Staff roles and responsibilities were described in the SOPs. And dispensing labels were initialled by dispenser and checker to provide an audit trail. The pharmacy had a complaints procedure in place and details of how to provide feedback were displayed periodically on a video screen in the retail area. A current certificate of professional indemnity insurance was on display.

An electronic controlled drugs register was in use and appeared to be in order. Running balances were recorded and most were checked about once a month, but some that were prescribed frequently were checked more often. A random balance was checked and found to be correct. Patient returned CDs were recorded separately in a paper register and the records appeared to be up to date. Records of RP, private prescriptions, emergency supplies and unlicensed specials were all in order.

An information governance (IG) policy was in place and leaflets in the retail area explained how the pharmacy handled sensitive information. Staff signed confidentiality agreements as part of their employment contracts. Confidential waste was collected separately from general waste and destroyed by a specialist contractor. A safeguarding policy was in place and all pharmacy professionals had completed level 2 training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to safely manage the workload and they have the skills they need for the jobs they do. Members of the team work well together and they ask for help if they need it.

### Inspector's evidence

There was a regular pharmacist manager and a second pharmacist worked one day a week to provide extra cover. The pharmacy also employed four pharmacy technicians, all of whom worked as accuracy checkers (ACT), 12 dispensing assistants, three of whom worked as accuracy checkers (ACD) and four delivery drivers. All members of the team had completed appropriate training for their roles or were currently undergoing training. Two of the delivery drivers were new employees and had not yet started their training course, but this was in hand.

The pharmacist clinically checked prescriptions while the dispensing labels were being generated, and this was recorded on the patient medication record. The final accuracy checks of dispensed medicines were then normally completed by ACTs or ACDs. During the inspection the pharmacy team were kept busy but managed the workload effectively.

Members of the pharmacy team had access to an online training platform that offered training modules on a range of topics that were relevant to their roles. Each member of the team was expected to complete a module every month or two. The team asked questions when selling medicines, to be satisfied they were appropriate to supply. The pharmacist said there had been some problems with people trying to make repeated purchases of co-codamol, but most customers were known to the team and the pharmacist would be informed if there were any concerns. She confirmed that she had refused sales she did not think were appropriate and that one person who had tried to buy co-codamol had been referred to the local substance misuse service.

Members of the pharmacy team appeared to work well together. A whistleblowing policy was in place and the team knew how to raise concerns. There were no performance targets set in relation to professional services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, tidy and well organised. It provides a suitable environment for healthcare.

### Inspector's evidence

The pharmacy was large unit that had recently been extended to provide two separate entrances. There were appropriate waiting areas inside each entrance. The dispensary was divided into four distinct areas, the main area incorporated a dispensing robot, which fed a series of workstations. Another area housed a different robot that was used to assemble MDS. Then there was an area for manually assembled MDS, and an area for substance misuse services.

All areas were clean, tidy and well organised. Two consultation rooms were available for privacy. Both were clean, tidy and suitably equipped. Storage areas, staff room and toilet facilities were located at the rear of the premises. There was a dispensary sink and separate sinks in the staff area for handwashing. Air conditioning was fitted, and all parts of the pharmacy were well lit. The pharmacy was lockable, and shutters protected the entrance when the pharmacy was closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services, and they are easy to access. It uses robotic systems to improve the efficiency of the dispensing operation. And members of the pharmacy team work effectively and support people taking higher-risk medicines by making extra checks and providing counselling where necessary. The pharmacy obtains medicines from licensed suppliers and carries out checks to make sure that they are kept in good condition.

### Inspector's evidence

The pharmacy had two entrances, both were level, with automatic doors, and were suitable for wheelchairs. Signs directed customers to use the main entrance, which led to the retail area and medicines counter. The second entrance was mainly used by delivery drivers and substance misuse clients. Posters and leaflets in the retail area provided information about the pharmacy's services. The pharmacy offered a delivery service. The drivers used electronic devices to keep a record of deliveries and asked people to sign on the devices to acknowledge receipt. A note was left if there was nobody home to receive the delivery and the medicines were returned to the pharmacy.

The pharmacy dispensed a high volume of prescriptions, but the dispensing operation appeared to be well organised, and the workflow was well managed. A dispensing robot was used for the majority of prescriptions, but some medicines such as liquids and some controlled drugs could not be stored in the robot so had to be dispensed manually. Safe-custody controlled drugs were dispensed and checked under the direct supervision of the pharmacist. The pharmacy provided supervised consumption for some substance misuse patients, and a dedicated consultation room was available for privacy. An electronic measuring device was used for methadone mixture. Methadone prescribed in 'take home' quantities for more than one day was normally supplied in separate bottles for each daily dose.

Dispensed medicines awaiting collection were bagged and kept in plastic crates. Stickers were added to the bags to highlight when controlled drugs were present, so the team could check the prescription had not expired before handing out. Stickers were also attached to highlight when counselling was needed, for example if anticoagulants were prescribed. People were asked to confirm their name and address before medicines were handed out, to make sure they were correctly identified. Owing slips were used to provide an audit trail for any medicines that could not be immediately supplied.

The pharmacy supplied medicines in MDS for several care homes and for a number of patients in the community, and also assembled some MDS on behalf of another branch in a hub/spoke arrangement. A dispensing robot was used to assemble the majority of the MDS. Stock medicines were de-blistered and loaded into the robot, which then dispensed them into disposable MDS trays that were labelled with pictures and descriptions of the individual medicines so that they could be easily identified. Patient information leaflets were supplied when a patient received a medicine for the first time, but they were not routinely provided for repeat supplies. This meant people may not always have the most up to date information about their medicines. A few community patients and some of the care homes required different types of MDS systems, so these trays had to be assembled manually. This was done in a separate dedicated area of the dispensary to avoid distraction.

The pharmacist was aware of the risks associated with the use of valproate during pregnancy and that patients should be appropriately counselled. The team knew that valproate medicines should normally be supplied in the original manufacturer's packs and knew how to attach dispensing labels to avoid obscuring important information. A few patients still received valproate repackaged in MDS containers. The pharmacist explained that she had risk assessed these people to decide that the repackaging was appropriate. But this had not been documented so the pharmacy could not demonstrate that all of the risks had been properly considered. Educational material was available to supply when valproate was repackaged.

The pharmacy obtained its medicines from licensed wholesalers and unlicensed specials were ordered from a specials manufacturer. No extemporaneous dispensing was carried out. Most stock medicines were loaded into the main dispensing robot. The robot used barcode scanners to identify each medicine and also recorded expiry dates. Expired or short dated medicines were then identified by the robot so that they could be removed. Stock stored outside of the robot was date checked on a three-month cycle and records were kept on the dispensary wall. There were two medicines fridges in the dispensary. Both were clean and tidy and equipped with thermometers. The maximum and minimum temperatures were recorded daily.

Controlled drugs were appropriately stored in locked cupboards. Waste medicines were disposed of in dedicated bins that were kept in the dispensary. The bins were collected periodically by a specialist waste contractor. Drug alerts were received by e-mail. The e-mails were checked daily by the pharmacist and records were kept showing that they had been actioned.

## 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. Equipment is appropriately maintained so that it is safe to use, and it is used in a way that protects privacy.

### Inspector's evidence

The pharmacy had various reference books, including recent editions of BNF and Martindale, and the team could access the internet for general information. Crown stamped measures were used to measure liquids. Electrical equipment appeared to be in good working order and stickers showed that PAT testing had been completed in September 2023.

The pharmacy had a maintenance contract to cover the two dispensing robots. The team reported that an engineer would normally attend within two hours of any faults being reported. There were contingency arrangements in place for another local branch to take over some of the MDS dispensing in the event of a breakdown.

The dispensary was screened to provide privacy for the dispensing operation. The consultation rooms were used for services that required privacy and for confidential conversations and counselling. Pharmacy computers were password protected and screens were positioned so that they were not visible to the public.

### 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.