

# Findings framework

December 2019





# Introduction

This findings framework is an operational tool used by our inspectors to support consistent decision making. This forms part of a suite of tools to support inspectors to make their judgements. The accompanying support tools, include the *Inspection decision making framework* and the *Inspection practice note 1: minor non-compliance*.

This findings framework provides examples of findings that contribute towards the decision at principle level about whether a principle has not been met, or when good or excellent practice for the principle has been demonstrated. To demonstrate good or excellent practice at principle level the standards will be consistently met across that principle, and how the pharmacy is meeting the standards in other principles will also be a factor. The examples given below may demonstrate when standards have been met, when standards have not been met, and when good or excellent practice has been demonstrated.

It is not an exhaustive list and should be used as a guide and not as a checklist. The context remains key.

This framework is a live document and will be reviewed and updated to reflect findings from inspections and the range of services being provided. There are instances where there are no clear examples of good or excellent practice but we will continue to review and update the framework, adding new examples where appropriate as we continue to share learning from what our inspectors find.

In each section there are four sets of examples:

## **Not met and Met**

These are examples of findings that may be identified during an inspection and may result in standards being failed or may contribute towards demonstrating that standards are being met.

## **Good practice and Excellent practice**

These are examples of findings that may be identified during an inspection and may contribute towards demonstrating good practice or excellent practice for principles.

# Principle 1

## The governance arrangements safeguard the health, safety and wellbeing of patients and the public

### Standard 1.1: the risks associated with providing pharmacy services are identified and managed

Not met	Met	Good practice	Excellent practice
<p>The pharmacy does not routinely assess key risks to patient safety from its activities and services</p> <p>There is evidence that things have gone wrong because risks to patient safety were not adequately identified and managed</p> <p>There is evidence that the same things have gone wrong more than once, with no effective action being taken to manage the risk</p> <p>There is evidence that there are risks to members of the pharmacy team, such as health and safety risks, which have not been addressed</p> <p>There is evidence that standard operating procedures (SOPs) are not</p>	<p>The pharmacy team understands the key risks to patient safety presented by its activities and services and has a particular focus on the most vulnerable and high-risk patients</p> <p>The pharmacy team members keep up to date with relevant information including national / local guidelines and best practice guidance (such as NICE, SIGN, PhE and so on) that support them in the services they provide</p> <p>The pharmacy can demonstrate that risks are assessed before new services are introduced, and then regularly reviewed</p> <p>The pharmacy team members can give examples of action they have</p>	<p>Members of the pharmacy team complete competency assessments (such as quizzes and tests) to provide assurance that they understand the SOPs</p> <p>Staff are given refresher training on SOPs in-between periodic reviews</p> <p>Staff have input into the development of SOPs, there is a clear procedure for making local amendments, to ensure they are tailored to the pharmacy's activities and context</p> <p>There is evidence of learning from things that have gone wrong, including, for example, dispensing errors and near misses, and that action has been taken to manage risks that have been identified</p>	<p>High risk activities are managed by a series of automated interlinked systems built into the process which are constantly reviewed and improved.</p> <p>Potential risks to public and patient safety from within the pharmacy and elsewhere, are proactively identified and innovative strategies and processes are put in place to effectively manage them.</p> <p>Residual risks are monitored on an ongoing basis.</p> <p>There is clear evidence that the use of innovative technology substantially reduces risks to patient safety, including the risk of dispensing errors, and delivers improved outcomes.</p>



Not met	Met	Good practice	Excellent practice
<p>being followed, and this is creating significant risk</p> <p>There are no SOPs available</p>	<p>taken to manage risks that have been identified</p> <p>There are up to date standard operating procedures (SOPs) to underpin all professional services</p> <p>SOPs are regularly reviewed to make sure they are appropriate and reflect current practice</p> <p>SOPs are signed off by the superintendent pharmacist, or a responsible person, and dated to show when they were implemented or reviewed</p> <p>There is evidence to show that the pharmacy team members understand the SOPs, and that they are being followed</p> <p>Business continuity planning arrangements are in place to deal with potential failure or disruption to services</p>	<p>There are arrangements in place to make sure that learning is shared with the whole pharmacy team.</p> <p>Members of staff can give examples of action that has been taken to manage identified risks, and can explain why the action was needed.</p> <p>There is evidence of shared learning, using information from other pharmacies and other organisations, as well as internally.</p> <p>A risk register is kept to identify key risks and mitigating actions, and this is regularly reviewed.</p> <p>Members of the pharmacy team are proactive in assessing areas of risk.</p> <p>A business continuity plan is in place and members of the team know where to find it and what it is for.</p>	<p>Integrated, innovative inter-professional working is employed to reduce risk, for example, carrying out medicines compliance aid risk assessments with other healthcare professionals.</p>

## Standard 1.2: the safety and quality of pharmacy services are reviewed and monitored

Not met	Met	Good practice	Excellent practice
<p>The pharmacy team does not routinely assess the safety and quality of services provided</p> <p>No evidence that records are made when things go wrong and there is no evidence of learning</p> <p>The pharmacy team members do not know what they are supposed to do if things go wrong</p> <p>There are no arrangements in place to learn from things that go wrong</p> <p>Staff are not supported to report incidents and learn from them</p>	<p>The pharmacy team knows what to do, and who to tell, when things go wrong</p> <p>Patient safety incidents are recorded, and the records are used effectively to identify learning points and systemic weaknesses</p> <p>The pharmacy team members can give recent examples of things they have learned from mistakes they have made</p> <p>Reviews (including using audits and checklists) are carried out to make sure that procedures are being properly followed and improvements in the safety and quality of services are made as a result</p> <p>Reviews are carried out for the full range of services provided, (including any clinical services provided), not only for dispensing and supplying, and are used to</p>	<p>Records of errors, near misses and other patient safety incidents are regularly and comprehensively reviewed and records are kept showing what has been learned, what has been done, and how they have been used to improve the safety and quality of services provided</p> <p>When action has been taken to manage risks, controls put in place are kept under review to assess whether they are still effective</p> <p>There are regular checks and audits to confirm that pharmacy procedures are being properly followed, and outcomes and action points are shared with the pharmacy team</p> <p>The pharmacy owner and superintendent pharmacist (where applicable) have oversight of incident records and reviews, and there is evidence that they give</p>	<p>Systems technology or innovative practices allow interrogation of each stage in the dispensing process and this is continually monitored and reviewed to identify and deliver improvements in safety and quality</p> <p>Procedures are continually monitored, reviewed and updated in order to drive up standards in the interest of patient care. The pharmacy procedures are a model for other pharmacies to learn from</p> <p>The pharmacy team continually monitors changes that have been made to assess whether they are effective and to ensure they are sustained</p>

Not met	Met	Good practice	Excellent practice
	ensure that the services remain safe and improve	feedback and advice to individuals and the team	

### Standard 1.3: pharmacy services are provided by staff with clearly defined roles and clear lines of accountability

Not met	Met	Good practice	Excellent practice
<p>The pharmacy team members do not understand their roles and responsibilities</p> <p>There is evidence of errors but there are no audit trails in place to identify who was involved</p> <p>There is no framework in place to define how non-pharmacist accuracy checkers operate</p>	<p>The roles and responsibilities of staff are clearly documented, for example, job descriptions and SOPs make clear where responsibility lies for different pharmacy activities</p> <p>People who work in the pharmacy can explain what they do, what they are responsible for, and when they might need to seek help</p> <p>The pharmacy team knows what to do in the absence of a responsible pharmacist</p> <p>There is a notice displayed so that the public can identify the responsible pharmacist</p> <p>Audit trails are in place so that the pharmacy can identify who was responsible for any professional activities</p>	<p>The pharmacy can demonstrate how it manages risks when tasks are delegated to other members of the pharmacy team</p> <p>There are regular audits to provide assurance that members of the team are operating in accordance with their agreed roles and responsibilities and any development needs are identified</p> <p>Roles and responsibilities are regularly reviewed to ensure that they are an appropriate fit for the skills and abilities of individual members of the team</p> <p>When more than one registrant is present there are clear arrangements in place to identify</p>	<p>Tasks are proactively delegated and the pharmacy team work in partnership with other healthcare providers and professionals in the interest of wider local public health concerns and the benefits to patients can clearly be demonstrated through positive outcomes</p>



Not met	Met	Good practice	Excellent practice
	Non-pharmacist accuracy checkers work within clear protocols	who is taking overall responsibility for each individual activity	

**Standard 1.4: feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account where appropriate**

Not met	Met	Good practice	Excellent practice
<p>There are no systems in place to deal with complaints or feedback</p> <p>The pharmacy team members have failed to respond, or responded inappropriately, to complaints or feedback they have received</p>	<p>There are procedures in place to deal with complaints and feedback and report back on improvements made, and these are clearly advertised</p> <p>The pharmacy team encourage feedback, for example by use of customer surveys, suggestion boxes or mystery shoppers, and evidence that this is used as an improvement opportunity</p> <p>The pharmacy team members can give examples of things they have done in response to external feedback they have received</p>	<p>The pharmacy proactively encourages feedback from service users</p> <p>The pharmacy can demonstrate how it has used feedback from patients, regulators and prescribers to improve the safety and quality of services provided</p> <p>The pharmacy prepares an annual report on learning from complaints and other feedback, which it shares widely</p>	<p>The pharmacy proactively asks other healthcare professionals for feedback about the services that they provide or could provide. And this is used to have a positive impact on the welfare of people in the local community</p> <p>There is co-design of pharmacy services with patient groups to improve outcomes for existing service users or to better meet emerging health needs</p>

### Standard 1.5: appropriate indemnity or insurance arrangements are in place for the pharmacy services provided

Not met	Met	Good practice	Excellent practice
<p>Professional indemnity insurance does not cover all services provided</p> <p>Professional indemnity and insurance are insufficient to meet potential claims</p>	<p>There is evidence that current professional indemnity insurance is in place for all services provided and is adequate to meet potential claims</p>		

### Standard 1.6 All necessary records for the safe provision of pharmacy services are kept and maintained

Not met	Met	Good practice	Excellent practice
<p>The pharmacy records for assuring the safety of services are incomplete, inaccurate, not available or unclear (whether the standard is failed will depend on the impact of the failings)</p>	<p>The pharmacy maintains all of the records required by law and additional records as necessary to demonstrate that services are provided safely and effectively</p> <p>Records are held securely and are easily retrievable</p> <p>Controlled drugs (CDs) running balances are recorded and regularly audited</p>	<p>Records are kept of all communications and contact with General Practitioners (GPs) and care homes about patients which improves their quality of care</p> <p>Records are kept of advice given to patients when counselling them about the prescription medicines they are collecting, or have been previously prescribed</p> <p>The pharmacy records instances where they have provided advice to</p>	<p>The pharmacy keeps records of all healthcare advice they give to patients. This includes advice about health conditions and health promotion as well as advice and counselling on over the counter medicines they are buying. The patient is able to ask for advice through an app on a smart device and can see the record of the previous advice they have sought and have been given</p>





Not met	Met	Good practice	Excellent practice
	<p>Patient returned CDs are recorded on receipt and destruction is properly documented and witnessed</p> <p>Emergency supply records include the nature of the emergency to explain the reason for supply</p> <p>Records of unlicensed medicines provide a complete audit trail that shows exactly what was obtained and supplied</p> <p>Patient medication records (PMRs) are backed up regularly and securely</p> <p>Any alterations are made transparently and in accordance with legal requirements, so that it is clear what was altered, when the alteration was made, and who made it</p> <p>Where a pharmacy offers a prescribing service, there is clear documentation of the consultation with the patient, treatment prescribed and any follow up or monitoring that needs to be done</p>	<p>patients, which has resolved their issue, e.g. a patient asking for advice on knee pain which was resolved by offering advice, supplying a knee support, and anti-inflammatory medicines. The records are used to provide learning to the whole pharmacy team in that pharmacy and in other pharmacies</p>	



Not met	Met	Good practice	Excellent practice
	either by the pharmacist prescriber or general practitioner		

**Standard 1.7: information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services**

Not met	Met	Good practice	Excellent practice
<p>There is evidence confidentiality has been breached, for example the exposure of confidential information or the unauthorised sharing of confidential data</p> <p>There is evidence that a previous breach of data security and confidentiality which was not dealt with appropriately</p> <p>The pharmacy team members do not understand how information that identifies patients should be handled</p> <p>There is evidence that confidential waste is not being adequately identified, separated and destroyed, for example being disposed of in the general waste</p>	<p>A clear information governance (IG) policy is in place, reviewed regularly, read and signed by all staff and compliance monitored</p> <p>A privacy notice is displayed and includes all of the required information</p> <p>Annual information governance and data security and protection toolkit submissions are made as required</p> <p>People who work in the pharmacy are trained how to handle private information, and have working knowledge of data protection requirements and General Data Protection Regulation (GDPR)</p>	<p>All members of staff receive information governance (IG) training when their employment begins, then get regular refresher training and assessment to provide assurance that they understand their responsibilities</p> <p>Appropriate systems and safeguards, including levels of consent, are in place, to prevent inappropriate access to, or use of, information</p> <p>There are regular IG audits, with records of the findings and evidence of any action taken</p> <p>The IG policy has been developed and improved using feedback from pharmacy users</p>	<p>An innovative solution using technology has been developed and is being used successfully to improve privacy and dignity for pharmacy users. For example, facial recognition technology is used to confirm identity for the collection of prescriptions</p> <p>Consultation and engagement with patients and service users on information management has led to improvements in privacy, dignity and confidentiality</p> <p>Digital technology which has been embraced and is supported by robust data protection, is improving patient trust and confidence in the pharmacy</p>



Not met	Met	Good practice	Excellent practice
	<p>The pharmacy team members can give examples to show how they protect patient confidentiality</p> <p>Information is made available to patients about how their data is used and how their confidentiality is maintained</p> <p>Evidence that where there have been breaches of confidentiality that these are documented and reported appropriately</p> <p>Appropriate procedures in place to ensure patient confidential</p> <p>Information is not inadvertently shared by delivery drivers (use of delivery sheets)</p> <p>Confidential waste is identified, separated, and disposed of responsibly</p>	<p>Members of the pharmacy team can explain what a data security breach is, how they might identify one, and how they would deal with it</p>	

## Standard 1.8: children and vulnerable adults are safeguarded

Not met	Met	Good practice	Excellent practice
<p>There is evidence that the pharmacy team failed to act appropriately in relation to a safeguarding concern</p> <p>The pharmacy team members do not demonstrate any knowledge of safeguarding</p>	<p>There is a designated lead person for safeguarding</p> <p>Safeguarding procedures are in place, with current contact details of local referral agencies available</p> <p>The pharmacy team has undertaken appropriate safeguarding training, for example level 1 for non-clinical staff and level 2 for clinical staff, dementia friends training</p> <p>The pharmacy team members can describe action they took or would take to safeguard vulnerable individuals, including evidence of outcomes</p> <p>There is a chaperone policy in place</p>	<p>There is a clear culture of safeguarding the safety and wellbeing of children and vulnerable adults, including support for staff when they raise concerns</p> <p>Safeguarding is a regular item for discussion at team meetings</p> <p>The pharmacy has signs up advertising that their pharmacy is a safe space for vulnerable people</p> <p>The pharmacy documents examples of safeguarding by making records of the interventions</p> <p>All the pharmacy team are able to provide examples of safeguarding interventions that they have made and how they have resulted in positive outcomes for those individuals.</p> <p>All staff are familiar with the common signs of abuse and neglect, and with local safeguarding issues and priorities, such as human</p>	<p>Safeguarding is considered in all aspects of delivering pharmacy services, for example, in the design of consultation areas, in the identification of the most vulnerable patients and in supporting patients to access pharmacy services from their own homes</p> <p>Safeguarding is embedded in staff culture. They each have a high level of training and are aware of patients' needs, which they have put into practice and helped numerous patients and the wider community</p>



Not met	Met	Good practice	Excellent practice
		trafficking, modern slavery and female genital mutilation (FGM)	

## Principle 2

**Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public**

**Standard 2.1: there are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided**

Not met	Met	Good practice	Excellent practice
<p>There are not enough suitably qualified staff for the pharmacy to operate safely and effectively</p> <p>Staff are deployed in such a way that, for periods of time, there are not enough suitably qualified staff to operate safely and effectively</p>	<p>Staff are observed to safely and effectively manage the workload</p> <p>The skill mix is suitable for the nature of the business</p> <p>Work rotas are managed to ensure staffing levels remain sufficient at all times</p> <p>Staffing levels are regularly reviewed to ensure they remain appropriate, particularly when new services are introduced or there are other changes to the business</p> <p>Staff feel able to cope and know how to get support if needed</p> <p>Contingency arrangements are in place to cover staff absence</p>	<p>There is evidence that staffing levels are continuously reviewed to provide assurance that they remain appropriate</p> <p>There is a contingency plan in place for changing workloads and there is short, and long, term succession planning for key positions, as appropriate</p> <p>Staff do not feel pressurized and are able to complete tasks properly and effectively in advance of deadlines</p> <p>Workloads are reviewed and technology or different ways of working are used to increase the efficiency of the team. For instance, using robotics or other time saving technology</p>	<p>There are staff with additional qualifications using their additional skills, knowledge and experience for the benefit of pharmacy users. For instance, nurse independent prescribers or pharmacist independent prescribers</p>

**Standard 2.2: staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training**

Not met	Met	Good practice	Excellent practice
<p>Members of staff have not been trained, or are not undergoing training appropriate for their role, in accordance with GPhC minimum training requirements</p> <p>There is evidence that members of staff carry out activities for which they are not appropriately qualified or trained</p> <p>Pharmacy professionals (or other staff) are providing specialist services when they have not been trained or accredited to do, so for example flu vaccinations, clinical screening of chemotherapy prescriptions, MURs</p> <p>There is evidence of inadequate supervisory control</p>	<p>Support staff are trained in accordance with GPhC minimum training requirements, appropriate to their role</p> <p>Pharmacists and staff have completed appropriate training for any specialist services they provide, for example flu vaccination, PGDs, and smoking cessation service, and where appropriate have a declaration of competence or certificate to prove this</p> <p>Pharmacists keep up to date with relevant information to support them in providing clinical services. This includes but is not limited to signing up to relevant updates, knowledge of national and local guidelines, attendance on training programmes or courses</p> <p>Pharmacist independent prescribers can show that they are working within their competency</p>	<p>New employees have a structured induction programme to prepare them to work in the pharmacy</p> <p>Skills and competence are defined for each role and audits undertaken to assess ongoing competence</p> <p>Staff are encouraged to develop their skills and there are clear career progression opportunities</p> <p>Most members of the pharmacy team are fully trained and experienced, and newer members are fully supported while undergoing training</p> <p>Protected time is provided for staff to learn while they are at work</p> <p>Planned learning and development is actively encouraged and relevant and useful learning and development is arranged for the staff to access</p>	<p>There is high importance given to staff training and development with individual and team learning and development plans in place for identified priorities</p> <p>Additional and enhanced training is given to competent staff members leading to extended and innovative services being delivered at the pharmacy and out into the community</p> <p>Some members of the pharmacy team are given advanced highly specialised training to provide extended additional services. For instance, in the area of asthma or in the use of hospital specialist equipment</p>

Not met	Met	Good practice	Excellent practice
	<p>Supervisory arrangements are in place for those in training</p> <p>The skill mix of the pharmacy team is regularly reviewed to ensure it remains appropriate, particularly when new services are introduced or there are other changes to the business</p> <p>Continuous learning and development are encouraged</p> <p>Individual learning needs are identified and addressed</p>	<p>Records show that staff complete regular ongoing training, relevant to their roles, to help keep their skills and knowledge up to date</p> <p>The pharmacy team participates in joint training with other local healthcare professionals and teams. For instance, with local GP practices</p> <p>Training is targeted to the needs and interests of staff members</p>	

### Standard 2.3: staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the interests of patients and the public

Not met	Met	Good practice	Excellent practice
<p>Members of the pharmacy team do not feel able to exercise their professional judgement in the best interests of patients</p> <p>There is evidence that excessive or inappropriate quantities of pharmacy (P) or general sales list</p>	<p>The pharmacy team members ask appropriate questions and provide suitable advice when they sell medicines, and know when to ask for help</p> <p>The pharmacy team members are aware of the potential abuse and</p>	<p>The pharmacy team can give examples of interventions that have had positive outcomes for patients</p> <p>Pharmacy professionals are supported for revalidation e.g. support for CPD through dedicated resources, facilitation of peer</p>	<p>The pharmacy team is supported and encouraged to act proactively and innovatively to benefit patients, the wider public and healthcare professionals they provide services for- for instance, a new service is introduced to meet a particular</p>





Not met	Met	Good practice	Excellent practice
<p>(GSL) medicines are being sold without challenge</p> <p>Members of the pharmacy team say that they are pressurised to sell products or provide services inappropriately</p> <p>There is evidence that medicines are sold without obtaining sufficient information to be able to assess whether they are safe and appropriate for the patient (this includes online sales)</p>	<p>misuse of P or GSL medicines. Frequent purchases and requests for excessive or inappropriate quantities are challenged</p> <p>The pharmacy has systems in place to identify concerns about repeat requests, patients making repeat purchases (this would include online purchases), patients asking for medicines which can be misused, are high risk, or misused in combination with other things</p> <p>The pharmacy team can give examples of clinical and professional interventions</p> <p>The pharmacy team can give examples of how services or interventions have benefitted patient care</p> <p>Pharmacy professionals are comfortable making decisions and do not feel pressurised to compromise their professional judgement</p> <p>The pharmacy team knows who the local accountable officer is and</p>	<p>discussion and encouraging reflection upon the standards for pharmacy professionals.</p>	<p>health need in a specific patient group</p> <p>Working collaboratively with other healthcare professions, and being empowered and trusted to run services which provide positive outcomes for people. For instance, running asthma or chronic obstructive pulmonary disease (COPD) clinics</p>

Not met	Met	Good practice	Excellent practice
	know how to report concerns about controlled drugs		

## Standard 2.4: there is a culture of openness, honesty and learning

Not met	Met	Good practice	Excellent practice
<p>There is evidence of a dysfunctional team dynamic, with a risk that patients are being disadvantaged or adversely affected</p> <p>There is evidence that things have gone wrong which have been covered up</p>	<p>The pharmacy team members are engaged, enthusiastic and knowledgeable about the operation of the pharmacy</p> <p>There is evidence of shared learning, between members of the team, between branches and with other healthcare professionals / organisations in the local area where appropriate e.g. GP practices, hospitals</p> <p>There is evidence that members of the team are supported and comfortable discussing their mistakes openly without fear of reprisals, and that as a result, the appropriate action is taken</p>	<p>Members of the pharmacy team demonstrate enthusiasm for their roles and can explain the importance of what they do</p> <p>Members of the team are comfortable talking about their own mistakes and weaknesses, and can explain why it is important to share learning</p> <p>There is evidence that individuals' learning and development needs have been identified and addressed</p> <p>There is evidence of effective team working to achieve common goals</p> <p>There is regular feedback to staff about their performance</p> <p>There is evidence of a mentoring culture where colleagues identify and support the learning and</p>	<p>The pharmacy team is fully involved in improving the delivery of pharmacy services proactively, drawing on good practice from elsewhere and using innovative processes and technology</p> <p>The pharmacy team takes responsibility and ownership over aspects of a service whilst collaborating and discussing how the service could be improved for better outcomes for pharmacy users</p> <p>The pharmacy team discusses and challenges standard operating procedures, using audits to identify gaps and improve outcomes. For instance, dealing with split packs of medicines in a bespoke dispensing robot</p>

Not met	Met	Good practice	Excellent practice
	<p>Members of the team understand the importance of reporting mistakes and the duty of candour</p> <p>Staff have periodic reviews to discuss performance and areas for development</p> <p>Feedback and complaints are shared with the pharmacy team and action is taken as a result</p>	<p>development of other team members</p> <p>The team is open to learning and proactively responds to external incidents</p> <p>Pharmacy policies and procedures are clear about expected standards of behaviour and demonstrate commitment to openness, transparency and learning</p>	<p>Feedback from patients, the public and other stakeholders is encouraged and feedback received confirms the pharmacy readily admits when it gets things wrong and seeks to put things right swiftly</p>

### Standard 2.5: staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services

Not met	Met	Good practice	Excellent practice
<p>There is evidence that no action, or insufficient action, has been taken when individuals in the pharmacy team have raised legitimate concerns</p> <p>There is evidence of threats or the fear of reprisals preventing concerns from being raised</p>	<p>Members of the pharmacy team know how to raise concerns and who they can tell</p> <p>There is a whistle blowing policy in place which is regularly reviewed</p> <p>Members of the pharmacy team feel comfortable raising concerns and making suggestions</p>	<p>There is a confidential helpline available to support anyone wishing to raise a concern with details prominently displayed in the pharmacy</p> <p>There is active engagement with staff to proactively share ideas and identify any concerns.</p> <p>Regular staff surveys are undertaken and there is evidence</p>	<p>The pharmacy team is fully involved in improving the delivery of pharmacy services and empowered by a staff ownership model</p> <p>Staff feedback and ideas inform training and development programmes</p>

Not met	Met	Good practice	Excellent practice
	<p>Regular team meetings provide an opportunity to discuss feedback or concerns</p> <p>There is evidence, over a period of time, of concerns that have been raised, with records to show what was done</p> <p>Staff have direct access to the superintendent pharmacist, head office, or pharmacy owner(s) if they need it</p>	<p>that follow up actions are identified and carried out</p> <p>Regular team meetings are held at which feedback and concerns are discussed and minutes are recorded and shared</p> <p>Members of the pharmacy team have regular appraisals and one to one meetings with their line manager</p>	

**Standard 2.6: incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff**

Not met	Met	Good practice	Excellent practice
<p>There is evidence that the interests of patients have been compromised by targets and incentives in place</p> <p>There are incentives in place that encourage the inappropriate sale of medicines or take up of services for instance a 'buy one get one free on codeine containing products' promotion</p>	<p>The pharmacy team members can explain how their approach to meeting targets serves the best interests of patients</p> <p>Targets are applied reasonably so that the pharmacy team can exercise discretion</p>	<p>Incentives are patient centred and help patients who need to buy medicines regularly and may be on low incomes</p>	<p>Incentives and targets are designed to help hard to reach patients and those who do not usually access healthcare resources, within the local community</p>



Not met	Met	Good practice	Excellent practice
<p>There is evidence of undue pressure to meet targets that has an adverse effect on patient care</p> <p>Incentivised services do not optimise the health and wellbeing of patients and are carried out as a 'tick box' activity for financial reward</p>	<p>Targets and incentives are chosen and applied so that patients and the public will benefit if they are met</p> <p>targets and incentives are regularly reviewed to ensure they remain appropriate</p> <p>Incentivised services such as MURs, which are provided by the pharmacy, are meaningful and lead to positive outcomes</p>		

# Principle 3

The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public

Standard 3.1 Premises are safe, clean, properly maintained and suitable for the pharmacy services provided

Not met	Met	Good practice	Excellent practice
<p>There are dirty or untidy areas of the pharmacy that are detrimental to the safe provision of services</p> <p>There are areas of structural damage or dampness that present a significant risk to the safe operation of the pharmacy</p> <p>There is excessive clutter that presents a significant hazard or risk</p> <p>There are significant health and safety risks (for instance completely blocked fire exits, dangerous electrics, or significant tripping hazards)</p> <p>There is evidence that the premises are unsuitable for the pharmacy services provided, for example</p>	<p>The pharmacy premises are clean, tidy and in a good state of repair</p> <p>There is sufficient floor space and desk or worktop space to work safely and effectively</p> <p>The pharmacy team members know what to do if repairs or maintenance are needed</p> <p>Any necessary urgent works are undertaken</p> <p>The design and layout of the pharmacy is suitable for the nature of the activities</p> <p>Work areas and public areas are well organised, separated and uncluttered</p> <p>The pharmacy website prominently displays the pharmacy's name,</p>	<p>Notably high standard of premises and fixtures and fittings</p> <p>Bespoke design to provide an ideal environment for specific services to be delivered</p>	<p>Innovative and unique features of the pharmacy premises improve the patient experience. The features are introduced after consulting patients and service users</p> <p>The flexible and ergonomic design enables the pharmacy to adapt the layout and workflow to suit the activities being undertaken and ensure risks are managed</p>

Not met	Met	Good practice	Excellent practice
<p>where they are clearly too small for the volume of work</p> <p>Medicines are sold via a pharmacy website that does not display the MHRA logo</p>	<p>address and registration number, and the names of the owner and superintendent (if applicable)</p>		

### Standard 3.2 Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services

Not met	Met	Good practice	Excellent practice
<p>There is evidence that staff are not able to overcome any limitations in the structure, design or layout of the premises – for example, conversations in the dispensary can be clearly heard by patients in the retail area</p> <p>The facilities for private and confidential consultations and examinations, etc are not sufficient to protect dignity and confidentiality</p> <p>Pharmacy websites are not secure</p> <p>The website used to access services does not make it clear which pharmacy is supplying the</p>	<p>There is a consultation room or private area that can be used for confidential conversations, consultations or examinations, and so on</p> <p>The consultation room is suitably constructed and equipped for the purpose it serves</p> <p>The dispensary is screened to provide privacy for the dispensing operation</p> <p>There is a screened area of the medicines counter to provide greater privacy for routine activities</p>	<p>Notably high standard of consultation room with effective sound proofing and privacy measures</p> <p>The availability of the consultation room is actively promoted</p> <p>A dedicated screened area is available for specialist services for example for use by substance misuse clients.</p> <p>A separate or alternative exit is available for vulnerable people</p>	<p>To maintain the privacy and dignity of people using substance misuse services, a separate entrance and area is made available for them to access this service</p> <p>Patients and the public have been consulted about the design of the pharmacy and their suggestions have been utilized to ensure that it protects their privacy, dignity and confidentiality</p>

Not met	Met	Good practice	Excellent practice
medicines and when third parties are involved	Pharmacy websites have appropriate security safeguards in place		

### Standard 3.3 Premises are maintained to a level of hygiene appropriate to the pharmacy services provided

Not met	Met	Good practice	Excellent practice
<p>There is inadequate hygiene and infection control for the safe provision of services (for example vaccination services and diagnostic testing) including the facilities for hand-washing or cleaning equipment</p> <p>The uncleanliness of work areas is such that it may represent a risk of infection to patients or staff or risk of contamination to medicines, medical devices or equipment</p> <p>Medicines, or medical devices are stored in the toilet area</p>	<p>There are suitable sinks in the dispensary, staff room and toilets which have hot and cold water, soap and hand drying facilities available</p> <p>Toilet facilities are clean and well maintained</p> <p>Work areas are hygienically cleaned</p> <p>There are suitable hygiene and infection control arrangements in place for specialist services, (for example vaccination services and diagnostic testing). This includes but is not limited to gloves, sterile wipes and sharps boxes</p>	<p>The pharmacy is thoroughly and comprehensively cleaned daily, with a cleaning rota in place and detailed cleaning logs kept</p>	



### Standard 3.4 Premises are secure and safeguarded from unauthorised access

Not met	Met	Good practice	Excellent practice
<p>There is evidence that the premises are not secure (for example a lock doesn't work, broken window, hole in wall)</p> <p>The pharmacy is within a shared use premises and access to the pharmacy by other users of the property is not adequately restricted</p> <p>The pharmacy has failed to respond to advice from the police following break-ins, particularly where there have been repeated incidents</p>	<p>The pharmacy premises are lockable and vulnerable entry points are appropriately constructed or protected</p> <p>Other security measures are utilised as appropriate, e.g. swipe card access, alarm systems, CCTV, panic buttons, security guards</p> <p>There is a physical barrier to prevent unauthorised access to restricted areas</p>	<p>There is evidence that security arrangements are actively reviewed and tested to ensure they provide adequate protection</p> <p>Staff train and practise drills so that they know what to do in the event of an incident</p> <p>The pharmacy team works with local police and the local retail consortium to understand the local security risks and works collaboratively to minimise the risks</p> <p>Security guards are trained and instructed to place the safety of staff, patients, the public and themselves above all other considerations</p>	<p>The pharmacy has remote video technology which is motion activated, and alerts the pharmacy owner or other designated person that it has been activated and allows the premises to be viewed, and security issues to be addressed, from a distance</p> <p>Security staff have enhanced training which includes awareness of how people with medical conditions may behave in certain or circumstances or how certain conditions may lead to particular behaviours</p>

### Standard 3.5 Pharmacy services are provided in an environment that is appropriate for the provision of healthcare

Not met	Met	Good practice	Excellent practice
<p>There is insufficient lighting for staff to be able to work safely</p> <p>Temperature extremes within the pharmacy adversely affect the staff or medicines</p> <p>Products are offered for sale that are not considered compatible with a healthcare environment (for example tobacco products)</p>	<p>All areas of the pharmacy are well lit and ventilated</p> <p>Room temperatures are appropriately maintained to keep staff comfortable and are suitable for the storage of medicines</p> <p>The pharmacy layout allows effective supervision of staff and pharmacy activities</p> <p>The appearance reflects a professional healthcare provider</p> <p>Areas where patients receive clinical services and may need to wait, for instance in a consultation room for ten minutes following a flu vaccination, are appropriate, suitable and safe</p>	<p>The pharmacy fosters a professional and clinical environment offering additional access to healthcare professionals and healthcare services e.g. is working with other healthcare providers such as doctors, nurses, chiropodists or physiotherapist</p> <p>The environment is made more welcoming and more comfortable for local patients taking into account feedback and knowledge of the local community and their needs</p> <p>Dedicated separate space, which reduces distractions, is made available for the clinical check and accuracy checking of prescriptions</p>	

# Principle 4

The way in which pharmacy services, including the management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public

Standard 4.1: the pharmacy services provided are accessible to patients and the public

Not met	Met	Good practice	Excellent practice
<p>There are barriers to accessing pharmacy services which prejudice the care of patients</p> <p>There is evidence that the pharmacy has not made any reasonable adjustments or alternative arrangements to facilitate access to services for patients with specific needs, such as not making any provision for patients in wheelchairs or patients with visual impairment</p>	<p>The pharmacy provides information to promote services offered, and signposts people who need services they do not offer</p> <p>The pharmacy provides a range of services and takes steps to make sure people can use them, for example wheelchair access arrangements, hearing loops and large print labels</p> <p>A pharmacy providing services at a distance makes their contact details clear to patients, including the ability to check when a delivery is due</p>	<p>There is evidence that the pharmacy team have actively considered the possible barriers to accessing services, for example for people with a disability or language difficulty, and taken steps to overcome them</p> <p>The pharmacy team reach out to the community to promote health and wellbeing and their services</p> <p>Specific needs of the local community are proactively identified and addressed, for example flu vaccination services offered in schools, places of work and care homes</p> <p>The pharmacy offers access to an extended range of healthcare</p>	<p>The pharmacy team demonstrate how the services provided are tailored to the needs of the local community and are committed to providing patient centred services focused on achieving positive outcomes</p> <p>The pharmacy is proactive and innovative at making the services and public health information accessible to patients and the local population, including by the use of innovative and professional window displays</p> <p>Extensive pharmacy services, fully accessible to the public, are offered, with the patient at the centre of the services</p>



Not met	Met	Good practice	Excellent practice
		related products such as disability aids or specialist therapies	<p>The pharmacy team pro-actively identify and respond to the needs of the different patient groups that access the pharmacy to help support and meet their health needs. Services are tailored to ensure that patients receive not only a safe and effective service but and enhanced experience</p> <p>The pharmacy works in partnership with other healthcare providers and community groups to raise awareness and shows how they have improved outcomes for the local community</p> <p>The pharmacy website and communications meet the Plain English Crystal Mark Standard</p>

## Standard 4.2: pharmacy services are managed and delivered safely and effectively

Not met	Met	Good practice	Excellent practice
<p>There is evidence that pharmacy services are provided in a way that puts patient safety at risk</p> <p>Services are provided without reliable audit trails being in place</p> <p>There is evidence of inappropriate medicines being supplied to patients when the pharmacist missed an opportunity for clinical intervention</p> <p>Medicines are left unsealed or unlabelled for extended periods of time during dispensing</p> <p>There is evidence of pharmacy (P) medicine sales, or handing out prescriptions, in the absence of the responsible pharmacist</p> <p>The pharmacy delivers medicines without adequate control (posted through letter boxes without adequate risk assessment or safeguards, for example)</p>	<p>Controls are in place to reduce the risk of picking and dispensing errors, for example, regular use of dispensing aids to actively manage risks, for example stickers, information notes, baskets</p> <p>There are effective audit trails to demonstrate that professional services are effectively managed and these identify the individuals involved at each stage</p> <p>A documented owing system is in use when medicines cannot be immediately supplied which ensures the service is properly managed</p> <p>There is evidence that delivery services are effectively managed to ensure medicines are supplied safely (see the GPhC guidance for registered pharmacies providing pharmacy services at a distance, including on the internet)</p> <p>Compliance aid dispensing is well organised to ensure patients receive</p>	<p>Information about medicines awaiting collection is effectively highlighted so that, when the medicines are supplied, appropriate checks can be made and patients can be suitably counselled</p> <p>The pharmacy team can demonstrate how they manage their work to ensure efficiency and effectiveness</p> <p>There is evidence of positive outcomes from the services that are provided</p> <p>Repeat prescription services involve rigorous checks to confirm the required medicines are correctly prescribed</p> <p>The pharmacy uses advanced dispensing equipment e.g. robotics, and can show how risks are identified and managed and that this has improved patient safety</p> <p>The pharmacy team can demonstrate the effectiveness of</p>	<p>The pharmacy has introduced innovative services working closely with external partners</p> <p>The services meet the local community's needs providing positive outcomes for individual patients and groups of patients</p> <p>Safe and effective services are delivered in innovative ways, such as taking responsibility for monitoring blood test results for patients on certain medicines, and producing relevant literature for patients and service users</p> <p>Services are managed in an innovative and integrated way which improves outcomes for individual patients, patient groups and the wider public</p> <p>The pharmacy works with local health and community groups to improve health outcomes for the local community and to address the associated needs of patients and</p>

Not met	Met	Good practice	Excellent practice
<p>There is evidence of medicines being supplied unlawfully, for example invalid prescriptions, or expired patient group directions (PGDs)</p> <p>The pharmacy provides a vaccination service without having appropriate anaphylaxis resources in place</p>	<p>their medicines on time and can use them safely</p> <p>Substance misuse services are effectively managed to provide assurance that clients receive appropriate care</p> <p>Appropriate clinical checks are carried out (for example for high risk medicines including valproate, warfarin, methotrexate and lithium)</p> <p>All services are supported by appropriate equipment, resources, emergency procedures, training and up to date guidance, for example vaccination services, prescribing services and emergency hormonal contraceptive services</p> <p>Patient group direction (PGD) services are provided in accordance with appropriate documentation</p> <p>Internet services have appropriate safeguards against misuse</p> <p>Hub and spoke arrangements are managed safely and effectively</p>	<p>risk management strategies they have adopted for specific services</p> <p>Compliance aids are assembled in a controlled environment to avoid distraction</p> <p>The pharmacy carries out audits of patients on high-risk medicines to assess the need for clinical interventions or counselling</p> <p>Clinical audits are undertaken for particular services or patient groups to evaluate the outcomes delivered for patients and to identify areas for improvement</p>	<p>their relatives. The pharmacy is used as a model for other pharmacies in their company and they are used to train colleagues from the other pharmacies</p> <p>The pharmacy is proactive and innovative at providing services in a safe and effective manner including providing services for a wide range of people outside the pharmacy</p> <p>The range and quality of the services are extensive and add value for patients. Examples include instigating a delivery service targeted at young carers and the proactive identification of patients at risk of stroke, type II diabetes or undiagnosed chronic obstructive pulmonary disorder, with follow up signposting to diagnostic testing and appropriate services</p> <p>There is an embedded strong customer and patient focus placing the person at the centre of care, design and implementation of services</p>

Not met	Met	Good practice	Excellent practice
	<p>Pharmacies that are associated with online prescribing services can provide evidence that all online prescribers have appropriate authority to prescribe</p> <p>A pharmacy providing services at a distance has reliable systems in place to confirm the age and identity of patients requesting medicines</p>		

**Standard 4.3: medicines and medical devices are: - obtained from a reputable source; - safe and fit for purpose; - stored securely; - safeguarded from unauthorized access; - supplied to the patient safely; - disposed of safely and securely**

Not met	Met	Good practice	Excellent practice
<p>The safety of medicines and medical devices is compromised by inadequate management arrangements</p> <p>There is evidence of patient returned medicines being re-used, being stored with current stock medicines or not being disposed of safely</p>	<p>All stock medicines are kept in original manufacturer's containers</p> <p>There is evidence that stock medicines are regularly checked to make sure they are fit for purpose</p> <p>All medicines are in date and short dated medicines are highlighted</p> <p>There is evidence of regular fridge temperature checks, demonstrating</p>	<p>Records are kept showing that pharmacy stock is regularly and systemically checked to ensure it is in date and fit for purpose</p> <p>There is evidence that the storage environments of all medicines are continuously monitored and controlled</p> <p>Patient returned medicines and medical devices are screened at the</p>	<p>The pharmacy keeps a patient record card or electronic record for each patient on high risk medicines, such as valproate, warfarin, methotrexate and lithium. The latest monitoring results are recorded, and any interventions and outcomes are also documented</p>



Not met	Met	Good practice	Excellent practice
<p>Out of date medicines are present in stock and there are no effective arrangements in place for identification and removal of the expired medicines in stock</p> <p>There is evidence that date expired medicines have been supplied</p> <p>Stock medicines are not appropriately packaged or labelled</p> <p>There are counterfeit medicines or unlicensed imported medicines present in stock</p> <p>Controlled drugs are not stored in accordance with safe custody requirements</p> <p>There is evidence that medicines that require refrigeration are not stored in appropriate conditions, including during delivery</p> <p>Medicines are stored in areas where there is a significant risk of unauthorised access</p>	<p>that appropriate storage conditions have been maintained</p> <p>Controlled drugs are stored in accordance with safe custody requirements</p> <p>Possession of CD cabinet keys is restricted</p> <p>The pharmacy team members make appropriate checks when they hand out medicines, to make sure they are supplied correctly</p> <p>The delivery service has arrangements in place to protect thermolabile (temperature sensitive) medicines and controlled drugs</p> <p>There are arrangements in place to identify high risk medicines such as valproate, warfarin, methotrexate and lithium and evidence that patients are suitably counselled</p> <p>Pharmacy medicines are displayed in restricted areas to avoid self-selection</p>	<p>time of receipt and immediately quarantined in a safe environment</p> <p>Audit trails are in place to confirm when medicines are supplied to patients</p> <p>Possession of CD cabinet keys is recorded</p>	





Not met	Met	Good practice	Excellent practice
Medicines or medical devices that are not fit for purpose have not been appropriately quarantined	<p>Patient returned medicines are segregated and disposed of appropriately</p> <p>Controlled drugs are rendered unusable before disposal</p> <p>The pharmacy has appropriate arrangements in place to handle and dispose of hazardous waste including sharps and cytotoxic medicines</p>		

**Standard 4.4: concerns are raised when it is suspected that medicines or medical devices are not fit for purpose**

Not met	Met	Good practice	Excellent practice
<p>There is evidence that patient safety has been compromised by failure to act or raise concerns about medicines and medical devices which are not fit for purpose</p> <p>The pharmacy does not receive drug alerts or does not have a system to deal with them</p> <p>There is evidence that black triangle or yellow safety card reporting incidents are not dealt with</p>	<p>The pharmacy has arrangements in place to deal with any concerns about medicines</p> <p>The pharmacy receives drug alerts and recalls from MHRA and other authorities and takes the action required</p> <p>The pharmacy team members can explain how drug alerts are received and checked</p>	The pharmacy routinely shares the information it receives more widely, checking that other healthcare professionals they work with, such as doctors or nurses, are also aware of any alerts or recalls	



Not met	Met	Good practice	Excellent practice
<p>There is evidence that patient level recalls have not been actioned (where stock affected has been held)</p>	<p>The pharmacy team members can show how they have dealt with drug alerts that have been received</p> <p>The pharmacy team members know what to do if they receive damaged stock, or if a patient returns a faulty medicine</p> <p>The pharmacy team knows what to do if patients report unexpected side effects from their medicines</p> <p>There is evidence that all affected patients have been contacted and given appropriate advice in response to a patient level recall</p>		

# Principle 5

The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public.

Standard 5.1: equipment and facilities needed to provide pharmacy services are readily available

Not met	Met	Good practice	Excellent practice
<p>There is evidence that patient safety is compromised by a lack of appropriate equipment and facilities</p> <p>There is no access to appropriate or up to date reference material</p>	<p>The pharmacy uses appropriate equipment and facilities for the services provided</p> <p>All resources required for the services offered are available e.g. consultation room, measuring or monitoring equipment, reference sources, equipment for extemporaneous dispensing</p> <p>Contingency arrangements are in place to manage failure of equipment that is essential for safe service provision</p>	<p>The pharmacy has, or subscribes to, additional information resources to provide enhanced learning and knowledge to the pharmacy team</p>	

**Standard 5.2: equipment and facilities are obtained from a reputable source, safe to use and fit for purpose, stored securely, safeguarded from unauthorized access and appropriately maintained**

Not met	Met	Good practice	Excellent practice
<p>There is evidence of a negative outcome for a patient, because of equipment or facilities</p> <p>There is evidence that the safety of pharmacy services is compromised by the inadequate management of equipment or facilities</p> <p>There is evidence that measuring equipment in use is not fit for purpose</p> <p>There is evidence that equipment or test strips are used after their expiry date or without appropriate calibration</p> <p>There is evidence that multiple use finger prickers are used</p>	<p>The pharmacy has appropriate management arrangements in place, so that it can provide assurance that equipment and facilities are fit for purpose</p> <p>Equipment is obtained from reputable suppliers</p> <p>All measures are stamped (crown, British Standard [BS], ISO or CE)</p> <p>The pharmacy team can demonstrate that equipment is regularly cleaned, calibrated, tested and serviced</p> <p>The pharmacy team members know how to use equipment and facilities, and know what to do if anything does not seem to be working properly</p>		

**Standard 5.3: equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services**

Not met	Met	Good practice	Excellent practice
<p>There is evidence that the privacy and dignity of patients using pharmacy services is compromised by inappropriate use of equipment and facilities</p> <p>Confidential material is stored where there is a significant risk of unauthorised access or where it can be seen by the public</p>	<p>Access to patient medication records (PMR) or IT is controlled through passwords which are secure and changed frequently</p> <p>Computer screens are positioned so they are not visible to the public</p> <p>The pharmacy team takes appropriate precautions when making private phone calls or talking about confidential matters</p> <p>The consultation room is used for private consultations and conversations and protects the dignity of patients</p> <p>There is appropriate use of NHS smart cards, and access of summary care records</p> <p>There is evidence that confidential information is kept secure, for example a consultation room kept locked, items awaiting collection not</p>		



Not met	Met	Good practice	Excellent practice
	visible from retail area, secure retention of records		

