

Registered pharmacy inspection report

Pharmacy Name: WELL, 6 Ardwell Lane, Greenleys, MILTON KEYNES,
Buckinghamshire, MK12 6AX

Pharmacy reference: 1029149

Type of pharmacy: Community

Date of inspection: 13/08/2020

Pharmacy context

A community pharmacy located within a parade of shops in a residential area of Milton Keynes. It sells a range of over-the-counter medicines and dispenses prescriptions. It offers Medicines Use Reviews (MURs), New Medicine Service (NMS) checks and a prescription delivery service. It supplies medicines in multi-compartment compliance packs to people who need assistance in managing their medications. It also provides winter flu vaccinations and has a small number of people who receive instalment supplies for substance misuse treatment. This inspection took place during the coronavirus (COVID-19) pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy generally manages risks to help ensure its services are delivered safely and effectively. Members of the pharmacy team take actions to help minimise mistakes in the dispensing process. The pharmacy keeps the records it needs to by law and has written procedures about keeping people's private information safe. And members of the public can express their views about the quality of services provided by the pharmacy.

Inspector's evidence

The pharmacy had made significant progress since the last inspection. The workflow in the pharmacy was organised. Members of the pharmacy team were coping with their workload adequately and they were able to serve customers in a timely way. A range of posters giving information about COVID-19 were displayed by the entrance of the pharmacy. Social distancing measures had been implemented and floor stickers had been placed indicating where people should stand to allow safe distances between people. The pharmacy was letting three customers at a time enter the pharmacy and members of the public generally co-operated with the new requirements. Members of the pharmacy team were wearing personal protective equipment (PPE) and were using hand sanitisers frequently. The pharmacy had completed its health risk assessment for each staff member. And the business continuity plan had been updated centrally by the pharmacy's head office. A COVID-19 aide-memoire was on display in the dispensary showing who and when team members should call in the event of an incident during the pharmacy's opening hours.

As found during the previous inspection, the pharmacy had a range of in-date standard operating procedures (SOPs) and members of the pharmacy team, except a recently recruited trainee dispenser, had read and signed these SOPs. The trainee dispenser was in the process of completing her SOP training.

The responsible pharmacist (RP) explained the process, members of the pharmacy team would follow to record any mistakes they made during the dispensing process. Mistakes that were detected before the medicines left the premises (near misses) were said to be recorded and reviewed each month to identify any emerging trends. Mistakes that had reached patients (dispensing errors) were reported on an electronic system called Datix. The RP could not recall any recent dispensing errors. At the time of the inspection, the RP could not locate the near miss records but said that all dispensing incidents were discussed among team members to identify any learning points and were acted on to prevent similar incidents from happening again. The RP confirmed that the pharmacy manager completed patient safety reports each month which included details of any near misses and dispensing errors that had occurred in that month.

A responsible pharmacist (RP) notice was displayed in the pharmacy. A medicine counter assistant (MCA) demonstrated a good understanding of the tasks she could not undertake in the absence of a RP. The pharmacy had appropriate insurance arrangements in place for the services it provided. The RP records were appropriately maintained. The records about the supply of unlicensed medicines and private prescriptions were generally in order. But a private prescription dispensed on 19 July 2020 had not been recorded. The pharmacy's controlled drug (CD) registers were kept in line with requirements and registers' running balances were checked regularly. Running balances of two randomly selected

CDs were checked and both were found to be correct.

The pharmacy's computers were password protected and the RP used her own NHS smartcard to download electronic prescriptions. Completed prescriptions in the retrieval system were out of public view and stored securely. Confidential waste was separated and collected by a specialist waste contractor for secure disposal. Members of the pharmacy team had all signed confidentiality agreements. The pharmacy had a complaints procedure and information about this was included in the pharmacy's practice leaflet. Members of the pharmacy team usually conducted an annual survey to seek people's view about the quality of services the pharmacy provided. But this year's survey had been delayed due to the pandemic. The results from the previous year's survey were displayed in the pharmacy.

The pharmacy had procedures about protecting vulnerable people and the RP had completed appropriate training. Local contact details to escalate any safeguarding concerns were available in the pharmacy. The RP was aware about the Safe Spaces initiative and knew where to signpost people experiencing domestic abuse to access specialist support.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team work well together and can manage their current workload effectively. And they have access to training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection there was one regular locum pharmacist, one MCA and one trainee dispenser. A full-time dispenser was on sick leave and the pharmacy manager was on annual leave. The MCA was seen serving people and asking appropriate questions when responding to requests or selling over-the-counter medicines. The team members were working well together and coping with their workload adequately. The RP said they were up to date with their repeat prescriptions. But there were quite a few baskets with dispensed items awaiting a final accuracy check.

A whistleblowing policy was in place and members of the pharmacy team knew how to raise concerns about the way the pharmacy operated. The RP said that the situation in the pharmacy had significantly improved since the last inspection. The current pharmacy manager, full-time dispenser, trainee dispenser and MCA had all been recruited since then. The new team was working well together and said having a pharmacy manager provided continuity to both patients and staff.

The company provided online training resources to support staff in keeping their skills and knowledge up to date. Members of the pharmacy team had recently completed training about COVID-19 and the pneumonia vaccination service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a professional environment for people to receive healthcare. But the overall tidiness in the dispensary could be improved.

Inspector's evidence

The front fascia of the pharmacy was well maintained and projected a professional image. The retail area of the pharmacy was spacious and there was seating available for people waiting for services. A spacious consultation room was available for private consultations. As a result of the pandemic, the pharmacy had implemented social distancing measures and a Perspex screen had been fitted along the medicines counter to help minimise the risk of transmission of COVID-19 infection.

The dispensary had enough workbench and storage space available for its current workload. But it was somewhat cluttered in places. The sink for preparing medicines was clean and had a supply of hot and cold running water. There was adequate lighting throughout the pharmacy.

Members of the pharmacy team had access to hygiene facilities. And the premises could be secured against unauthorised access when it was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services and these are generally well managed. The pharmacy sources, stores and manages medicines safely, to ensure that all the medicines it supplies to people are fit for purpose. The pharmacy could do more to make sure that people get all the information they need to take their medicines safely.

Inspector's evidence

The entrance of the pharmacy had a small step and a power-assisted door. A portable ramp was available to help people with mobility difficulties access the premises. The pharmacy's opening hours and a list of services offered by the pharmacy were advertised within the store. And there was a range of posters and healthcare leaflets on display. A prescription delivery service was offered to people who couldn't come to the pharmacy to collect their medicines. The RP said that the demand for the delivery service had increased significantly during the pandemic. The delivery driver was currently not obtaining signatures from people when their medicines were delivered. But the delivery sheet was annotated accordingly to provide an audit trail.

The pharmacy had just begun to offer some face-to face services such as MURs. But the uptake of these had been slow. The RP said that the pharmacy was planning to offer the flu vaccination service this autumn. And was waiting for further guidance from the pharmacy's head office about how this service was going to be delivered. The pharmacy had a few people receiving substance misuse treatment. Due to COVID-19, the supervision element of this had been suspended and most people collected their instalments from the pharmacy.

The pharmacy supplied medicines in disposable multi-compartment compliance packs to people who had difficulties in managing their medications. The packs were supplied either weekly or monthly depending on the person's needs. Prescriptions were cross-checked with individual record sheets to ensure all items prescribed were current and any changes to the person's regime were documented. A pack checked during the inspection included the initials of the people who had assembled and checked it. But it did not include the descriptions of medicines contained within it. And patient information leaflets had not been included. This may mean that people do not have access to all the information they need to help them take their medicines safely.

The RP was aware about the issues involved in dispensing sodium valproate to people in the at-risk group. There were leaflets and warning cards available in the dispensary. The pharmacy had a small number of people who were prescribed warfarin. But the status of their therapeutic monitoring was not recorded on the person's medication records. Members of the pharmacy team had stickers available to mark the expiry date on CD and other prescriptions that had a validity period of 28 days. The RP said that she would normally circle the date on such prescriptions. But prescriptions for tramadol and gabapentin found in the prescription retrieval system were not marked in any way.

Stock medicines were obtained from recognised wholesalers and these were stored appropriately. Pharmacy-only medicines were stored out of reach of the public. All CDs requiring secure storage were stored appropriately and the pharmacy had denaturing kits available to dispose of waste CDs safely. The pharmacy was not yet compliant with the Falsified Medicines Directive (FMD). The RP said that she

could recall completing the FMD training months ago, but she was not quite sure why the directive had not been fully implemented in the pharmacy.

Medicines requiring cold storage were kept in a refrigerator and these were stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were recorded daily. Waste medicines returned by people were stored and disposed of properly. Members of the pharmacy team kept date checking records and they highlighted short-dated medicines to help make sure they were removed at an appropriate time. The pharmacy had a process to deal with safety alerts and medicines recalls. Records of these and the action taken by the team were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide its services safely. It maintains its equipment and facilities adequately.

Inspector's evidence

Members of the pharmacy team had enough supplies of PPE. Hand sanitising gel and hand washing facilities were available in the dispensary.

Equipment for counting loose tablets and capsules was clean. A range of crown-stamped measures was available for measuring liquid medicines. All electrical equipment appeared to be in good working order.

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. The computer terminals were positioned away from public view and they were password protected. The dispensary was clearly separated from the retail area. And afforded good privacy for the dispensing operation and any associated conversations.

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.