

Registered pharmacy inspection report

Pharmacy Name: Wessex Pharmacies Ltd., 14 Avenue Road,
WEYMOUTH, Dorset, DT4 7JJ

Pharmacy reference: 1030623

Type of pharmacy: Community

Date of inspection: 24/07/2019

Pharmacy context

This is a community pharmacy located in a residential area in Weymouth, Dorset. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccinations, drug misuse services and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

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	1.8	Good practice	The pharmacy team are aware of how to notice signs of safeguarding issues and have used these to protect their patients.
2. Staff	Standards met	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive time to complete it.
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 has written procedures to help make sure the team works safely. Pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally maintains the records that it must keep by law. However, some records were not always completed correctly which could mean that the pharmacy is not able to show exactly what has happened if any problems arise.

Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were regularly recorded and these were displayed in the dispensary. The pharmacy manager reported that these were reviewed monthly. Subsequently, a team briefing would be held to communicate any learning from these errors. Based on previous near misses, ramipril tablets and capsules had been separated on the dispensary shelf.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). The pharmacist demonstrated that previous dispensing errors had been subject to an investigation and root cause analysis. Dispensing errors were also reported to the superintendent pharmacist.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for all the dispensary tasks. SOPs had been reviewed within the last two years. On questioning, the members of staff were all able to explain their roles and responsibilities.

A complaints procedure was in place and the staff were all aware of the complaints procedure. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract and previous feedback was seen to be positive.

An indemnity insurance and public liability certificate from Numark was displayed and was valid and in date until the end of September 2019. Records of controlled drugs (CD) and patient returned CDs were seen as being kept. A sample of a random CD was checked for record accuracy and was seen to be correct. The address that a CD was received from was not always included in the records. Page margins were not consistently filled out on a selection of registers examined. CD balance checks were carried out approximately monthly. Patient-returned and out-of-date CDs were separated from regular CD stock but were not always labelled appropriately.

Date checking was carried out regularly and records were kept to demonstrate this. The fridge

temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range.

An electronic responsible pharmacist (RP) record was retained and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The RP record was two days out of date at the time of the inspection but this was promptly corrected by staff.

The private prescription records were retained and were in order. The emergency supply records were not demonstrated as pharmacy staff were unfamiliar with a new patient medical record system they were using. The pharmacy manager agreed to address this. The specials records were retained but some entries omitted the prescriber's details.

Staff were seen to be following the company information governance policy. Confidential waste was separated and shredded intermittently using a cross cut shredder. The computer screens were all facing away from the public and access to patient confidential records was password protected. All confidential information and patient sensitive information was filed away in the pharmacy.

Staff explained that they were aware what signs to look out for that may indicate safeguarding issues in children and vulnerable adults. Contact details were available for safeguarding referrals, advice and support.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist, one accuracy checking technician, one dispensing assistant and one healthcare assistant present during the inspection. They were all seen to be working well together. The pharmacy manager explained that low staffing levels had been an issue but that there were two new dispensing assistants being recruited to address this.

Staff performance was monitored and reviewed formally bi-annually against key performance indicators (KPIs). In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The pharmacy manager reported that staff meetings would take place on a monthly basis to discuss any safety issues in the pharmacy and any learning from near misses or significant errors.

The staff reported that they kept their knowledge up to date by reading third party materials and would ask the pharmacist if they had any queries. Staff gave an example of having recently completed a refresher on information governance and data protection training. Staff received time to complete required training.

Staff reported that they felt comfortable to approach the pharmacy manager or superintendent pharmacist with any issues regarding service provision. There were targets in place in the pharmacy but the team explained that they did not feel any pressure to deliver these targets and that they would never compromise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a retail area toward the front and a dispensary area toward the back. Pharmacy fixtures and fittings appeared dated and had not been upgraded in some time. The carpet in the retail area was visibly stained. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were generally organised in a generic and alphabetical manner and staff reported that the shelves would be cleaned when the date checking was carried out.

The consultation room was not very well soundproofed and the pharmacy team managed this by talking quietly. Patient confidential information was stored securely. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action. But the pharmacy team members do not always store medicines with batch numbers and expiry dates which could mean that it would be more difficult to trace these medicines when things have gone wrong. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

Inspector's evidence

Pharmacy services were detailed in a practice leaflet available in the pharmacy. Access to the pharmacy was via small step and staff were available to help people negotiate this if needed. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting. Large print labels were available for patients with sight difficulties.

The pharmacy team dispensed multi-compartment compliance aids for 160 patients in their own homes, for five care homes and 12 assisted living homes. Audit trails were kept to indicate where each compliance aid was in the dispensing process. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked the compliance aid was complete. Descriptions were routinely provided for the medicines contained within the compliance aids. Audit trails were kept to record who dispensed and checked the compliance aids. Patient information leaflets (PILs) were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were not available for use during valproate dispensing and the pharmacy manager agreed to address this. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was not available for use during the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacy was European Falsified Medicines Directive (FMD) compliant. The relevant equipment and software was in place. Medicines were obtained from suppliers such as Day Lewis warehouse, AAH, Phoenix and Alliance. Specials were obtained via suppliers such as Rokshaw specials.

The majority of medicines and medical devices were stored within their original manufacturer's packaging. But the following medicines were stored in containers without the following information:
Pholcodine 10mg/5ml solution with no batch number or expiry date (two bottles)
Digoxin 250mcg with no form, quantity, strength, batch number or expiry date
Rivaroxaban 20mg with no form, batch number or expiry date

Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. There was large container full of out-of-date medicines kept near the sink that were not clearly labelled as out of date. This may increase the risk that these medicines are supplied to patients by mistake.

The fridges were in good working order and the stock inside was stored in an orderly manner. There was one CD cabinet in the pharmacy which was fixed to the dispensary appropriately.

MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacy manager explained that these were actioned appropriately. But audit trails were not always kept to demonstrate this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for dispensing CDs. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources. There were two fridges which were in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within 2 to 8 degrees Celsius. Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

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.