

Registered pharmacy inspection report

Pharmacy Name: Well, 2-3 Churchill Court, Bolton Street, BRIXHAM,
Devon, TQ5 9DW

Pharmacy reference: 1030691

Type of pharmacy: Community

Date of inspection: 04/02/2020

Pharmacy context

The pharmacy is located in the town of Brixham, Devon. It sells over-the-counter medicines and dispenses NHS and private prescriptions. It also supplies medicines in multi-compartment compliance aids to people living in their own homes. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicine Service (NMS), a minor ailments scheme, the supply of emergency hormonal contraception and flu vaccinations. The pharmacy also provides services for drug misusers.

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 identifies and manages its risks appropriately. Team members record their errors and review them to identify the cause of errors. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy has adequate insurance to cover its services. And it keeps all of the records required by law. It keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had appropriate processes in place to monitor and reduce its risks. Near misses were recorded on an online reporting system, Datix. Pharmacy team members recorded them as soon as the error was identified. Dispensing incidents were also recorded on Datix and included a more detailed analysis of the cause. When errors were identified, they were discussed as a team to identify the potential contributing factors. A large proportion of prescriptions received by the pharmacy were labelled in the pharmacy then dispensed at the company's central fill site. They were then delivered back to the pharmacy and reconciled with the prescription. Any errors in prescriptions received in this way were also reported on Datix. Errors were reviewed in a monthly patient safety report completed by the pharmacist manager and actions were generated to try to prevent a reoccurrence of errors. The patient safety report was discussed in a huddle. Pharmacy team members proactively highlighted drugs which had similar livery or unusual quantities to try and prevent errors.

Standard operating procedures (SOPs) were held online up to date and were regularly reviewed. A record of which SOPs had been read by staff was held on each individual's e-Learning account. The pharmacy team said that the pharmacist manager checked understanding of SOPs through observation and questioning. She provided additional coaching as required. A team member could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges. The pharmacy had a business continuity plan in place, which was held online.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 96.1% of respondents had rated the service provided by the pharmacy as very good or excellent overall. Following feedback that people were not aware that there was somewhere to have private conversations with the pharmacist, team members took steps to source a sign for the consultation room door. The pharmacy received a telephone call during the inspection from a person who had recently started using the pharmacy, praising the service he had received. A complaints procedure was in place and was displayed in the retail area.

The pharmacy had appropriate professional indemnity and public liability insurances in place. Records of the RP were maintained appropriately but the incorrect RP certificate was displayed. This was quickly changed when pointed out by the inspector. Controlled drug (CD) registers were maintained as required by law. Balance checks were completed weekly. A random stock balance check was found to be accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions and emergency supplies were made in a book and were in order.

Records of unlicensed (specials) medicines were retained and the certificates of conformity contained all legally required details.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Smart cards were used appropriately. Written consent was obtained where possible before summary care records were accessed. If written was not possible, verbal consent was obtained.

All staff were trained to an appropriate level on safeguarding. The RP and the two pharmacy technicians had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. The remaining staff completed yearly safeguarding training. Local contacts for the escalation of concerns were easily accessible and were stored in a folder. Pharmacy team members gave several examples of when they had made appropriate referrals following concerns for people's wellbeing and safety.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. The pharmacy encourages and supports its team members to develop their skills and knowledge. Team members receive time in work to complete training for their roles. They are confident to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback on their performance.

Inspector's evidence

Staffing levels were adequate on the day of the inspection. In addition to the RP, who was a locum pharmacist, there were two pharmacy technicians, one of who was an accuracy checking technician. There was also a full-time pharmacy advisor who was not working on the day of the inspection. The team had a good rapport and felt they could manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours. In an emergency, the pharmacy could arrange for a relief dispenser.

The pharmacy team reported that they were allocated protected time to learn during working hours. Resources accessed included compulsory SOPs, CPPE packages and optional advanced learning on the company eLearning portal. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. Team members were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

The staff felt able to raise concerns and give feedback to the regional manager, who they found to be receptive to ideas and suggestions. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place. The pharmacy team said that they were not set formal targets. The RP felt able to use his professional judgement to make decisions. He would only undertake services such as MURs that were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. But this room does not have a sign so people using the pharmacy may not know it is there. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was located on the outskirts of the town centre of Brixham. A small retail space with a waiting area led to the healthcare counter and dispensary. A large consultation room was available which presented a professional image and had health-related posters and information displayed. But it had no sign on the door to show that it was a consultation room. The room was locked when not in use. No confidential information was stored in the consultation room. The dispensary was large and had plenty of bench space. A large table had been placed in the middle of the dispensary to hold the stock which would be used to dispense that day's prescriptions, following the company 'Best in Class' process. The remaining dispensary stock was well organised and tidy. Most of the stock was stored in pull-out drawers. Prescriptions awaiting collection were stored in a retrieval system in cabinets. They had opaque doors to prevent confidential information being viewed by people waiting in the pharmacy. Cleaning was undertaken each day and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water. The pharmacy appeared to be well maintained. The lighting and temperature were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers a range of additional services and the pharmacy team delivers these services safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy was wheelchair accessible and an automatic door was installed. The consultation room was also wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy. The pharmacist manager was accredited to provide all of the promoted services. Team members described that if a patient requested a service not offered by the pharmacy, they would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online. Records of signposting referrals were made on the patient medication record (PMR).

Dispensing baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedules 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. Details of significant interventions were recorded on the patient medication record (PMR). Substance misuse services were provided for around 20 people. All people receiving methadone were supervised when consuming their dose. The pharmacy used the Methameasure system to dispense methadone. It was dispensed into a labelled cup when each person arrived to collect their dose. The pharmacy technician described how she and the pharmacist manager would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service. The pharmacy also ran a well-used needle exchange service.

The pharmacy offered a range of additional services including flu vaccinations. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The declaration of competence for all pharmacists administering flu vaccinations were seen. The pharmacist manager had completed training on injection techniques and anaphylaxis and resuscitation within the last two years.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium

valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had the stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy also had the information booklets and cards to be given to eligible women.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 100 people based in the community. The pharmacy worked with the GP practice to decide if a compliance aid was the most appropriate solution for a person requesting it. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a pharmacy advisor was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process.

The pharmacy dispensed medicines to the residents of two small care homes, using original patient packs. Medication administration record sheets were supplied by the pharmacy. The medicines were ordered by the care home staff, and a copy sent to the pharmacy so that they could ensure all required medicines were dispensed. The pharmacy was alerted by the care home of any interim prescriptions, which allowed them to supply them in a timely manner.

The pharmacy delivered medicines to people living in their own homes. It kept appropriate records of any deliveries made. People were required to sign on receipt of their medicines. Confidentiality was maintained when obtaining these signatures.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was usually undertaken regularly and recorded online. Spot checks revealed no date expired medicines or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH. Specials were obtained from IPS Specials. Invoices were seen to this effect. Records of recalls and alerts were received by email and were annotated with the outcome and the date actioned.

The pharmacy had the hardware and software to be compliant with the Falsified Medicines Directive. But the pharmacy was not currently scanning FMD compliant products. Team members were making visual checks. A number of stores in the company were piloting scanning products but the full roll-out had not yet happened.

The fridges in the dispensary were clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed in the presence of a witness with both signatures recorded.

Patient returned medication was dealt with appropriately, although a hazardous waste bin was not seen. Patient details were removed from returned medicines to protect people's confidentiality.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It ensures its equipment is well-maintained. The pharmacy uses its equipment in a way that protects people's private information.

Inspector's evidence

Crown-stamped measures were available for liquids, with a separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The pharmacy used a Methameasure to dispense methadone mixture. This was calibrated daily and flushed with water at the end of each day. The pharmacy sinks were clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system in cabinets with opaque fronts so no details were visible to people waiting.

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.