

Registered pharmacy inspection report

Pharmacy Name: Well, 1-5 Palace Avenue, PAIGNTON, Devon, TQ3
3EF

Pharmacy reference: 1030808

Type of pharmacy: Community

Date of inspection: 10/03/2020

Pharmacy context

The pharmacy is located in the town centre of Paignton. 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 including a needle exchange scheme.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	2.1	Standard not met	The pharmacy does not have enough team members to comfortably manage the workload. This leads to the pharmacy team working under pressure and stress.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy does not make regular checks to ensure that its medicines are still suitable for supply.
		4.4	Standard not met	The pharmacy does not have a robust process for actioning alerts and recalls about defective medicines.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy takes appropriate steps to monitor its risks. Pharmacy team members usually record any mistakes they make. They discuss them as a team and make changes to stop them 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 processes in place to monitor and reduce its risks. Near misses were usually recorded on an online reporting system, Datix. Dispensing incidents were also recorded on Datix and included a more detailed analysis of the cause. But no near misses or dispensing incidents had been reported in the previous three months since the pharmacist manager had left. The pharmacy team said that when errors were identified, they were discussed as a team to identify the potential contributing factors. Errors were reviewed in a patient safety report and actions were generated to try to prevent a reoccurrence of errors. The last review of errors seen was completed in December 2019. The actions from this annual patient safety review had focussed on ensuring look-alike, sound-alike drugs were checked by a second team member before passing to the pharmacist for a final check. Pharmacy team members proactively highlighted drugs which had similar livery or unusual quantities to try and prevent errors.

A 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.

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 responsible pharmacist (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. 89.5% 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 proactively offered the use of the consultation room. Long queues were seen in the pharmacy during the inspection. Team members struggled to keep up with serving people and dispensing prescriptions. Some customers spoke to the inspector to complain about the waiting times and lack of staff.

The pharmacy had appropriate professional indemnity and public liability insurances in place. Records of the RP were maintained appropriately and the correct RP certificate was displayed. 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 but the certificates of conformity did not contain 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. Verbal consent was obtained before summary care records were accessed.

All staff were trained to an appropriate level on safeguarding. The RP 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.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not have enough team members to manage its workload, which has recently increased. This means that the pharmacy team are working under pressure and struggle to stay up to date with the workload. Team members do not receive protected time to learn. And they complete learning in their own time. 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

The pharmacy team were working under pressure during the inspection. There was a locum pharmacist, an accuracy checking technician (ACT) and a dispenser. There was no medicines counter assistant. A dispenser who had been due to be dispensing the multi-compartment compliance aids that day was off sick. No additional staff could be sourced from nearby branches to provide support and the pharmacy team were unaware of any contingency plan to cover sickness. The ACT said that she felt the team had been working under pressure since the previous pharmacist manager had left in December 2019. A pharmacy a few doors away had closed in the last few weeks. This had led to an increase in footfall and items. She said that the team found it hard to stay up to date with the workload. This was shown by dispensing being several days behind. Other core activities such as date-checking were not completed. The pressure was potentiated by the supplies of methadone being made from a separate entrance at the rear of the pharmacy. When the pharmacist or ACT went to serve clients arriving, there were often occasions where team members were left alone in the pharmacy to serve people and dispense.

The pharmacy team reported that they completed their learning in their own time. 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. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was located in the town centre of Paignton. A large retail area led to the healthcare counter and the dispensary. There was a small waiting area with two chairs. There was a consultation room which was large and well-equipped. It was soundproof and spacious. But it was also used to store promotional material including boxes of posters, which looked untidy. The dispensary was of an appropriate size. There was a separate area to the rear of the dispensary used for the preparation of multi-compartment compliance aids. A spiral staircase led down to an unused basement and up to staff facilities.

The pharmacy generally presented a professional image. The fixtures and fittings were traditional and appeared to be well-maintained. But the dispensary benches were cluttered with prescriptions and stock. A table had been placed in the middle of the dispensary and was used to store stock. But it was not stored neatly. The remaining dispensary stock was well organised and tidy. It was stored on shelves. Prescriptions awaiting collection were stored in a retrieval system in the dispensary. No confidential information could be 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 lighting and temperature were appropriate for the storage and preparation of medicines.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy obtains its medicines from reputable suppliers. But it does not make regular checks to ensure that they are still suitable for supply. The pharmacy does not have a robust process for receiving alerts and recalls about defective medicines. The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers some additional services and delivers them safely. Team members providing the services ensure that their training is up to date. The pharmacy delivers medicines to people safely and keeps appropriate records of this.

Inspector's evidence

The pharmacy was accessed by a step. Team members said that they would provide assistance to anyone struggling to enter the pharmacy. Adjustments could be made for people with disabilities, such as producing large print labels. 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. 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 stored in a folder and could also be accessed online.

Dispensing baskets were used to store prescriptions and medicines to prevent transfer between patients as well as to 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 containing high-risk 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 13 people. The RP said that he liaised 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 offered additional services including seasonal flu vaccinations when an accredited pharmacist was available. The patient group directions covering the service 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 RP had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was an accredited Healthy Living Pharmacy and had an eye-catching health promotion zone. Posters were displayed advertising the current 'Help Us to Help You' NHS campaign.

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 around 65 people based in the community. 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 usually supplied each month. 'When required' medicines were dispensed in boxes and the dispenser 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 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. But the pharmacy team said that they were several months behind schedule due to staffing levels. Some out of date medicines were found on the shelves. 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 and invoices were retained. There was no clear process to ensure that alerts and recalls were received since the previous pharmacist manager had left. There were no records to show that any alerts and recalls had been actioned since December 2019. The pharmacy team were unaware of a recent patient-level recall of Emerade adrenaline autoinjectors. They had not taken any steps to identify and contact affected people.

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.

The pharmacy accepted returned medication from people. Team members placed returns into appropriate bins. 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 separate measures 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 sink was 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 the dispensary meaning 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.