

# 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:** 22/04/2021

## 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 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 and the supply of naloxone.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 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 recorded on an online reporting system, Datix. Dispensing incidents were also recorded on Datix and included a more detailed analysis of the cause. 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 pharmacy had installed a board in a prominent location which was used as a communication tool. Pharmacy team members used it to proactively highlight 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 technician was accountable for ensuring all team members had read and understood new SOPs. 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 had been regularly updated throughout the COVID-19 pandemic.

A one-way system was in place in the pharmacy and stickers were placed on the floor to promote social distancing. Team members wore personal protective equipment (PPE) and were able to maintain a two-metre distance from each other. Individual COVID-19 risk assessments had been completed and were regularly updated.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. The most recent questionnaire, the results of which were published in March 2020, showed that 91.8% of respondents had rated the service provided by the pharmacy as very good or excellent overall. Areas identified as requiring improvement, such as the seating area, were not currently relevant due to social distancing requirements.

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 online register and were destroyed promptly. Records of private prescriptions and emergency supplies were in order. Records of unlicensed (specials) medicines were retained to provide an audit trail.

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. The pharmacy team were aware of the national initiative, 'Ask for ANI (action needed immediately)' and could take people to a safe place if needed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. 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 was adequate on the day of the inspection consisted of the RP, a pharmacy technician and two NVQ2 level dispensers. A part-time pharmacy technician was not working at the time of the inspection. The RP and the pharmacy technician shared management responsibilities between them. Pharmacy team members had clearly defined roles and accountabilities and tasks were allocated to individuals daily. They worked regular days and hours. Absences were usually covered by rearranging shifts or by part-time staff increasing their hours. In an emergency, additional team members could be sourced from other nearby branches of the pharmacy chain.

The pharmacy had seen a reduced footfall since the start of the COVID-19 pandemic. Team members said that this, along with making good use of the off-site dispensing facility, had allowed them to remain up to date with their work. The team clearly had a good rapport and felt they could comfortably manage the workload with no undue stress and pressure. They felt supported by the regional team, who visited the pharmacy regularly.

Team members completed training packages on the company eLearning system. Training records were seen and were up to date. Copies of certificates of completion of relevant training courses were kept for each member of the team. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

Team members were set yearly development plans and had regular performance reviews. The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. The team felt able to raise concerns and give feedback to the RP and the pharmacy technician, both of whom they found to be receptive to ideas and suggestions. A dispenser reported that they were able to make suggestions for change to improve efficiency and safety. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The pharmacy team said the targets set were manageable. The RP felt able to use her professional judgement to make decisions and described that all services undertaken 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 currently no seating area due to COVID-19 social distancing requirements. A one-way system was in place and hand sanitiser was positioned at various points around the pharmacy. There was a consultation room which was large and well-equipped. It was soundproof and spacious. But the door leading from the retail area could not be locked. The pharmacy team took care to ensure no confidential information was left unattended in the consultation room. A request for a new lock had been made to the maintenance department.

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. At the back of the pharmacy was a separate entrance with a glass screen used by people accessing drug misuse services. A spiral staircase led from the dispensary 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. The dispensary benches were clear and not cluttered with prescriptions and stock. A table had been placed in the middle of the dispensary and was used to sort delivered stock before it was placed on the 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 several times 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 met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers a range of additional services, which the pharmacy team delivers 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 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 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 approximately 15 people. The pharmacy used a Methameasure machine to dispense methadone. 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 had recently started taking part in a naloxone supply trial. Team members had all attended an online training event. Prefilled syringes of naloxone, a drug used in the emergency treatment of opioid overdose, were handed out to people accessing drug misuse service. And they were also given to anyone who felt they may have a need to administer it, such as friends and family of people who used opioids. The pharmacy had a laminated sheet of prompts, supplied by Public Health England, to assist team members with starting conversations with people about the benefits of carrying naloxone. The pharmacy also had placebo demonstration devices to support the conversations.

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. She was also due to spend some time supporting a nearby branch of the chain who were about to become a COVID-19 local vaccination site. The pharmacy was registered with the Pharmacy Collect service and made supplies of home COVID-19 lateral flow tests.

Multi-compartment compliance aids were prepared by the pharmacy for around 40 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. The demand for deliveries had increased since the start of the COVID-19 pandemic. The pharmacy kept appropriate records of any deliveries made. People were not currently required to sign on receipt of their medicines due to COVID-19 restrictions.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken regularly and no expired stock was seen. 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. Alerts and recalls were actioned promptly and records were kept of the actions taken.

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 usually 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. But there was one cracked measure which need to be disposed of. 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 with no confidential information visible to people waiting.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.