

# Registered pharmacy inspection report

**Pharmacy Name:** Church Road Pharmacy, 91 Church Road,  
Plymstock, PLYMOUTH, Devon, PL9 9AX

**Pharmacy reference:** 1030822

**Type of pharmacy:** Community

**Date of inspection:** 02/09/2019

## Pharmacy context

The pharmacy is located in Plymstock, Plymouth. It sells over-the-counter medicines and dispenses NHS and private prescriptions. 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 Medicines Service (NMS) and services for substance misusers. It also supplies medicines in multi-compartment compliance aids to people 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
<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 identifies and manages its risks appropriately. It reviews its practices to make them safer and more efficient. Team members record their errors and learn from them to stop them happening again. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance for its services. The pharmacy keeps up-to-date records as required by the law. The pharmacy 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 adequate processes in place to monitor and reduce risks. Near misses were usually recorded on a paper log and contained details of the error, a brief reflection on the cause and the learning points. But reporting or near misses had been sporadic in the previous months. Dispensing incidents were reported to the National Reporting and Learning System (NRLS) and to the company head office with an analysis of the cause. The responsible pharmacist (RP) said that when errors were identified, they were discussed as a team to identify the potential contributing factors. A recent incident involving two medicines that had very similar packaging had led the RP to review the task allocation and to ensure staff were appropriately trained for the jobs they were doing.

A monthly patient safety report was completed which contained a review of all near misses and dispensing incidents and led to the generation of an action plan to reduce errors. The action plans generated through the patient safety report were shared with all team members through a monthly team meeting and through individual briefings. The last review seen by the inspector had been completed in February 2019. The actions to reduce the incidence of errors included to take particular care to check that the correct strength had been selected. The review had also identified that most errors had occurred in the mornings, so staff were encouraged to take more time and check their work before passing for a final check by the pharmacist.

Standard operating procedures (SOPs) were up to date and had been recently reviewed and adopted by the regular RP. Staff had signed the SOPs to show that they had read and understood them. Review dates were set and were stored in a book. SOPs covering RP legislation were in order and had been read by staff. A dispenser could describe the activities that could not be undertaken in the absence of the RP.

The RP described how, before implementing a new service such as flu vaccinations, she would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. She would review staffing levels to ensure provision of the service could be maintained and would check that she and her staff had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey. 92% of people completing the most recent CPPQ survey had rated the service provided by the pharmacy as very good or excellent. A complaints procedure was displayed in the retail area. The pharmacy had also received comments that it took too long for ordered medicines to arrive from the supplier. The

pharmacy team explained that orders were placed by head office and could sometimes take two to three working days to arrive. To address the feedback, they ensured that they ordered urgent items direct from the manufacturers which usually meant that they arrived the next day. Team members also ensured that they kept people informed about the progress of the expected date of delivery.

Professional indemnity and public liability insurances were in place.

RP records were maintained appropriately in a log. The correct RP certificate was displayed. Records of emergency supplies and private prescriptions were held in a book and were in order. Records of the supply of unlicensed specials medicines were kept for one month in the pharmacy and were then removed by the owners to be stored at head office in a different county. Two certificates of conformity were seen and contained the details of to whom the product had been supplied. Prescriptions were also removed monthly to be processed for month end. A dispenser said that if details of prescriptions or specials records were required, head office would scan and email them through to the pharmacy. Controlled drug (CD) registers were maintained as required by law. Balance checks were completed weekly. A random stock balance check of MST Continus 5mg tablets was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and the General Data Protection Regulation. Patient data and confidential waste was dealt with in a secure manner to protect privacy. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Verbal consent was obtained from patients prior to accessing their summary care record and a note was placed on the PMR stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The remaining staff had read the safeguarding SOP. Local contacts for the escalation of concerns were available. Staff were aware of the signs requiring referral.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff. Team members are adequately trained for their roles. They keep their skills and knowledge up to date and are supported in their development. Team members suggest and make changes to improve their services. They communicate well with each other.

### Inspector's evidence

Staffing levels were adequate on the day of the inspection and consisted of the RP, one pharmacy technician, two NVQ2 level dispensers, a trainee dispenser and two medicines counter assistants (MCAs). The regular pharmacist was also in the pharmacy briefly during the inspection. The team had a good rapport and felt they could manage the workload with no undue stress and pressure. But there were signs displayed informing people that due to the pharmacy being short-staffed, the waiting time would be 30 minutes. A dispenser said that this was due to shortages over the summer months and that staffing should be returning to normal levels soon. 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.

The pharmacy team reported that they received limited time to learn during working hours. Resources accessed included CPPE packages and revised SOPs. The trainee dispenser had been enrolled on her course for nearly two years and had not yet completed all of the required modules. The regular pharmacist said that she tried to ensure that adequate training time was given and supported the trainee. Pharmacy team members were set yearly development plans and received regular ad-hoc feedback on their performance. The MCAs 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 pharmacy team felt able to raise concerns and give feedback to the RP and the owners. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP described that she felt supported by the regular pharmacist. The RP said that no targets were set and that she was able to use her professional judgement to make decisions. She said that she would only undertake services such as Medicines Use Reviews 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 a residential area. A spacious retail area led to a healthcare counter, and through to an appropriately sized dispensary. To the rear of the dispensary was a room used as office space. A consultation room was available on the shop floor. The room was soundproof and conversations could not be overheard. The consultation room could not be locked but no confidential information was stored in the consultation room. The ground floor of the adjacent building was used to store excess stock and consumables such as dispensing bottles and boxes. It also housed staff facilities and an office.

The main dispensary was of an adequate size with enough bench space for the assembly of prescriptions. There was a dedicated area for checking. Medicines were stored in drawers and on shelves alphabetically. Shelves and drawers would be cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services. Cleaning was undertaken by pharmacy staff and the pharmacy was clean on the day of the inspection. The benches were generally clear of clutter.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. The pharmacy carries out its services safely and it links with other healthcare providers to ensure the health and well-being of people accessing them. It makes a record of this additional advice to demonstrate that it has been given. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and takes steps to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines for disposal. And they are generally disposed of appropriately.

### Inspector's evidence

The pharmacy had step-free access and an automatic door. The consultation room was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. Services provided by the pharmacy were advertised in the pharmacy and the regular pharmacist was accredited to provide all promoted services. The locum RP was not able to provide some locally commissioned services, such as the minor ailments service. If these services were requested when the locum RP was on duty, she would refer to an alternative provider. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Details of local agencies and support networks were accessed online through the NHS website.

Dispensing tubs 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.

Coloured stickers were used to highlight fridge items and CDs. Prescriptions containing high-risk medicines or medicines requiring additional advice from the pharmacist were also highlighted with stickers. The RP described that she checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Records of results were made on the patient medication record (PMR), as were details of significant interventions. The pharmacy kept a log of signposting referrals. Substance misuse services were provided for nine people. The RP described how she 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 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 taken place with affected people and notes were placed on the PMR. Stickers were available for staff to highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible women.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 120 people based in the community. The technician responsible for their preparation said that no assessment of need was carried out before a person started receiving medicines in compliance aids. She said that she had a waiting list of people as the pharmacy was at capacity. 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 dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every six months. Spot checks revealed several date-expired medicines including erythromycin 250mg tablets expired 04/19, bisoprolol 10mg tablets expired 04/19, Monosorb XL 60mg capsules expired 06/19 and Nyzamac SR 60mg caps expired 08/19. Team members described that the owners visited monthly and brought unused stock from other pharmacies in the group. On occasion, this stock was short-dated. The team accepted that completing a full date check every six months may not allow these medicines to be identified. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned.

The pharmacy had the hardware and software required to be compliant with the falsified medicines directive (FMD). They were not currently scanning packs. The RP said that they were waiting for the database to be more reliable before commencing scanning. But the pharmacy team were making visual checks on FMD compliant packs.

CDs were stored in accordance with legal requirements in approved cabinets. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The RP described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate.

The pharmacy accepted unwanted and unused medication. Confidential patient information was removed or obliterated from patient returned medication. A hazardous waste bin was available for the disposal of cytotoxic and cytostatic medicines. The owners visited the pharmacy each month and removed the majority of returned medicines from the pharmacy to dispose of elsewhere. A dispenser said that hazardous waste and a small amount of returned medicines were collected by the local pharmaceutical waste contractor.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers are used in a way that protects people's private information.

### Inspector's evidence

Validated crown-stamped measures were available for liquids, with 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 and were in date. The dispensary 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 on shelves in the dispensary with no details 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.