

Registered pharmacy inspection report

Pharmacy Name: Well, 34 Devonport Road, PLYMOUTH, Devon, PL3 4DH

Pharmacy reference: 1030826

Type of pharmacy: Community

Date of inspection: 10/05/2019

Pharmacy context

The pharmacy is located on the main shopping street of Stoke Village in Plymouth. The pharmacy dispenses NHS and private prescriptions. It also supplies multi-compartment medicines devices for people to use in their own homes. The pharmacy delivers medicines to people's homes. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also offers flu vaccinations, a minor ailments scheme and supplies emergency hormonal contraception.

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 risk appropriately. Team members usually record their errors and review them. They do not always record the cause of errors. So, this may mean that opportunities to identify themes and patterns is lost. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and acts suitably on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy generally keeps the records required by law. But some records are incomplete which makes it difficult to show exactly what has happened. 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 processes in place to manage and reduce risk. Near misses were recorded on a paper log and then transferred to the online reporting system, Datix. Near miss recording was seen to be sporadic, with one reported in May 2019, four in April 2019 and seven in March 2019. A near miss picked up by the responsible pharmacist (RP) during the inspection was not recorded on the log until the inspector offered guidance about this. The one entry seen on the current near miss log did not contain a reflection on why the error occurred and actions taken to prevent a reoccurrence. Dispensing incidents were recorded on Datix and were sent to the company's head office. A root cause analysis was then completed.

A patient safety review was completed monthly by either the RP or the pharmacy technician and included an analysis of the near misses and dispensing incidents that had occurred. The review was shared with members of the team through a monthly huddle. The most recent review had focussed on the review of patients with asthma, the ongoing valproate prescribed for woman of childbearing potential audit, and a reminder of look-alike, sound-alike (LASA) drugs. A dispenser showed how amitriptyline had been separated from amlodipine following near miss incidents. She also described how team members highlighted products that looked similar, such as finasteride and sertraline, when unpacking the delivery.

Standard operating procedures (SOPs) were held online up to date and had been recently reviewed. Competence and understating of the SOPs was assessed by a verbal quiz. A record of which SOPs had been read by staff was held on each individual's 'MyLearn' account. The manager could access as report to track compliance. A dispenser 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.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 88.3% of respondents had rated the pharmacy as good or excellent overall. Following feedback about the waiting area, new chairs had been sourced and a stand removed to make more space for people to wait. A complaints procedure was in place and was given to people as needed. A recent complaint had involved a person coming to collect a prescription when the RP was at lunch. Staff now asked the pharmacist at the start of the day if they were planning to leave the pharmacy at lunchtime and advised people accordingly.

Indemnity insurance was provided by Bestway, expiring on 29 June 2019. Records of the responsible pharmacist were maintained appropriately, and the correct RP certificate was displayed. Controlled drug (CD) registers were maintained appropriately, although the address of the supplier was not always completed. Balance checks were completed weekly and all pharmacy team members took turns to do this as an additional check. A random stock balance check of Oxynorm 10mg capsules 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. Specials records were maintained, although certificates of conformity did not always have all required details completed.

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 before summary care records were accessed.

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technician had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training, and the remaining staff completed yearly safeguarding training on the company 'MyLearn' system. A safeguarding policy was in place and signed by staff, although local contacts were not readily available. The manager said that he would source these from the internet if needed. Staff were aware of signs of concerns requiring escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are suitably trained for their roles and they keep their skills and knowledge up to date. Team members suggest and makes changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing was adequate on the day of the inspection consisted of the RP, who was the temporary branch manager, a pharmacy technician, three NVQ2 trained dispensers and a medicines counter assistant. The team clearly had a good rapport and felt they could usually comfortably manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities and tasks were allocated to individuals daily.

Staff worked regular days and hours. Absences were usually covered rearranging shifts, or by part-time staff increasing their hours. In an emergency, the manager would call on support from another local branch. There was also a relief dispenser, who was working in the pharmacy on the day of the inspection.

Staff completed training packages on the company eLearning system, 'MyLearn'. Training records were seen and were up to date. Copies of certificates of completion of relevant training courses were kept for each member of staff. The MCA was observed providing appropriate advice when selling medicines and referred to the RP when unsure.

Staff were set yearly development plans. The team gave each other regular feedback and there was a culture of openness and honesty. The staff felt empowered to raise concerns and give feedback to the RP or the area manager, who they found to be receptive to ideas and suggestions. The manager felt able to make changes to processes as he saw fit after discussing them with the area manager.

Staff were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP said the targets set were manageable and that they did not impede his professional judgement. He 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.

Inspector's evidence

The pharmacy presented a professional image and was tidy and well organised. A retail area led to the healthcare counter and a dispensary. A second room towards the rear of the dispensary was dedicated for the preparation of compliance packs. There was also a kitchen area, lavatory and a narrow stock room.

The consultation room was a suitable size and presented professional image. It was left unlocked during the day. It was soundproof and no confidential patient information was visible. Dispensary stock was stored alphabetically on shelves. It was generally neat and tidy. No stock or prescriptions were stored on the floor, and there were dedicated areas for dispensing and checking.

Prescriptions were stored using a retrieval system and confidential information was not visible to waiting customers. Conversations could be held in private in the consultation room. Cleaning was undertaken by staff, and the premises were clean on the day of the inspection.

Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines. An area of the ceiling in the stock room had no plaster, the staff thought this was because of a historical leak. They said that this had been reported to the maintenance department but had not yet been resolved.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services well. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines, although it does not always make a record of this. This may make it difficult to demonstrate the appropriate checks and counselling have been given. The pharmacy obtains its medicines from reputable suppliers. They are stored securely and regularly checked that they are still suitable for supply. The pharmacy deals appropriately with medicines returned by people. But they do not always dispose of harmful medicines in the correct container which may increase risks to staff and the environment.

Inspector's evidence

The pharmacy was wheelchair accessible, as was the consultation room. Services provided by the pharmacy were advertised on the wall of the consultation room. The pharmacy could make adjustments for those with disabilities including printing large print labels. A dispenser explained that if a person requested a service not available at the pharmacy, she would refer them to a nearby pharmacy, phoning ahead to ensure it could be provided there. A range of leaflets advertising company and local services were available.

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 owings. The labels of dispensed items were initialled when dispensed and checked.

Coloured labels were used to highlight fridge items and CDs including those in schedule 3 and 4. Prescriptions were also labelled if they contained items that may require additional advice from the RP, such as high-risk medicines, such as warfarin, lithium and methotrexate. Blood levels and dosages were checked and additional counselling and support materials were offered to the patient. Records of these conversations were not made on the PMR.

A previous RP had completed the audit of patients of childbearing potential receiving valproate as part of the Valproate Pregnancy Prevention Programme and had had appropriate conversations. Stickers highlighting the pregnancy prevention programme were available to be placed on valproate products dispensed into white boxes, and information booklets were given to eligible patients.

Prescriptions containing owings were appropriately managed, and the prescription was kept with the balance until it was collected. The patient group directions covering the locally commissioned minor ailments scheme were found to be in date. They had not yet been signed by the RP as he had only worked in the pharmacy for a few days.

Stock was obtained from reputable sources including Alliance and AAH. Specials were obtained from IPS. The dispensary shelves were tidy and organised. The stock was arranged alphabetically and was date checked each month and the entire dispensary would be checked every three months and recorded on the company intranet. Spot checks revealed no out-of-date stock on the shelves, or split boxes containing mixed batches.

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. Staff were aware of the steps taken if the fridge temperature was found to be out of range, which was to monitor every 30 minutes until back in range.

The process for the dispensing of multi-compartment medication devices provided for patients in the community was acceptable. Each pack had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. The backing sheets produced did not contain the date of dispensing, so this was annotated by hand. Patient information leaflets were supplied at each dispensing, or with the first pack of four in the case of weekly supply.

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 checking process. The pharmacy supplied medication to two care homes. One was in multi-compartment medication devices and one was in original packs. The process for the receipt of prescriptions was found to be satisfactory. The care homes were supplied with medication administration record sheets.

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 with a witness with two signatures were recorded. The pharmacy used a Methameasure machine to dispense methadone oral solution. Prescriptions were entered onto the system and dispensed as the person arrived to collect, into a labelled bottle. The RP said that he contacted the prescriber or key worker if he had concerns about a person receiving instalment prescriptions, or if they did not collect for three days.

Patient returned medication was dealt with appropriately, although there was no hazardous waste bin. Patient details were removed from returned medicines to protect people's confidentiality. The pharmacy did not have the hardware or software to be compliant with the Falsified Medicines Directive. However, the RP said that this was due to be implemented in the near future when the pharmacy changed its PMR system.

Drug recalls were dealt with promptly and were annotated with details of the person actioning. It was not always clear on the paper records kept what the outcome had been. But this information was completed online and submitted to head office.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy uses a range of clean equipment and facilities to provide its services.

Inspector's evidence

Validated crown-stamped measures were available for liquids. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. Reference sources were available and the pharmacy had online access to online materials for the most up to date information.

The dispensary sink was clean and in good working order. All equipment including the dispensary fridges was in good working order and PAT test stickers were visible. The blood pressure and blood glucose meters were replaced or calibrated yearly. The Methameasure machine used for dispensing methadone was calibrated daily and flushed through at the end of each day.

Dispensed prescriptions were stored in a retrieval system with the corresponding bagged items stored in numbered boxes in the dispensary, out of sight of customers. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas.

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.