

Registered pharmacy inspection report

Pharmacy Name: Well, 97 King Street, PLYMOUTH, Devon, PL1 5JA

Pharmacy reference: 1030840

Type of pharmacy: Community

Date of inspection: 07/11/2019

Pharmacy context

The pharmacy is located in a residential area of Plymouth, close to the city centre. It sells over-the-counter medicines and dispenses NHS and private prescriptions. 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 Medicines Service (NMS) and flu vaccinations. The pharmacy offers services for drug misusers and runs a needle exchange service. The pharmacy 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
1. Governance	Standards met	1.8	Good practice	The pharmacy takes swift action to protect the safety and wellbeing of people accessing its services when needed.
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 its risk appropriately. Team members usually record their errors and review them. They identify the cause of errors and try to make changes to stop them from happening again. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy generally keeps the records required by 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. And they take swift action to do so when needed.

Inspector's evidence

The pharmacy had appropriate processes in place to monitor and reduce risks. Near misses were usually recorded online and contained details of the error and a brief reflection on the cause and the learning points. 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. Errors were reviewed in a monthly patient safety report completed by the responsible pharmacist (RP) and actions were generated to try to prevent a reoccurrence of errors. The patient safety report was discussed in a huddle. The most recent actions generated included taking particular care with a drug that had been the subject of three near misses. The branch manager said that 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 'The Hub' account. The RP checked understanding of SOPs through observation and questioning. He provided additional coaching as required. 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. The pharmacy had a business continuity plan in place, which was held online. The manager described how, before implementing a new service, 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. 62.5% of respondents had rated the pharmacy as very good or excellent overall. A large number of respondents (around 40%) said that they were dissatisfied with the waiting area. The inspector found it to be clean and spacious, with plenty of chairs. The RP said that when it became untidy or dirty, he ensured it was given a deep clean. A complaints procedure was in place and was displayed in the retail area.

The pharmacy had appropriate indemnity and liability insurances in place. Records of the RP were maintained appropriately and the correct RP certificate was displayed. Controlled drug (CD) registers were generally maintained appropriately, although the address of the supplier was not always completed. Balance checks were usually completed weekly. A random stock balance check of MST Continus 60mg tablets 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 mostly in order. But the date of prescribing was not always recorded. Specials records 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. 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 had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training, and the remaining staff completed yearly safeguarding training on the company 'e:Expert' system. Local contacts for the escalation of concerns were accessed online. Pharmacy team members gave multiple examples of when they had made appropriate safeguarding referrals.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members receive training 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. In addition to the RP, there were two NVQ2 trained pharmacy advisors, one of whom was the branch manager. There were an additional two dispensers who were not seen during 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 manager would call on support from other local stores.

The pharmacy team reported that they were allocated protected time to learn during working hours, although some chose to complete their learning at home. Resources accessed included compulsory SOPs, CPPE packages and optional advanced learning on the company e-Learning portal. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. Staff 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 branch manager and the regular RP, both of whom they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The manager said that the pharmacy was not set formal targets. The RP said that he was 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 a small row of shops in a residential area close to the city centre of Plymouth. There was a small, well-presented retail area which led to a healthcare counter and a raised dispensary. A barrier was installed to prevent unauthorised access to the dispensary. A room to the rear of the dispensary was dedicated to the preparation of multi-compartment medicines devices. The waiting area had three chairs.

The dispensary was well organised and there was plenty of bench space. Stock was stored neatly on pull-out shelves. The fixtures and fittings were well maintained. The room used for the preparation of multi-compartment medicines devices was light, bright, spacious and organised. Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers.

The pharmacy had a consultation room that was clearly advertised. It was of an adequate size and was soundproofed to allow conversations to take place in private. It was secured with a digital door lock when not in use. Paperwork containing people's private information such as MUR consent forms, were stored in locked cupboards.

The pharmacy was regularly cleaned by the pharmacy team. It was clean and hygienic on the day of the inspection and presented a professional image. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage 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 deliver 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 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 had step-free access. The consultation room was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. One member of staff was fluent in British Sign Language and communicate with several people using it. 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 RP was accredited to provide all of the promoted services. The RP described how if a patient requested a service not offered by the pharmacy, he 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 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.

Stickers were used to highlight fridge items and CDs in schedule 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 76 people. The pharmacy used the Methameasure system to dispense methadone as people arrived to collect their doses. It was dispensed into dispensing bottles and the dispensing label was attached before giving to the person. The RP described how he 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 service was well-run and the RP ensured he had a brief discussion with each person accessing the service to check on their wellbeing. The pharmacy also ran a well-used needle exchange service. The RP said that he had provided sharps bins to a local hostel following concerns about an increase in discarded needles.

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 regular pharmacist 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 did not have 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 RP could also not locate the information booklets and cards to be given to eligible women and committed to obtaining some from the drug manufacturer.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 55 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 dispensary shelves used to store stock were generally 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 was not currently compliant with the Falsified Medicines Directive. Two stores in the company were piloting scanning products but the full roll-out had not yet happened. The company was registered with Securmed and eLearning packages were available for staff to complete.

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 with a witness with two signatures were recorded.

Patient returned medication was dealt with appropriately, and a hazardous waste bin was seen. But not all team members were aware of what should be disposed of in it. 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 keeps these clean and tidy. Equipment is 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. 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 on shelves 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.