

Registered pharmacy inspection report

Pharmacy Name: Well, 31 The Ridgeway, Plympton, PLYMOUTH,
Devon, PL7 2AW

Pharmacy reference: 1030865

Type of pharmacy: Community

Date of inspection: 29/07/2019

Pharmacy context

The pharmacy is located on the main shopping street of a suburb of 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.

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 staff to dispense all the prescriptions it receives in a timely way. Pharmacy team members struggle to keep up with the workload.
		2.5	Standard not met	Staff do not feel that their concerns about the pharmacy are listened to by the management team.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not always store its medicines appropriately to ensure they are not accessible to the public. It also does not follow the necessary processes to ensure that all medicines are still in date and suitable for supply.
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.

Inspector's evidence

The pharmacy had processes in place to manage and reduce its risks. Near misses were recorded on the electronic reporting system, Datix. Entries were routinely made when the regular responsible pharmacist (RP) was on duty, but less so when the pharmacy was covered by locum or relief pharmacists. Entries made on Datix included a reflection on the cause. The most recent entries all listed a lack of staff as a contributing factor for errors.

Dispensing incidents were also reported on Datix and included a more detailed analysis of the cause. Following a recent dispensing incident, the RP now tried to avoid completing a self-check or, if it was unavoidable, tried to take a mental break before completing the accuracy check.

A monthly patient safety report was generally completed by the RP, although he had not been able to complete one in the previous two months due to a lack of time. The most recent actions generated included using the company 'Best in Class' guidance to improve safety in the preparation of blister packs. A company produced 'Share and Learn' document was discussed as a team during a monthly patient safety huddle.

Following near misses and dispensing incidents, the pharmacy had taken steps to reduce errors. These steps included separating look-alike, sound alike (LASA) drugs such as quetiapine and quinine. Atenolol and allopurinol were stored separately to try and reduce picking errors.

The pharmacy had began sending around 50% of its regular repeat prescriptions to be dispensed at a central fill location four months before the inspection. These prescriptions were clinically checked by the RP in the pharmacy and were then dispensed off-site. They were then delivered back to the pharmacy within two days. There were processes in place to intercept the dispensing should the person arrive in the pharmacy to collect the prescription before it was delivered. The aim of using the central fill process was to reduce workload. The staff felt that it had not reduced their workload, despite using it for approximately four months. Prescriptions for a single person would frequently arrive in the pharmacy in several bags, which the staff then needed to consolidate. The RP felt that this increased the workload and introduced risk, so he took extra time and care to ensure all consolidated items were for the same person.

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 could access as report to track compliance. 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.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 76.7% of respondents had rated the pharmacy as good or excellent overall. The pharmacy had taken steps to address the feedback that waiting times were too long by giving realistic waiting times, offering the managed repeat service and sending prescriptions to be dispensed off-site. A complaints procedure was in place and was given to people as needed.

The pharmacy had appropriate indemnity and liability insurances in place. Records of the RP were maintained appropriately. The correct RP certificate was displayed although the registration number was obscured. Controlled drug (CD) registers were maintained appropriately, although the address of the supplier was not always completed. Balance checks were generally completed weekly. A random stock balance check of Longtec 20mg 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 in order. Specials records were maintained and contained 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 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.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not have enough staff to dispense all the prescriptions it receives in a timely way. Pharmacy team members struggle to keep up with the workload. Staff do not always know who will be working in the pharmacy far enough in advance to allow them to plan their workload. Staff feel that the process for off-site dispensing, which was introduced to reduce the workload, has not yet had the desired effect. Staff do not feel supported by their leaders. They do not feel that their concerns and suggestions are listened to. Pharmacy team members are not able to complete their learning during working hours and need to do it in their own time.

Inspector's evidence

The staffing on the day of the inspection consisted of the RP, a pharmacy technician, a dispenser and a relief dispenser. During the inspection, there was often a queue of more than four people. The pharmacy had recently had its staff hours reduced following the implementation of the Central Fill process where prescriptions were dispensed off-site. All staff reported that they were struggling with the workload. There was usually one dispenser who covered the counter and dispensed prescriptions. If she was busy serving, the RP would dispense and self-check prescriptions. This had led to at least three errors over the previous month which were all reported on the near miss log. Team members said that they felt stressed and demotivated. They were unable to find time to do basic tasks such as date-checking and cleaning. They were behind with their dispensing, particularly prescriptions for medicines dispensed into multi-compartment medicines devices. They said that this was a combination of a lack of staff and prescriptions often being sent late from the GP practice. The RP had been unable to arrange a meeting with the practice to discuss this and find solutions.

Team members who worked regularly in the branch worked set days and hours. But they relied on additional support from members of the relief team and sometimes did not know far enough in advance if they would receive that support. The RP said that the pharmacy technician was on holiday the following week and he had not had any cover confirmed. He and the relief dispenser, who had just returned to work, assumed that she would be the cover, but they were not sure. This was causing some stress, particularly as the pharmacy technician was the only one apart from the RP who was trained to label prescriptions for people receiving their medicines in multi-compartment medicines devices.

Staff reported that they completed all required training packages on the company eLearning system. These generally included updated SOPs and health and safety training. But they did not have time to access them at work and completed them at home. Staff were set yearly development plans but had not had any recent reviews. The RP gave team members feedback on their performance as needed. Staff were seen to make appropriate recommendations when selling medicines over the counter and referred to the RP when more information was needed.

A whistle blowing policy was available and staff knew how to raise concerns. But they did not feel that their concerns were listened to. The RP had discussed the lack of staff with the area manager and the superintendent pharmacist, but no solutions had been put in place. He did not feel that the pharmacy was operating safely.

The RP said that he was set targets but that he still used his professional judgement to make decisions

appropriately.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a professional environment for people to receive healthcare. But the retail areas are unclean and team members store boxes of stock in areas used by customers. This could present a trip hazard.

Inspector's evidence

The pharmacy was located in a shopping precinct on the outskirts of Plymouth. There was a large retail area which led to a healthcare counter and a raised dispensary. A room to the side of the dispensary was dedicated to the preparation of multi-compartment medicines devices. On the first floor, there were staff facilities and a large office.

The floor of the retail area of the pharmacy was dirty and appeared to not have been swept recently. Staff reported that they struggled to find the time to clean regularly. Delivery totes were stacked in various locations on the shop floor which presented a trip hazard. Some were empty and some had stock waiting to be put to shelf. The dispensary was well organised and there was plenty of bench space. Stock was stored on shelves. The fixtures and fittings were a little dated. The room used for the preparation of multi-compartment medicines devices was light, bright, spacious and organised.

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 unlocked when not in use, but no confidential information, medicines or sharps were stored in there. Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers.

Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines. The pharmacy had a portable air conditioning unit to help to regulate the temperature.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not always store its medicines appropriately to ensure they are not accessible to the public. It also does not follow the necessary processes to ensure that all medicines are still in date and suitable for supply. The pharmacy is accessible and advertises its services well. The pharmacy obtains its medicines from reputable suppliers. And it generally supplies them safely. The pharmacy gives additional advice to people receiving high-risk medicines. But it does not make a record of this advice to show that it has been given. The pharmacy deals with medicines returned by people appropriately.

Inspector's evidence

The pharmacy was wheelchair accessible, as was the consultation room. The pharmacy could make adjustments for those with disabilities including printing large print labels. Services provided by the pharmacy were advertised clearly. 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 although these were routinely stacked on top of each other. The labels of dispensed items were initialled when dispensed and checked. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected.

Prescriptions containing CDs and fridge items were highlighted, as were those containing high-risk medicines. SOPs were in place for the handout of high-risk medicines including warfarin, lithium and methotrexate. The RP explained that he made the appropriate checks when handing out high-risk medicines, but that records of these checks were not made on the PMR. The RP had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Stickers were available for staff to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy had used all of the information booklets and cards and needed to order replacements.

The pharmacy was sending approximately 50% of its prescriptions to be dispensed off-site, using the Central Fill process. The RP said that he had not yet noticed an improvement in efficiency. It was seen that prescriptions for a single person were returned to the pharmacy in more than one dispensing bag, which then had to be reconciled, along with any items dispensed in the pharmacy, such as fridge lines or controlled drugs. The RP felt there was an element of risk to this process but had not yet had any dispensing incidents.

Stock was obtained from reputable sources including Alliance and AAH. Specials were obtained from IPS. The stock was arranged alphabetically and a date checking procedure was in place. Records showed that the pharmacy was behind with date checking. Several out of date products were found on the shelves including Tegretol 400mg tablets expiring 05/2019 and Galzyn XL 16mg capsules expiring 06/2019. The RP said that the staff did not have time to complete regular date checking. He said that he made additional checks before handout to ensure no date-expired stock reached the public.

As mentioned in principle 3, several delivery totes containing both retail stock and medicines were stored on the shop floor. Again, staff said that they often did not have time to put stock to shelf.

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 three approved cabinets. Destruction kits were available to be used for patient-returned CDs. Records of these were made in a register. They were destroyed promptly with a witness.

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 the inspector advised that 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 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 had been developed but were not yet available for staff to complete.

Patient returned medication was dealt with appropriately, although no hazardous waste bin was seen. Patient details were removed from returned medicines to protect people's confidentiality. Drug recalls were dealt with promptly and were annotated with details of the person actioning.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses a range of appropriate equipment and facilities to provide its services. It keeps these clean and well maintained.

Inspector's evidence

Validated crown-stamped measures were available for liquids. Separate measures were reserved for CDs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics.

The dispensary sink was clean and in good working order. All equipment including the dispensary fridges was in good working order although no PAT test stickers were visible. The blood pressure monitor used by the pharmacy was calibrated yearly.

Reference sources were available and the pharmacy had online access to online materials for the most up to date information.

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.