

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: 10/02/2020

Pharmacy context

The pharmacy is located in Plympton, Plymouth. 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 Medicines Use Reviews (MURs), the NHS New Medicine Service (NMS) and flu vaccinations. The pharmacy also provides services for drug misusers.

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 its risks appropriately. Team members record their errors. But they do not review them often enough to allow them to identify any common themes in the errors they make. The pharmacy team makes the necessary changes to stop mistakes 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 appropriate processes in place to monitor and reduce its risks. Near misses were recorded on a paper log and then transferred to an online reporting system, Datix. Pharmacy team members recorded them as soon as the error was identified. 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. A large 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 from the central fill facility were also reported on Datix. The pharmacy team completed a daily quality assurance check on prescriptions received to identify any errors. A patient safety report was completed by a pharmacist and actions were generated to try to prevent a reoccurrence of errors. The patient safety report was discussed in a huddle. But the most recent patient safety review seen during the inspection was dated July 2019. 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 e-Learning account. A team member 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 service provided by the pharmacy as very good or excellent overall. The pharmacy had addressed feedback that people were not satisfied with how long they had to wait for prescriptions to be ready by fully utilising the central fill process. This meant that there were less prescriptions requiring dispensing in the pharmacy. And this had led to reduced waiting times. A complaints procedure was in place and was displayed in the retail area.

The pharmacy had appropriate professional indemnity and public liability insurances in place. Records of the responsible pharmacist (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 approximately monthly. A random stock balance check 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. The pharmacy retained certificates of conformity when it supplied unlicensed medicines (specials). But they were not always

annotated with details of what had been supplied to whom, meaning a full audit trail was not in place.

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 where possible 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.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. The pharmacy encourages and supports its team members to develop their skills and knowledge. 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 levels on the day of the inspection consisted of an accuracy checking pharmacy technician and the RP, both of whom were members of the relief team. There was one full-time dispenser who was on holiday and a further dispenser who was on sick leave. The team felt they could mostly manage the workload with no undue stress and pressure. But they struggled to serve people promptly when queues built up in the shop. 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 by a relief dispenser or pharmacy technician.

The pharmacy team reported that they were allocated protected time to learn during working hours. Resources accessed included compulsory SOPs, CPPE packages and optional advanced learning on the company eLearning portal. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. Team members 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 regional manager, who they found to be receptive to ideas and suggestions. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place. The pharmacy team said that they were not set formal targets. The RP felt able to use her professional judgement to make decisions. She 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 Plympton, Plymouth. A large retail space with a waiting area led to the healthcare counter and dispensary. A large consultation room was available which presented a professional image and had health-related posters and information displayed. The room was not locked when not in use. But no confidential information or medicines were stored in the consultation room. The dispensary was large and had plenty of bench space. The dispensary stock was well organised and tidy. Most of the stock was stored on shelves. Prescriptions awaiting collection were stored on shelves in the dispensary. No confidential information could be viewed by people waiting in the pharmacy.

To the side of the dispensary was a large room used to dispense multi-compartment compliance aids. It was well equipped. But it was cluttered with excess retail stock. There was a small desk used as an office area. This was very cluttered with paperwork and would benefit from being tidied.

Cleaning was undertaken each day and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water. The pharmacy appeared to be well maintained. 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 and the pharmacy team delivers 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. But it could carry out more 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

Both the pharmacy and the consultation room were wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. 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 pharmacy did not currently have a permanent pharmacist so services such as the supply of emergency hormonal contraception could not occur unless there was a qualified pharmacist on duty. 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 accessed online. Records of signposting referrals were made on the patient medication record (PMR).

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 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 PMR. Substance misuse services were provided for around 5 people. The RP explained that 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 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 RP 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 had 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 pharmacy also had the information

booklets and cards to be given to eligible women.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 65 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 pharmacy delivered medicines to people living in their own homes. It kept appropriate records of any deliveries made. People were required to sign on receipt of their medicines. Confidentiality was maintained when obtaining these signatures.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. A date-checking process was in place but team members said that they had not been able to complete a full date check in recent months. Some date-expired stock was found on the shelves. The RP said that she took particular care to check the expiry dates when accuracy checking. 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 generally annotated with the outcome and the date actioned. Records of some recent recalls could not be located but no affected stock was found.

The pharmacy had the hardware and software to be compliant with the Falsified Medicines Directive. But the pharmacy was not currently scanning FMD compliant products. Team members were making visual checks. A number of stores in the company were piloting scanning products but the full roll-out had not yet happened.

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.

Patient returned medication was dealt with appropriately, although a hazardous waste bin was not seen. 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 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 a 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 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 the dispensary so no details were 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.