

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: 02/02/2023

Pharmacy context

The pharmacy is located in Plympton, Plymouth. 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 flu vaccinations, the NHS New Medicine Service (NMS), the Community Pharmacy Consultation Service (CPCS) and the Hypertension Case Finding service. 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
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 takes appropriate steps to identify and manage its risks. Team members record any mistakes they make and review them to identify the cause. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has appropriate written procedures in place to help ensure that its team members work safely. The pharmacy responds appropriately when it receives feedback. It has the required insurance in place to cover its services. And it keeps all 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 identify, manage and reduce its risks. It had standard operating procedures (SOPs) which reflected the way the team worked. Each team member had an online learning account which held a record of the SOPs that had been read. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Team members had clear lines of accountabilities and were clear on their job role. The pharmacy had risk assessments in place to cover its activities. And it had a written business continuity plan.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check, known as near misses, on an online reporting system. The branch manager reviewed the errors regularly. When errors occurred, the pharmacy team discussed them and made changes to prevent them from happening again. Some medicines that had similar sounding names and strengths were separated on the shelves.

The pharmacy also reported any mistakes that reached the patient on the online reporting system. The pharmacy team analysed these incidents in much more detail to understand why they had happened. The pharmacy completed a yearly audit on the safety and efficiency of its activities, known as 'Best in Class.'

The pharmacy received a regular monthly newsletter from its head office. The newsletter highlighted areas of risk. And each month it identified common errors and ways to prevent them. It also provided educational information on a selected treatment or condition.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. There was information for people displayed in the retail area about how to provide the pharmacy with feedback. Any complaints were dealt with promptly by the branch manager and passed to the area manager if needed. Public liability and professional indemnity insurances were in place.

The pharmacy kept a written record of who had acted as the RP each day. The correct RP notice was prominently displayed. Controlled drug (CD) registers were in order. Balance checks were completed regularly and any discrepancies were promptly rectified. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly.

The company had recently introduced an online programme to keep a legal record of private

prescriptions. But the team members present were not clear on how to use it. However, appropriate records of private prescriptions and emergency supplies were maintained on the patient medication record (PMR). The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were annotated with the details of the supply. They were stored for the required length of time.

All team members completed yearly training on information governance and the general data protection regulations. Patient data and confidential waste were dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed.

All team members were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. The regular pharmacist, who was on a sabbatical at the time of the inspection, was trained to level 3 safeguarding. Local contacts for the referral of concerns were available online. Team members were aware of signs of concerns requiring escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs enough people to manage its workload. Team members receive time in work to complete training for their roles and keep their skills up to date. They are confident to suggest and make changes to the way they work to improve their services. The team work well together and communicate effectively. And they support each other to deliver the pharmacy's services.

Inspector's evidence

On the day of the inspection, the RP was a locum pharmacist who was booked for the whole week. The regular pharmacist was on a sabbatical and the branch was being covered by locums until she returned. The RP was supported by four dispensers, one of whom was a trainee. The branch manager was an accuracy checking pharmacy technician. She was not working on the day of the inspection. The team were coping with the workload well. Dispensing was up to date and prescriptions were generally ready when people arrived to collect them.

The pharmacy team felt well supported by the manager and the area manager. Team members were given time during working hours to learn as needed. Three dispensers had completed approved dispensing courses. The fourth was working through their course at a steady pace. A rota had been put in place to allow them to spend time with more experienced colleagues to support her development. Team members were seen to give appropriate advice to people in the pharmacy. And they referred to the RP for further clarification when needed.

The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. There was evidence that the team supported each other. The team felt confident to discuss concerns and give feedback to the branch manager, who they found to be receptive to ideas and suggestions. The team felt able to make suggestions for change to improve efficiency and safety but ensured that they always followed the company SOPs. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The RP said that the targets set in the pharmacy were manageable. And they did not impede her ability to use her own professional judgement. She described that all services undertaken were clinically appropriate and that she would ensure she was accredited to provide any additional services requested before commencing.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is a suitable environment for people to receive healthcare services. It has adequate space to accommodate its services. The pharmacy is clean, tidy and secure.

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 with plenty of bench space and shelving. Staff facilities were upstairs.

The pharmacy operated a COVID-19 vaccination service. A temporary booth was installed in the retail area. It was appropriately screened to allow for privacy. It was large enough to accommodate three chairs. And there were seats nearby for people to use whilst waiting.

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 fire alarm was tested each week. The lighting and temperature were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team make sure that people with different needs can access its various services. The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. Team members take steps to identify people prescribed high-risk medicines to ensure that they are given additional information. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access and was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed. Team members explained that if a person requested a service not offered by the pharmacy at the time, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

The pharmacy had a clear flow to ensure prescriptions were dispensed safely. Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and accuracy check prescriptions. Team members initialled the labels of medicines when they dispensed and checked them.

Coloured stickers were used to highlight prescriptions containing fridge items and CDs in schedules 2 and 3. The RP described that he checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. The RP did not routinely make records of significant interventions made.

Approximately 40% of prescriptions were dispensed at the company's off-site dispensing facilities. Team members in the pharmacy entered prescriptions onto the PMR and the pharmacist clinically checked them. The dispensed medicines were delivered back to the pharmacy within approximately two days. Team members had the ability to cancel a prescription sent to the offsite facility if the person came to collect it before it had arrived back to the pharmacy. They then dispensed it in the pharmacy.

The pharmacy offered a range of additional services including flu vaccinations. The regular pharmacist had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The signed patient group direction was available. The pharmacy had run a busy COVID-19 vaccination service. The service was coming to an end for the current season. But it had been well organised and well-utilised by the local population.

The pharmacy had a health promotion zone and provided advice to people on living healthy lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) and received regular referrals, mainly from NHS111. The pharmacy offered to test people's blood pressure as part of the Hypertension Case Finding service. The pharmacy had appropriate equipment including ambulatory blood pressure monitors. The RP referred people to the appropriate provider if the results were found to be high.

The pharmacy team was aware of the risks associated with people becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). The pharmacy team took care not to apply labels over the warning cards on the boxes of valproate products when dispensing. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to people receiving prescriptions for valproate.

Multi-compartment compliance aids were prepared by the pharmacy for people living in their own homes. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid was clearly labelled. Team members signed to show who had dispensed and checked the compliance aid. And they wrote a description of the tablets included so that they could be easily identified. Patient information leaflets (PILs) were supplied each month. Medicines prescribed to be taken 'when required' were dispensed in boxes. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the checking process.

The dispensary stock was generally arranged alphabetically on shelves. It was well organised. Date checking was undertaken regularly and records were kept. 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. The pharmacy was experiencing shortages of some medicines including liquid antibiotics. They placed orders several times throughout the day and tried to keep people informed of the estimated date that owing medicines would be available. Stock was obtained from reputable sources. Records of recalls and alerts were retained on the pharmacy's email account.

CDs were stored in accordance with legal requirements in an approved cabinet. A denaturing kit was available so that any CDs awaiting destruction could be processed. 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 were 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.

Logs were kept of deliveries made to people in their own homes. The pharmacy team 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. Medicines were handed to the people and were not posted through the letterbox. Patient returned medication was dealt with appropriately.

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. The pharmacy uses its equipment in a way that protects people's private information.

Inspector's evidence

The pharmacy had up-to-date written reference resources available including the British National Formulary (BNF). Team members had access to the internet to support them in obtaining current information. The pharmacy's computer system was password protected. And information displayed on computer monitors was suitably protected from unauthorised view.

The pharmacy had clean equipment available for counting and measuring medicines. It highlighted equipment for measuring and counting higher-risk medicines. This helped to reduce any risk of cross contamination. A range of consumables and equipment to support the services provided by the pharmacy was available within the consultation room. Electrical equipment was visibly free of wear and tear and in good working order.

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.