

Registered pharmacy inspection report

Pharmacy Name: Well, 331 Southway Drive, Southway, PLYMOUTH,
Devon, PL6 6QR

Pharmacy reference: 1030870

Type of pharmacy: Community

Date of inspection: 07/06/2019

Pharmacy context

The pharmacy is located in a shopping precinct on the outskirts of Plymouth. The pharmacy dispenses NHS and private prescriptions. It also supplies multi-compartment compliance aids 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. This means that prescriptions are not always ready when people come to collect them.
		2.5	Standard not met	Staff do not feel supported by their leaders. They do not feel that their ideas and suggestions are listened to.
3. Premises	Standards not all met	3.1	Standard not met	The work areas of the pharmacy are small and cluttered. This increases the risk of errors.
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 generally identifies and manages risk appropriately. Team members usually record their errors and review them. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and generally acts appropriately 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 each staff member had their own log. The company process was that the details of the near miss was transferred to the online reporting system, Datix. Not all near misses had been entered on Datix and the manager said that this was due to a lack of time. 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 by the responsible pharmacist (RP) each month although these were not seen during the inspection. The manager reported that the outcomes of the reviews were shared with pharmacy team members through individual briefings. Near misses were discussed as they occurred. A dispenser described that she had made several selection errors involving atorvastatin and amlodipine. She had moved the stock so that it was separated and had placed large alerts on the shelf edges.

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 '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. 81% of respondents had rated the pharmacy as good or excellent overall. Feedback about overcrowding in the waiting error was yet to be addressed. Two chairs were available for people to use whilst waiting. A complaints procedure was in place and was given to people as needed.

Indemnity insurance was provided by Bestway with an expiry date of 29 June 2019. Records of the RP were maintained appropriately. The incorrect RP certificate was displayed when the inspector arrived, but this was promptly corrected. Controlled drug (CD) registers were maintained appropriately, although the address of the supplier was not always completed. Balance checks were completed approximately monthly. A random stock balance check of a CD 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 details of to whom the supply had been made were kept on the delivery note rather than the certificate of conformity.

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. NHS 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 Pharmacy Postgraduate 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 sometimes 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. This means that prescriptions are not always ready when people come to collect them. Staff do not feel supported by their leaders. They do not feel that their ideas and suggestions are listened to.

Inspector's evidence

The staffing on the day of the inspection consisted of the RP, who was a member of the relief team, two pharmacy technicians, one of whom was the branch manager, and a NVQ2 trained dispenser. Another dispenser had called in sick that morning.

The staff were not coping with the workload. There were unchecked prescriptions piled up and there was no space to pick or dispense collected prescriptions. Dispensing activity was three days behind schedule. There were long queues of customers during the inspection and staff were finding it difficult to locate prescriptions. All staff reported being demotivated and stressed by the workload. They were all visibly upset by the situation.

The inspector contacted the cluster manager, a pharmacist who was working in another branch and explained the current situation and its potential impact on patient safety. He quickly arranged for a staff member to come to the store from a nearby branch, and she arrived within ten minutes. When the inspector spoke to the area manager after the inspection it transpired that further staff had been arranged to provide additional support that afternoon to clear the workload.

The manager had identified that the local GP practice had a system in place whereby people were sent an automated text message when their electronic prescriptions were sent to the pharmacy stating that it was ready to collect. This meant that people often arrived to collect prescriptions when the pharmacy had not been given enough time to prepare them.

The manager felt that she was not given adequate support from the cluster manager and the area manager. She found it difficult to complete the required management tasks during her working hours and often started work early to ensure that essential tasks such as payroll submissions were completed on time.

Staff reported that they completed all required training packages on the company e-Learning system. These included updated SOPs, health and safety training and learning to support public health campaigns. But they did not have time to access them at work and completed them at home.

A whistleblowing policy was displayed and staff knew how to raise concerns. But they did not feel that suggestions for change were listened to. All staff said that the pharmacy would benefit from an accuracy checking pharmacy technician, but this feedback had not been taken on board.

The RP said that targets were set, such as completing medicines use reviews, but that he was able to use his professional judgement. He was focussed on checking prescriptions on the day of the inspection to try and clear the backlog.

Principle 3 - Premises Standards not all met

Summary findings

The areas of the pharmacy used by the public provide a professional environment for people to receive healthcare. But the work areas of the pharmacy are small and cluttered. This increases the risk of errors.

Inspector's evidence

The pharmacy was located in a shopping precinct on the outskirts of Plymouth. The retail area presented a professional image and was tidy and organised. 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.

The dispensary was small and was very cluttered, mainly due to dispensing activity being three days behind schedule. Stock was generally stored neatly on shelves and a large dispensing bench was installed in the middle of the space. Benches were covered in stacked baskets of dispensed prescriptions awaiting stock meaning that dispensing space was limited. It also meant that it was difficult to find prescriptions when people came to collect them. A dedicated checking bench was tidy and organised. A large delivery arrived during the inspection which further reduced the available space. Totes were left on the floor which presented a trip hazard. A lock-up had been installed in the rear courtyard where empty totes were placed when the delivery was unpacked. Dispensary consumables such as cartons and bottles were stored on shelves in the lavatory.

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.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. 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 although these were routinely stacked on top of each other. The labels of dispensed items were initialled when dispensed and checked.

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.

Prescriptions containing owings were appropriately managed, and the prescription was kept with the balance until it was collected. Records were retained of medicines delivered to people's homes. Additional records were kept of deliveries of CDs.

Stock was obtained from reputable sources including Alliance and AAH. Specials were obtained from IPS. The stock was arranged alphabetically and was date checked regularly. Short dated items were 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.

The process for the dispensing of multi-compartment compliance aids 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 compliance aid 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 compliance aids. A record of any changes made was kept on

the patient information sheet, which was available for the pharmacist during the checking process.

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.

The pharmacy did not have the hardware or software to be compliant with the Falsified Medicines Directive. 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 clean equipment and facilities to provide its services.

Inspector's evidence

Validated crown-stamped measures were available for liquids. But the presence of an uncalibrated plastic syringe inside a measure seemed to suggest that it was used to measure small volumes. 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.

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.