

Registered pharmacy inspection report

Pharmacy Name: Milehouse Pharmacy, 17 Wolseley Road,
PLYMOUTH, Devon, PL2 3AA

Pharmacy reference: 1030876

Type of pharmacy: Community

Date of inspection: 25/08/2022

Pharmacy context

This independent pharmacy is located in a residential area of 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, a minor ailments scheme, the NHS New Medicine Service (NMS), the Community Pharmacy Consultation Service (CPCS) and the supply of medicines to drug misusers. It also supplies medicines in multi-compartment compliance aids to people living in their own homes. The pharmacy also supplies medicines to a small number of care homes.

Overall inspection outcome

✓ Standards met

Required Action: None

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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	2.4	Good practice	The pharmacy has a clear focus on the development of its team members. They receive substantial time to learn during working hours. Team members feel very involved in all decisions made about how the pharmacy operates.
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 good written procedures in place to help ensure that its team members work safely. Team members regularly refer to and update these written procedures. The pharmacy responds appropriately when it receives feedback. It has the required insurance in place to cover its services. And it keeps all of 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. The pharmacy had standard operating procedures (SOPs) which reflected the way the team worked. The superintendent pharmacist (SI) reviewed the SOPs regularly, particularly when a new team member joined the pharmacy. She sought the input of the team to ensure that the SOPs were still relevant. And she made the necessary changes if they were out of date. The SOPs were a working document which team members referred to regularly. Each team member signed the SOPs to demonstrate that they had read and understood them. The SI observed the working practices of any new team members for a short time after they had read the SOPs. Then they reread them together to ensure they were fully understood.

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 some risk assessments in place to cover some of its activities. But it had not completed a full risk assessment on all services. The SI said she would complete a full risk assessment in the coming weeks.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check on a paper log. The SI analysed them every three months and completed a written review. The pharmacy team discussed the review and agreed on what actions it could take to reduce errors. It had been identified that the process for marking split packs was not as robust as it could be. So, pharmacy team members discussed how it could be improved and together wrote a new SOP, which all team members now followed.

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 passed straight to the SI to deal with. And the SI shared any compliments received with the pharmacy team. The pharmacy team also reviewed any online feedback and responded accordingly. Public liability and professional indemnity insurances were in place.

The pharmacy kept a 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. Appropriate records

of private prescriptions and emergency supplies were maintained in a book. The nature of the emergency was always recorded for emergency supplies. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were retained and full details of the receipt and supply of specials was made in a book.

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. A privacy policy and a fair data use statement were displayed in the retail area. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed and a record of access was made on the person's patient medication record (PMR).

All team members were trained to an appropriate level on safeguarding. The SI and the registered pharmacy technicians had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the referral of concerns were available. Team members were aware of signs of concerns requiring escalation. Team members described several occasions where they had made appropriate safeguarding referrals.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload. The pharmacy has a strong emphasis on developing its team members. They receive plenty of 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 communicates effectively. And they work well together to deliver the pharmacy's services.

Inspector's evidence

On the day of the inspection, the SI was the responsible pharmacist. She worked in the pharmacy every day and found it difficult to get any cover from locum pharmacists. She was supported by four other team members including a registered pharmacy technician and three trainee pharmacy technicians. There were two further team members who were not working that day. One of the trainee technicians had recently completed her course and was waiting to join the register.

It was clear that the development of the pharmacy team was important to the SI. Every team member had a personal development plan which was discussed and reviewed every six months. Each team member who was completing a course was given eight hours a week dedicated learning time. Two of the trainee technicians were working on approved courses, but from different providers. They discussed the differences and supported each other. Team members said that they felt very involved in the running of the pharmacy. They were regularly consulted on how they thought things could be improved. Team members felt confident to discuss concerns and give feedback to the SI, who they found to be receptive to ideas and suggestions.

Team members were seen to give appropriate advice to people when selling medicines. The pharmacy technicians regularly gave advice to people collecting prescriptions. The SI said she was hoping one of the technicians would be able to train as a vaccinator this year.

The SI did not set any targets in the pharmacy. 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 provides a safe, secure and professional environment for people to receive healthcare. It is undergoing a large renovation to improve the premises. 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 residential area in Plymouth. It was in the process of being expanded into the property next door. So, there were building works in progress but the pharmacy team had taken steps to create a safe working environment until it was completed.

The retail area was very small. So only one person was allowed to enter the pharmacy at one time. There was clear signage displayed on the outside of the pharmacy explaining this. The healthcare counter led through to a small dispensary. A second, larger dispensary had been created to the rear of the building works. There was plenty of workbench space. Stock was stored neatly on shelves. There was a designated checking area.

The pharmacy had a small consultation room which could be accessed from both the retail area and the dispensary. It presented a professional image. It was soundproofed to allow conversations to happen in private without others overhearing and was locked when not in use.

Team members cleaned the pharmacy regularly and made records of this in a daily log. The healthcare counter had clear Perspex screens fitted to protect team members from COVID-19. Hand sanitiser was available throughout the pharmacy.

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.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. It supplies medicines safely to people with appropriate advice to ensure they are used correctly. The pharmacy keeps detailed records of any conversations it has with other healthcare providers about people's medicine and health which ensures continuity of care. 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 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 level access and was wheelchair accessible. It would be difficult for someone in a wheelchair to access the consultation room but as only one person was allowed to enter at a time, consultations would still be private. The pharmacy could make adjustments for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. 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. The pharmacy used coloured stickers to highlight fridge items and CDs in schedules two and three.

The pharmacy team provided additional counselling to people taking high-risk medicines. The SI had enrolled several team members on a course to give them the specific skills to do this. A record of all counselling was made on the person's PMR. The SI made sure that anyone starting a new medicine was given all the information they needed to use it safely and effectively. For example, she spoke at length to anyone starting on a new inhaler to ensure that they knew how to use it correctly. She often contacted people by telephone within a few weeks of starting a new medicine to check that everything was okay. The SI was aware of the risks of people becoming pregnant whilst taking sodium valproate. She knew to speak to people about the Pregnancy Prevention Programme (PPP). Records were made on the PMR of any conversations of this type. 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. The pharmacy had the information booklets and cards to hand out as appropriate.

The SI and the other team members kept detailed records of interventions they made on the PMR system. This provided an audit trail and was evidence in case of any further queries. It also meant that any other team members working in the pharmacy could clearly see any decisions made about a person's care.

The pharmacy provided substance misuse services to a large number of people. The service seemed

well managed. The SI described 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 for the upcoming season had not yet been released. The SI said that she would print it out, review it and sign it before commencing provision of the service. The SI had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) and received regular referrals. The SI contacted people by telephone to discuss how they were getting on with any new medicines they were prescribed as part of the NHS New Medicines Service.

Multi-compartment compliance aids were prepared by the pharmacy for people living in their own homes. Each person requesting compliance aids was assessed for suitability. 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. 'When required' medicines were dispensed in boxes and a dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the clinical checking process.

The dispensary stock was generally arranged alphabetically on shelves. It was organised and tidy. Certain groups of medicines were stored out of alphabetical order including those prescribed for diabetes. 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. Stock was obtained from reputable sources. Records of recalls and alerts were annotated with the outcome and the date actioned and were stored in the pharmacy.

The pharmacy stored CDs in accordance with legal requirements in approved cabinets. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed in the presence of a witness with two signatures 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 with appropriate signatures. Confidentiality was maintained when obtaining signatures. The SI described an appropriate process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner. 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 crown-stamped measures available to measure liquids, with several marked for the use of CDs only. A range of clean tablet and capsule counters were present, with a separate triangle reserved for cytotoxics. All equipment, including the dispensary fridge, was in good working order. The dispensary sink was 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.