

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 638-640 Wolseley Road, StBudeaux,  
PLYMOUTH, Devon, PL5 1TE

**Pharmacy reference:** 1030877

**Type of pharmacy:** Community

**Date of inspection:** 14/01/2020

## Pharmacy context

The 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 Medicines Use Reviews (MURs), the NHS New Medicines Service (NMS) and flu vaccinations. The pharmacy offers services for drug misusers and runs a needle exchange service. The pharmacy 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies its risks appropriately. Team members usually record their errors and review them as a team to identify the cause of errors. This allows the pharmacy team to make the necessary changes to stop mistakes from happening again. The pharmacy has adequate 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 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 appropriate processes in place to monitor and reduce risks. Near misses were usually recorded on a paper log and contained details of the error and a brief reflection on the cause and the learning points. The company procedure was that near misses and errors were also recorded on an online reporting system, Datix. But there were no online records for the last six months despite there being entries on the paper log. The responsible pharmacist (RP) said that dispensing incidents were also recorded on Datix and included a more detailed analysis of the cause. There had been no incidents reported in the previous six months. 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. The previous RP had completed a validation review of prescriptions dispensed using the central fill process which had shown no errors had been identified in a random sample of 300 prescriptions. Errors were reviewed in a monthly patient safety report completed by the RP and actions were generated to try to prevent a reoccurrence of errors. The patient safety report was discussed in a huddle. Pharmacy team members proactively highlighted drugs which had similar livery or unusual quantities to try and prevent errors. There was also a notice board showing a list of look-alike, sound-alike drugs.

Standard operating procedures (SOPs) were held online, were up to date and were regularly reviewed. A record of which SOPs had been read by staff was held on each individual's 'eExpert' account. The RP said that the branch manager 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. The pharmacy had a business continuity plan in place, which was held online. The RP described how, before implementing a new service, he would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. He would review staffing levels to ensure provision of the service could be maintained and would check that he and the pharmacy team had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 89% of respondents had rated the service provided by the pharmacy as very good or excellent overall. Following feedback that people were not aware that there was somewhere to have private conversations with the pharmacist, team members proactively promoted the use of the consultation room. 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 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 weekly. 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 mostly in order. But the date of prescribing was not always recorded. Records of unlicensed (specials) medicines were retained and the certificates of conformity 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 had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training, and the remaining staff completed yearly safeguarding training. Local contacts for the escalation of concerns were available in a safeguarding folder.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. Team members receive training for their roles. But team members who are completing training courses would benefit from receiving protected time to learn during working hours. Team members are confident to suggest and make changes to improve their services. They communicate well with each other.

### Inspector's evidence

Staffing levels were adequate on the day of the inspection. In addition to the RP, there were three NVQ2 trained pharmacy advisors, one of whom was a member of the relief team, and another who was a trainee. There was also a part-time medicines counter assistant who was not working on the day of the inspection. The team had a good rapport and felt they could manage the workload with no undue stress and pressure. 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 rearranging shifts, or by part-time staff increasing their hours. In an emergency, the pharmacy could arrange for a relief dispenser.

The pharmacy team reported that they were not always allocated protected time to learn during working hours. The trainee dispenser said that she struggled to find time to complete her learning at home and would benefit from some planned time in the pharmacy 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.

There had been a recent change in structure for the regional team and a new regional manager had recently started in the role. The staff felt able to raise concerns and give feedback to the new regional manager, who they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP said that the pharmacy was not set formal targets. He felt able to use his professional judgement to make decisions. He 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. But the way it stores medicines that should only be sold by the pharmacy team means that people could potentially select them without consulting a team member.

### Inspector's evidence

The pharmacy was located in a small row of shops in a residential area of Plymouth. There was a small, well-presented retail area which led to a healthcare counter and the dispensary. A barrier was installed to prevent unauthorised access to the dispensary. A small room to the rear of the dispensary was dedicated to the preparation of multi-compartment compliance aids.

The dispensary was well organised and there was an adequate amount of bench space. Stock was stored neatly on pull-out shelves. The fixtures and fittings were well maintained. The room used for the preparation of multi-compartment medicines devices was light, bright and organised.

Pharmacy (P) medicines were stored in the retail area of the pharmacy in glass cabinets. There were locks to prevent self-selection of P medicines but these were broken. This meant that there was potential for people to easily open the glass fronts and select the products within.

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 secured with a lock when not in use. Paperwork containing people's private information such as MUR consent forms, were stored in locked cupboards.

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. 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 and makes 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 was accessed by a small step. An automatic door was installed. Team members said that they would help anyone struggling to enter the pharmacy. The consultation room was 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 RP was accredited to provide all of the promoted services. The RP described how if a patient requested a service not offered by the pharmacy, he 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 tubs were used to store prescriptions and medicines to prevent transfer between patients as well as to 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 patient medication record (PMR). Substance misuse services were provided for around 20 people. The pharmacy used the Methameasure system to dispense methadone. It was dispensed into dispensing bottles at the start of each day and was then stored securely. The RP described how he 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 also ran a well-used needle exchange 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 120 people based in the community. The pharmacy was currently at capacity and held a short waiting list. 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. Date checking was usually undertaken regularly and recorded online. 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 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 annotated with the outcome and the date actioned.

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 were available for staff to complete.

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 with in the presence of a witness with both signatures recorded.

Patient returned medication was dealt with appropriately, and a hazardous waste bin was 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 keeps these clean and tidy. Equipment is used in a way that protects people's private information.

### Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measures 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 used a Methameasure to dispense methadone mixture. This was calibrated daily and flushed with water at the end of each day. 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 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.