

Registered pharmacy inspection report

Pharmacy Name: Watcome Pharmacy, 69 Fore Street, Barton,
TORQUAY, Devon, TQ2 8BP

Pharmacy reference: 1030911

Type of pharmacy: Community

Date of inspection: 03/06/2019

Pharmacy context

The pharmacy is located in a residential area on the outskirts of Torquay. The pharmacy dispenses NHS and private prescriptions. The pharmacy delivers medicines to people. It also supplies multi-compartment medicines devices for vulnerable people to use. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also offers flu vaccinations, a minor ailments scheme, emergency hormonal contraception and drug user services.

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 generally identifies and manages risk appropriately. Team members record their errors and review them. But they do not record enough detail to identify patterns of errors. So it is difficult to formulate clear actions to prevent them from happening again. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and acts suitably 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 and act to do this when needed.

Inspector's evidence

The pharmacy had processes in place to manage and reduce risk. Near misses were recorded on a paper log. Detail of records were limited to a cross against the type of error. No further details about the drug or the dispenser were recorded. Dispensing incidents were reported to the company head office and contained a more detailed analysis of the cause. A monthly patient safety review template was available but had not been completed in recent months. The pharmacy technician said that any errors were discussed as a team as they occurred. Near misses were An annual patient safety was review had been completed which had analysed all near misses and dispensing incidents.

The number of reported near misses was low with six incidents being recorded in the previous three months. The pharmacy technician felt that this was due to there being limited distractions. The pharmacy was quiet and the team were able to focus on their dispensing. Following near misses, amitriptyline had been separated from amlodipine and different formulations of inhalers were segregated.

Standard operating procedures (SOPs) were held on the company intranet and reflected current practice. They had been recently updated and staff were in the process of reading the updates. The SOP relating to RP regulations was seen and had been signed by all staff. A dispenser could describe the activities that could not be undertaken in the absence of the RP.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 100% of respondents to the most recent survey had said that they were very or extremely satisfied with the service provided. A complaints procedure was available. A person returned a bag of medicines during the inspection querying whether an item had been missed. The RP dealt with this promptly and effectively.

Professional indemnity insurance was provided by the NPA, expiring 31 August 2019. RP records were appropriately maintained, and the correct RP certificate was conspicuously displayed. Records of emergency supplies, private prescriptions and specials medicines were all in order. Controlled drug (CD) records were maintained electronically and were as required by law. Running stock balances were checked regularly. A random stock balance check of Zomorph 60mg capsules was accurate.

All staff had completed training on information governance and GDPR. Confidential waste was dealt with in a secure manner to protect privacy. But confidential information was not removed or

obliterated from patient returned medicines. Confidential information on prescriptions awaiting collection could generally not be seen by waiting customers. But the route taken through the dispensary to access the consultation room meant that details on prescriptions could be seen by the public. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated and disposed of appropriately. NHS smartcard use was appropriate. Verbal consent was obtained from patients prior to accessing their summary care record.

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technicians had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for escalating concerns were available. Staff were aware of the signs that would require a referral and gave several examples of when concerns had been escalated.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are appropriately trained for their roles and they keep their skills and knowledge up to date. Team members suggest and makes changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing levels were adequate on the day of the inspection and consisted of the RP, a pharmacy technician and an NVQ2 level dispenser. Rotas were completed in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours. In an emergency, the team would call on support from other pharmacies in the small chain.

The team had a good rapport and felt they could manage the workload with no undue stress and pressure. But staff said that they were often called to support other branches to cover sickness and holidays, which did increase the pressure. The staff had clearly defined roles and accountabilities which were detailed in standard operating procedures, and tasks and responsibilities were allocated to individuals on a daily basis.

The pharmacy team reported that they were allocated protected time to learn during working hours when needed. Resources accessed included revised SOPs, learning to support public health campaigns and updated product information from pharmaceutical companies. Staff received regular feedback on their performance but did not have formal appraisals.

Staff were seen to offer appropriate advice when selling medicines over the counter. They were observed referring to the pharmacist when additional information was required. The staff felt able to raise concerns and give feedback to the owner, 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 staff described that they felt supported by the owner and the company head office.

The RP said that minimal targets were set and he could use his professional judgement. He said that he would only undertake services such as MURs that were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare. But the fixtures and fittings are dated which does not present a professional image. The consultation room is accessed through the pharmacy's dispensary. This may mean that members of the public may see people's private information.

Inspector's evidence

The pharmacy was located in a residential area on the outskirts of Torquay. A retail area led to a small dispensary. A separate room to the rear was dedicated for the preparation of multi-compartment medicines devices. Fixtures and fittings in the main pharmacy area were traditional but dated. Some drawers were broken and the tiling around the sink was missing.

A consultation room was available and was well equipped. It was not clearly signposted from the public area. It was accessed by walking through the dispensary. This meant that people's private information could be clearly seen when passing through. The consultation room was not used during the inspection. A stock room was located to the side of the healthcare counter.

The retail and waiting areas were of an appropriate size and there were plenty of chairs in the waiting area. The pharmacy was light and bright, and temperature was appropriate for the storage and assembly of medicines. The dispensary sink was clean and hand soap was available. Cleaning was undertaken by an employed cleaner weekly and the pharmacy was clean on the day of the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services well. It supplies medicines safely. The pharmacy gives additional advice to people receiving high-risk medicines. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and regularly checks that they are still suitable for supply. But it does not always remove medicines from the shelves when they have expired which increases the risk that they could be supplied to people. the pharmacy delivers prescription medicines safely to people's homes. It keeps records to show that it has delivered the right things to the right people. The pharmacy deals with medicines that people return to it appropriately.

Inspector's evidence

The pharmacy was accessed by a small step. Staff said that they would provide assistance to those requiring it or would serve at the door. Plenty of parking was available outside the pharmacy. Adjustments could be made for people with disabilities, such as producing large print labels and easy to open caps on bottles.

A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. The pharmacy technician described that if a person requested a service not offered by the pharmacy, she would either refer them to other nearby pharmacies. Up-to-date information on services provided locally was accessed on the internet.

Colour-coded 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 surgery. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedule 2 and 3 including tramadol. 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. The RP described that he checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Records of results were made on the patient medication record (PMR). Monitoring booklets were available to be given to those needing them.

The pharmacy had completed an audit of people who may become pregnant receiving sodium valproate as part of the Valproate Pregnancy Prevention Programme. Two people had been identified who met the eligibility criteria for the pregnancy prevention programme. The pharmacist had discussed the need for adequate contraception whilst taking valproate. Stickers were available for staff to apply to the boxes of valproate products for any people in the at risk group, and information cards present to be given to eligible patients at each dispensing.

Four people were supplied with methadone or buprenorphine on instalment prescriptions. The prescriber was contacted if people did not collect their doses for three consecutive days, or if there were other concerns about a person.

Prescriptions containing oiwings were appropriately managed, and the prescription was kept with the balance until it was collected. Compliance packs for patients based both in the community and in care

homes were prepared by the pharmacy. Each pack had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets (PILs) were not always supplied. 'When required' medicines were dispensed in boxes and the technician 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 checking process.

Stock was obtained from reputable sources including Colorama, Alliance and AHH and Bestway. Specials were obtained from Quantum Specials. Invoices were retained. The pharmacy did not have the required hardware or software to be compliant with the European Falsified Medicines Directive (FMD) but SOPs had recently been updated to reflect the imminent changes.

Date checking was completed every three months and short dated items were highlighted with stickers. Some date expired stock was found on the shelves including ibuprofen 400mg tablets (expiry 04/2019) and Forceval soluble tablets (expiry 05/2019). The two dispensary fridges were clean, tidy and well organised and 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 in an approved cabinet. 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 were stored in the CD cabinet until they were destroyed.

Logs were kept of deliveries made to patients based in the community with appropriate signatures. Confidentiality was maintained when obtaining signatures. The delivery driver 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 which was found to be adequate. Following a recent delivery error where an item had been delivered to the incorrect person, the pharmacy technician had queried whether the driver had read the relevant SOP. It was printed during the inspection and left for him to read when he was next in the pharmacy.

Patient returned medication was dealt with appropriately. But confidential patient information was not removed or obliterated from patient returned medication. The inspector provided advice to the manager about this. Records of recalls and alerts were seen and were annotated with the outcome, the date and who had actioned it.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean, tidy and maintains them well.

Inspector's evidence

Validated crown-stamped measures were available for liquids, with 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. Reference sources were available, and the pharmacy could also access up-to-date information on the internet.

All equipment, including the dispensary fridge, was in good working order. PAT test stickers were not visible. The dispensary sink was clean and in good working order although as mentioned in principle 3, the tiles were missing. Dispensed prescriptions were stored alphabetically on shelves, generally 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. As previously noted, members of the public may be able to see people's confidential information when accessing the consultation room.

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.