

Registered pharmacy inspection report

Pharmacy Name: Wilcare Co Ltd, The Esplanade, Chapel St Leonards, SKEGNESS, Lincolnshire, PE24 5TB

Pharmacy reference: 1034328

Type of pharmacy: Community

Date of inspection: 03/03/2022

Pharmacy context

This family-owned pharmacy is in a popular seaside village on the Lincolnshire coast. It is one of two pharmacies under the same ownership. The pharmacy's main services include dispensing prescriptions and selling over-the counter medicines. It works alongside its other pharmacy to supply some medicines in multi-compartment compliance packs, designed to help people to take their medicines. And it delivers some medicines to people's homes. The pharmacy was inspected during the COVID-19 pandemic.

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 identifies and manages the risks associated with most of its services effectively. It keeps people's private information secure. And it generally keeps the records it must by law. Pharmacy team members are keen to support people's individual needs by responding appropriately to feedback. They understand how to recognise and respond to safeguarding concerns. And they engage in conversations to help reduce risk following mistakes made during the dispensing process.

Inspector's evidence

The pharmacy had addressed some risks associated with providing pharmacy services during the pandemic. There was a plastic screen positioned across some of the medicine counter. This helped to maintain social distancing and reduced the risk of spreading the virus. Notices in window displays informed people of a cap of two people at any given time in the public area to support social distancing. Pharmacy team members could not always socially distance well in the dispensary due to the size of the work area. They had appropriate access to personal protective equipment (PPE). And pharmacy team members donned face coverings during the inspection visit.

The pharmacy had standard operating procedures (SOPs) in place to support the safe running of the pharmacy. They covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. The SOPs had been implemented in 2019 and had been reviewed by the RP in 2021. Training records confirmed that all team members had read and understood the SOPs relevant to their role. Pharmacy team members were observed following dispensing SOPs during the inspection.

The pharmacy had templates for recording adverse safety events. And had continued to complete detailed patient safety reports following dispensing incidents throughout the pandemic. The team had also kept robust records of a recent investigation involving a potential medicine safety concern. But it hadn't been using its formal near miss reporting templates for around a year. This was in part due to workload activity increasing, particularly during the busy tourist season. The pharmacy team members provided examples of how feedback following a near miss led to actions designed to reduce risk. For example, raising awareness of the stock placement of medicines on dispensary shelves. The lack of formalised near miss reporting meant that there could be some missed opportunities to identify trends and share learning.

The pharmacy had a complaints procedure. A team member explained how they would manage a concern raised by a member of the public about the pharmacy. And they understood the need to escalate concerns to a pharmacist. The pharmacy acted appropriately when it received feedback. And it sought people's opinions about their healthcare needs. For example, during the inspection a team member took time to explore a person's preference of flavours prior to ordering nutritional sip feeds. Pharmacists had engaged in some learning associated with safeguarding vulnerable people, but this was not within the last two years. Other members of the team covered safeguarding training during their accredited training courses. A pharmacist provided examples of how the team shared medicine compliance concerns with prescribers. And the team continually monitored people on supervised and seven-day prescribing regimens.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. And other pharmacy records examined were generally made in accordance with legal and regulatory requirements with some minor omissions noted. These minor omissions relating to dates in the private prescription register, and wholesaler addresses in the CD register did not prompt any patient safety concerns. The frequency of full CD balance checks was quarterly. This meant it may be more difficult for the pharmacy to identify and resolve a mistake due to the length between these checks. This risk was heightened during summer months when the pharmacy dispensed a wider variety of CDs due to tourists attending with prescriptions. The pharmacy had procedures in place to support the safe handling of patient information. And its team members had read and signed these procedures. The team held personal identifiable information on a computer and within areas of the pharmacy only accessible to staff. Confidential waste was removed securely and shredded offsite.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small, dedicated team of people who work together well. It supports its team members through a regular appraisal process. And they engage in some conversations to help minimise risk. Pharmacy team members demonstrate enthusiasm for their roles. They are confident in sharing their thoughts and they understand how to raise concerns at work.

Inspector's evidence

Two regular pharmacists worked at the pharmacy alongside a trainee dispenser and two medicine counter assistants. Two pharmacists, including the superintendent personally delivered medicines to people's homes. This provided opportunities for people to ask questions and gain further support with their medicine and healthcare needs. The trainee dispenser was in the final stages of their dispensing course. A medicine counter assistant had been completing some introductory training in the dispensary within the last few months. And the RP confirmed there was a plan to shortly enrol this team member on an accredited training course to support their change in job role.

The pharmacy's workload had increased in recent months. But there was capacity between the two pharmacies owned by the company to support with increased workload. For example, one medicine counter assistant worked regularly between both pharmacies. A pharmacist reflected on how the company had managed to keep both pharmacies open throughout the pandemic. And the team was still experiencing a larger number of requests for advice and guidance than it saw prior to the pandemic. Pharmacy team members were observed handling a number of phone and face-to-face queries throughout the inspection. And they took time to engage with people visiting the pharmacy requesting advice.

Pharmacy team members worked together well. And they were aware of how to raise a concern at work if needed. The pharmacy team members engaged in an annual appraisal to help support their learning and development. The team shared information through continuous communication. But it did not take the opportunity to record the outcomes of these discussions. This meant that the opportunity to share learning and measure the impact of any agreed actions may be limited.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. It has facilities to allow people to have a private conversation with a member of the pharmacy team.

Inspector's evidence

The pharmacy was secure and modern in appearance. It was maintained to an appropriate standard. Fan heaters provided ample heating. And in summer months the door to the pharmacy could be left open to aid with ventilation if needed. Lighting throughout the premises was bright. The pharmacy was appropriately clean. Hot and cold water was available alongside antibacterial hand wash and towels at sinks. Team members also had access to antibacterial hand gel. A small open plan public area stocked health related items and toiletries. A pull-down hatch at the medicine counter prevented unauthorised access beyond this point.

A private consultation room was available to the side of the public area. Some assembled multi-compartment compliance packs and cardboard boxes stored inside the consultation room did distract from the otherwise professional appearance of the premises. But the public door into this room remained locked. The team had not used the room routinely throughout the pandemic to provide consultation services due to it being small. The RP described how they would remove the compliance packs and other items from the room on occasion, when it was necessary to use the room to protect people's privacy when speaking to them. The dispensary was one long room split into three sections. The layout supported an effective workflow with different areas used for labelling, assembly and accuracy checking within the first two sections of the dispensary. The pharmacy held overflow stock and larger items in the back section. And staff facilities led off this area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy obtains its medicines from reputable sources. And it stores medicines safely and securely. The pharmacy provides relevant information to people when supplying medicines. And it makes its services fully accessible to people. This includes adapting how it provides some services to ensure they remain accessible during a pandemic. But the pharmacy does not always fully identify and manage the risks associated with these services when it makes these changes.

Inspector's evidence

The pharmacy was accessed through a power assisted door at street level. Information in window displays was informative and up to date. The public area of the pharmacy was fully accessible to people. And it provided seating for people waiting for prescriptions. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service.

The pharmacy protected Pharmacy (P) medicines from self-selection as it displayed them behind the medicine counter. This meant that pharmacists could supervise sales taking place. And they discussed their approach to managing requests for medicines subject to abuse and misuse. The pharmacists provided verbal counselling to people when handing out medicines. And identified higher risk medicines which prompted additional checks and counselling. For example, checking weekly dosing schedules and allergies. But the team did not record details of these discussions on people's medication records. The pharmacy had safety materials associated with the valproate pregnancy prevention plan readily available to issue to people. It had not dispensed any prescriptions to people in the high-risk group. But pharmacists were aware of the requirements of the pregnancy prevention programme.

The pharmacy used tubs throughout the dispensing process. This kept medicines with the correct prescription form throughout the dispensing process. And pharmacy team members took ownership of their work by signing their initials in the 'dispensed by' and 'checked by' boxes on medicine labels. The pharmacy team kept original prescriptions for medicines owing to people. It used the prescription throughout the dispensing process when the medicine was later supplied. It kept audit trails to support the delivery of medicines to people's homes. The pharmacy did not require people to sign for receipt of their medicines through the delivery service.

The pharmacy provided medicines in multi-compartment compliance packs to some people. The pharmacy used a planner to help provide the service. It supplied patient information leaflets to some people, and when supplying new medicines. But the team reported that many people had fed back that they did not want the leaflets. The pharmacy had adapted the way it provided the service during the pandemic to support workload management. The new process involved the pharmacy sending the prescription and a medicine administration record (MAR) sheet to the company's second pharmacy. This pharmacy assembled the compliance packs using the information provided. The process involved the pharmacist at the second pharmacy completing an accuracy check of the medicines inside against the MAR and prescription. But the compliance packs were returned to the pharmacy unlabelled, with the supporting information. A team member then produced labels for the packs and a pharmacist completed a final accuracy check. Original boxes used to fill the packs were not available to this pharmacist. The dispensing audit trail on the pack contained signatures from the pharmacy's dispenser.

and RP. There was no written audit trail associated with who had assembled and checked the pack at the other pharmacy. A discussion took place about the increased risks associated with current practice. This included the blurred lines of accountability between pharmacists and pharmacies. Also, people enrolled on this service were not informed of the arrangements in place for the supply of their medicines. Following the inspection the pharmacy provided clarification that it had reviewed the service. And moving forward the second pharmacy would act as a hub, completing the entire dispensing process including the labelling and final accuracy check. The pharmacy also acknowledged that people enrolled on the service would be informed of the dispensing arrangements. Compliance packs would then be returned to the pharmacy (the spoke) for collection. The need to ensure the SOP for the service reflected this process was clarified.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. It stored medicines in an orderly manner, and generally within their original packaging, on shelves throughout the dispensary. There was a small number of medicines stored in loose blisters next to their original packaging. This was not ideal but the blisters did contain clear identifiable information. For example, details of the medicine including the batch number and expiry date. The pharmacy team followed a date checking matrix and completed regular checks of medicines to ensure they remained fit to supply.

The pharmacy held CDs in a secure cabinet. The cabinet was at its storage capacity but medicines stored inside were held in an orderly manner. There was a need for the pharmacy to arrange an authorised witness to visit to support the safe destruction of these medicines. The pharmacy held cold chain medicines in a medical fridge with a clear door. The fridge was clean and was a suitable size for the amount of medicines held. There were some gaps within the fridge temperature record. But the temperature range either side of these gaps had remained within two and eight degrees Celsius as required.

The pharmacy had appropriate medical waste bags available. But it did not always store bags of waste medicines in the most suitable place between collections. For example, the pharmacy stored two bags of waste behind the desk in the pharmacy's consultation room. The pharmacy received medicine alerts through email and there was an appropriate process in place for checking these alerts against stock held by the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services. And its team members use the equipment in a way which protects people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for children. Pharmacy team members could access the internet to help resolve queries and to obtain up-to-date information. The pharmacy's computer was password protected. And information displayed on the computer monitor was not visible from the public area. The pharmacy stored bags of assembled medicines in the dispensary. This meant details on bag labels were not seen from the public area of the pharmacy. The pharmacy had a range of clean equipment available to support the delivery of its services. It stored equipment for measuring and counting higher risk medicines separately from other equipment. This helped to reduce any risk of cross contamination.

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.