

Registered pharmacy inspection report

Pharmacy Name: Well, 67 St Johns Road, YEOVIL, Somerset, BA21
5NJ

Pharmacy reference: 1036394

Type of pharmacy: Community

Date of inspection: 27/09/2022

Pharmacy context

The pharmacy is located in a residential area of Yeovil, Somerset. 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, the NHS New Medicine Service (NMS), the Community Pharmacy Consultation Service (CPCS) and the Hypertension Case Finding service. It also 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
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 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 help stop the same mistakes from happening again. The pharmacy has adequate written procedures in place to help ensure that its team members work safely. 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 confidential 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. It had completed a risk assessment on the services it provided. And a business continuity plan was in place. The pharmacy had standard operating procedures (SOPs) which had been recently reviewed by the superintendent pharmacist. Each team member had an individual online account which held the SOPs relevant to their role. And the manager had oversight of which SOPs each team member had read. The SOPs reflected how the pharmacy team worked. Team members 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.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check on an online reporting system. Dispensing errors that reached the patient were reported in a more detailed way. The pharmacy team reflected on errors made and learned from them. A monthly patient safety review was usually completed each month to identify actions the pharmacy could take to stop errors from happening again. But the review had not been completed for several months due to the previous manager leaving. A previous review had identified that the shelves used to store dispensary stock had become disorganised leading to instances where the incorrect drug had been picked. The pharmacy team was in the process of reorganising and tidying the shelves. And they were also trying to reduce the amount of stock held. There were stickers applied to the shelves of medicines that looked or sounded alike to remind team members to take additional care.

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 pharmacist or the manager to deal with. The pharmacy team also reviewed any online feedback and responded accordingly. Public liability and professional indemnity insurances were in place. A chaperone policy was in place and was publicly displayed.

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. Records of private prescriptions were maintained on a register on the patient medication record (PMR) system. The pharmacy kept appropriate records of any emergency supplies it made. And any consultations the

pharmacist had as part of the Community Pharmacy Consultation Service (CPCS) were recorded on the online record system, PharmOutcomes. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were stored with all required details completed.

All team members had completed training on information governance and 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 was displayed in the retail area. Team members ensured that they used their own NHS smart cards. The RP sought verbal consent before accessing summary care records.

Team members were trained to an appropriate level on safeguarding. The RP and the pharmacy technician 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.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs enough people to manage its workload. Team members receive enough 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. Team members work well together and communicate effectively. And they support each other to deliver the pharmacy's services.

Inspector's evidence

On the day of the inspection, the RP was a locum pharmacist who often worked in the branch. She was supported by a pharmacy technician and two dispensers, one of whom was the manager. The team was coping with the workload well. Dispensing was up to date and prescriptions were generally ready when people arrived to collect them.

The pharmacy team felt well supported by the manager. All team members had completed approved dispensing courses. One dispenser was registered on a course to become a pharmacy technician. He had regular reviews with the supervisor from the course provider and was progressing well through the material. Team members were given time during working hours to learn as needed but some chose to complete it at home. Team members were seen to give appropriate advice to people in the pharmacy. And they referred to the RP for further clarification when needed.

The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. There was evidence that the team supported each other. The team felt confident to discuss concerns and give feedback to the manager, who they found to be receptive to ideas and suggestions. The team felt able to make suggestions for changes to improve efficiency and safety but ensured that they always followed the company SOPs. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The RP said that the targets set in the pharmacy were manageable. And they did not impede her ability to use her own professional judgement. 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. 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 of Yeovil. A small retail space with a waiting area led to the healthcare counter and dispensary. The pharmacy had a consultation room which generally presented a professional image although it was a little cluttered. It had health-related posters and information were displayed on the walls. No confidential information was stored in the consultation room.

The dispensary was small and bench space was limited. But the team took care to make sure clutter was cleared quickly to keep benches clear. Stock was stored on shelving units in the dispensary. Space was limited and the fixtures and fittings were old. The dispensary stock was generally organised and the pharmacy team was taking action to keep it tidy. Prescriptions awaiting collection were stored in a retrieval system in the dispensary. No confidential information could be viewed by people waiting in the pharmacy.

Cleaning was undertaken regularly and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water. The healthcare counter had clear plastic screens fitted to protect team members from COVID-19. Hand sanitiser was available throughout the pharmacy. The pharmacy appeared to be well maintained. The lighting and temperature were appropriate for the storage and preparation 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 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 accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had level access and was wheelchair accessible. The consultation room was also wheelchair accessible. 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 workflow 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 had coloured stickers to highlight fridge items and CDs in schedules two and three. The RP took additional care to check the prescribed doses were appropriate on prescriptions for children.

The pharmacy team provided additional counselling to people taking high-risk medicines. A record of significant counselling was made on the person's PMR. The RP 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 pharmacy provided substance misuse services to a small number of people. The service seemed well managed. The RP 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 pharmacy had a copy of the patient group direction for the over 75 service but the RP had not signed it. The RP 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 CPCS and received regular referrals. The RP 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. The pharmacy took people's blood pressure in the pharmacy and made appropriate referrals if it was found to be high. It had blood pressure testing machines and could access ambulatory machines if needed.

The pharmacy prepared multi-compartment compliance aids for a small number of people living in their own homes. Each person requesting compliance aids was assessed for suitability. A sample compliance aid was inspected. It 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 team members were 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. The pharmacy team usually carried out date checking regularly and kept records. But the records for the last few months were missing and a team member said that they were behind. Team members took care to check the dates of medicines as they were dispensed. Spot checks revealed no date-expired medicines or mixed batches. There was a process in place for when the pharmacy did not have the full balance of the medicine available to dispense. The prescription was kept with an owing note and 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 pharmacy's fridges were clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range.

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 one reserved 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, appeared to be in good working order. The dispensary sink was clean and hot water was available.

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.