

# Registered pharmacy inspection report

**Pharmacy Name:** Willand Pharmacy, Linacre House, Gables Road, Willand, CULLOMPTON, Devon, EX15 2PL

**Pharmacy reference:** 1087385

**Type of pharmacy:** Community

**Date of inspection:** 15/08/2022

## Pharmacy context

The pharmacy is located in Cullompton, Devon. 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
<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 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 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 reduces its risks. It had completed a risk assessment on all 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 signed all the SOPs that were relevant to their role. The SOPs reflected how the pharmacy team worked. The SOPs had been updated to reflect changes made to processes during the COVID-19 pandemic. The dispensers 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 a document listing the roles and responsibilities of each team member.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check on a paper log. Dispensing errors that reached the patient were reported in a more detailed way. They were routinely shared with the superintendent pharmacist (SI) who gave her input on any changes that would prevent a reoccurrence. The pharmacy team reflected on errors made and learned from them. Each month, the RP completed a patient safety review and analysed the cause of any errors made that month. An action plan was created which was reviewed the following month. The pharmacy team discussed the patient safety review during a monthly team huddle. A recent review had identified that there had been several errors where the incorrect form of a medicine had been dispensed. So, the pharmacy had separated stock of these drugs, including ramipril tablets and capsules and omeprazole tablets and capsules. The pharmacy applied stickers 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.

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 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 and a fair data use statement were displayed in the retail area. Team members ensured that they used their own NHS smart cards, although there was a smartcard in use belonging to the SI who was not on duty until part way through the inspection.

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. 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 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 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, one team member was absent through illness. This left the RP, and two dispensers. The SI came to the pharmacy during the inspection. The team were 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 RP and the SI. All trainees were enrolled on approved courses. Most learning was completed at home but team members were given time during working hours to learn as needed. 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 and they had regular discussions about their performance. 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 change 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 private 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 Cullompton, Devon. The premises was a converted detached house. There was a small carpark in front of the pharmacy and there was plentiful on-street parking. A well-presented retail area led back to the dispensary. The dispensary was of an adequate size and had plenty of workbench space. A room upstairs was used as a second dispensary for the preparation of multi-compartment compliance aids. Prescriptions were dispensed and accuracy checked in different areas. This gave the pharmacist the required space and reduced distractions. The dispensary was well-equipped and well organised. Stock was stored on shelves.

The pharmacy had a large consultation room to the side of the dispensary. Members of the public accessed it by walking down a hallway meaning they did not enter the dispensary on the way. It presented a professional image. It was soundproofed to allow conversations to happen in private without others overhearing.

Team members cleaned the pharmacy regularly and made records of this in a 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 provides a range of services to support the needs of the local population. And it advertises these services appropriately. The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. Team members give additional advice to people taking high-risk medicines to make sure they are taken safely. 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 was accessed by a small step. Team members explained that there was a bell at the door which anyone using a wheelchair or mobility scooter could ring to ask for assistance into the pharmacy. 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. The pharmacy had a folder containing up-to-date signposting resources and details of any additional 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 stickers to highlight prescriptions containing fridge items and CDs in schedules two and three. The RP highlighted prescriptions where she felt it important that she spoke to the person on handout. The RP described that team members checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. 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 RP generally kept records of interventions she made on the PMR system. Clinical queries were generally sent to the GP surgery by email and responses were retained. This provided an audit trail and was evidence in case of any further queries. It also meant that any other pharmacists working in the branch could clearly see any decisions made about a person's care.

The pharmacy offered flu vaccinations. The patient group directions for the upcoming season had not yet been released. The RP said that she would print it out, review it and sign it before commencing provision of the service. 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 Community Pharmacy Consultation service (CPCS) but received few 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. And the pharmacy tested people's blood pressure as part of the Hypertension Case Finding service. The pharmacy had the required blood pressure monitors and ambulatory monitors. It also had a folder containing supporting information to give to people depending on the results of the blood pressure tests.

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 with a witness with two signatures were recorded. The dispensary fridges were clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range.

The pharmacy delivered medicines to people's homes. People were required to sign on receipt of deliveries. The pharmacy retained these records. Confidentiality was maintained when obtaining signatures. The RP 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, and this was found to be adequate. 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 confidential information.

### Inspector's evidence

The pharmacy had crown-stamped measures available to measure liquids, with one 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. The pharmacy did not currently have hot water as it was waiting for a delivery of oil.

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.