

Registered pharmacy inspection report

Pharmacy Name: The Pharmacy, 350 St. Levan Road, PLYMOUTH,
Devon, PL2 1JR

Pharmacy reference: 1089553

Type of pharmacy: Community

Date of inspection: 15/04/2019

Pharmacy context

The pharmacy is attached to a GP practice in a residential area of Plymouth, close to a large naval base. The pharmacy dispenses NHS and private prescriptions. The pharmacy delivers medicines to people. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also offers flu vaccinations, a minor ailments scheme 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	1.8	Good practice	The pharmacy team have good safeguarding procedures in place and can demonstrate having used these to protect vulnerable people.
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 usually record their errors and reviews them. But the pharmacy does not always come up with 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 appropriately 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, although reporting had been sporadic in previous months. Records contained details of the error and a brief reflection as to the cause. Following near miss incidents, the pharmacy team had taken steps to reduce selection errors, such as storing medicines that had been subject to a near miss separately. These included different formulations of quetiapine.

Dispensing incidents were reported on the company intranet system to head office and contained a more detailed analysis of the cause. Following a dispensing error, sumatriptan was stored separately from sildenafil, and shelf edge alerts were used.

Near misses and incidents were reviewed each month by the supervisor. The reviews contained little detail and actions generated were not specific. For instance, on several of the review the only action was to discuss the errors with staff. They did not specify any learning points. The responsible pharmacist (RP) said that he would like to begin sharing patient safety issues with the two other pharmacies in the chain so that they could all drive improvement.

The RP and the supervisor said that if they were asked to implement a new service, they would carry out a risk assessment to ensure the pharmacy was an appropriate location for provision. They would ensure that all staff were appropriately trained and that any required equipment was in place.

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. 92% of people said that they were very or extremely satisfied with the service provided. A complaints procedure was available. A complaint about an item that was missing from the prescription had been dealt with appropriately and had not needed to be escalated to head office.

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. Balance

checks were usually completed every month. A balance discrepancy of one CD had been reported to the CD Accountable Officer but had not yet been rectified. A random stock balance check of a random CD was accurate. Records of the supply of one CD were held on the Methameasure system and were in order. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and GDPR. Patient data and confidential waste was dealt with in a secure manner to protect privacy. Confidential information on prescriptions awaiting collection could not be seen by waiting customers. 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 Smart card 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 had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. Local contacts for escalating concerns were available. Staff were aware of the signs that would require a referral. The RP gave several examples of escalated concerns, both for vulnerable adults and children.

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, an accredited checking pharmacy technician, who was the supervisor, and three NVQ2 trained dispensers. One of the dispensers was nearing the end of his training to become a registered pharmacy technician.

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 supervisor would call on support from the two other pharmacies in the small chain.

The team had a good rapport and felt they could mostly manage the workload with no undue stress and 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 and updated product information from pharmaceutical companies. The trainee pharmacy technician was given time to complete his work and discuss his progress with the RP during working hours, and also completed coursework at home. Staff received regular feedback on their performance but did not have formal appraisals.

A dispenser was seen to offer appropriate advice when selling medicines over the counter. She was aware of the restrictions on the sale of products containing pseudoephedrine and gave appropriate counselling on the use of co-codamol. She was observed referring to the pharmacist when she was unsure.

The staff felt able to raise concerns and give feedback to the store manager and the RP, both of whom 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 described that he felt supported by the owner and the company head office.

The RP said that no targets 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, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was located adjacent to a GP practice in a residential area, close to a large naval base. A healthcare counter led to the dispensary. The dispensary was of an appropriate size, but there was not enough space for the storage of completed prescriptions. This meant it felt cluttered, very small and cluttered with crates of stock.

A consultation room was available which was of an appropriate size. It was soundproofed but was not locked when not in use. Folders containing patient information were stored in the room, as was an open sharps bin.

The retail and waiting area was small. There were three chairs. At several points during the inspection, people were observed standing whilst waiting as there was not space to sit.

Stock was stored on shelves in the dispensary, and was organised but untidy. The dispensary sink was clean and hand soap was available. Cleaning was undertaken by and employed cleaner twice a week and the pharmacy was clean on the day of the inspection. The pharmacy was light and bright, and temperature was appropriate for the storage and assembly of medicines.

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. But it does not make a record of this to show that this advice has been given. The pharmacy obtains its medicines from reputable suppliers. It stores them securely. It does not have a good process to check that they are still suitable for supply. This increases the risk that out of date medicines could be given 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. But the prescription is not always available at the point of supply meaning that a final check of appropriateness is not possible. The pharmacy deals with medicines that people return to it appropriately.

Inspector's evidence

The pharmacy and consultation room were wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels and easy to open caps on bottles. Services provided by the pharmacy were advertised on the outside of the pharmacy and the RP was accredited to provide all promoted services.

A range of health-related posters and leaflets were displayed, and advertised details of services offered both in store and locally. The supervisor described that 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. A signposting folder was available with details of local agencies and support networks and up-to-date information 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 not 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 not 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 patients who may become pregnant receiving sodium valproate as part of the Valproate Pregnancy Prevention Programme. One person 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 potential people who may become pregnant, and information cards present to be given to eligible patients at each dispensing.

Approximately 20 people were supplied with substance misuse treatment services. Around 5 of these were supervised. Doses were dispensed weekly using a Methameasure machine. The prescriber was

contacted if people did not collect their doses for three days. The RP described that he had reported to the local drug and alcohol action team (DAAT) that the working on their prescriptions was ambiguous. Whilst the local policy said to withhold the dose if the person missed three doses, the prescription stated to do so if more than three doses were missed. The prescription writing process had subsequently been altered by the DAAT.

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 OTC Direct, Colorama, Alliance and AHH. 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).

The dispensary shelves used to store stock were generally organised but were a little untidy. The stock was arranged alphabetically. Date checking was completed sporadically. No date checking matrix was maintained. The inspector gave advice on this. The pharmacy did keep a list of products due to expire so that they could be removed. The most recent was January 2019. Two items of date expired stock were found including a pack of Duotrav eye drops expiring October 2018 and three cartridges of Insuman insulin expiring May 2018. Several white boxes had been returned to the shelves and still bore the patient details. They did not always show the batch number and expiry date. For example, four aripiprazole 5mg tablets and a box of mixed batches of Provera tablets were seen which did not bear an expiry date.

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 two 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.

Logs were kept of deliveries made to patients based in the community with appropriate signatures. Confidentiality was maintained when obtaining signatures. But prescriptions were not stored with bags awaiting delivery and were submitted for claiming at the point of checking. The supervisor 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.

Patient returned medication was dealt with appropriately. Confidential patient information was generally removed or obliterated from patient returned medication. 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 and tidy.

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. The 'Methameasure' machine was flushed through after use and was calibrated before each use.

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 and PAT test stickers were visible and were in date. The dispensary sink was clean and in good working order.

Dispensed prescriptions were stored alphabetically in a retrieval system, 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.

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.