

# Registered pharmacy inspection report

**Pharmacy Name:** Well, Health Centre, School Road, Kingskerswell,  
NEWTON ABBOT, Devon, TQ12 5DJ

**Pharmacy reference:** 1090541

**Type of pharmacy:** Community

**Date of inspection:** 15/03/2023

## Pharmacy context

The pharmacy is located in Kingskerswell, near Newton Abbot. 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	1.2	Good practice	Pharmacy team members review any mistakes they make well. They consider all the reasons why they may have happened and personally reflect on them. They then make the necessary changes to prevent them happening again.
<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, considering the reasons in depth and learning from them. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has appropriate 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 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.

### Inspector's evidence

The pharmacy had processes in place to identify, manage and reduce its risks. It had standard operating procedures (SOPs) which reflected the way the team worked. Each team member had an online learning account which held a record of the SOPs that had been read. The pharmacy team 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 risk assessments in place to cover its activities. And it had a written business continuity plan.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check, known as near misses, on an online reporting system. The entries contained an in-depth personal reflection of the causes of the errors. It was clear that team members analysed and learned from their mistakes. The branch manager reviewed the errors regularly. When errors occurred, the pharmacy team discussed them and made changes to prevent them from happening again. For instance, after a dispenser had confused two medicines, they now routinely asked another team member to double check they had selected the correct item before handing it for a final accuracy check. Some medicines that had similar sounding names and strengths were separated on the shelves. The RP also highlighted any medicines that sounded similar to others on the prescription to alert the dispenser to take care.

The pharmacy also reported any mistakes that reached the patient on the online reporting system. The pharmacy team analysed these incidents in much more detail to understand why they had happened. The pharmacy completed a yearly audit on the safety and efficiency of its activities, known as 'Best in Class.'

The pharmacy received a regular monthly newsletter from its head office. The newsletter highlighted areas of risk. And each month it identified common errors and ways to prevent them. It also provided educational information on a selected treatment or condition.

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 dealt with promptly by the branch manager and passed to the area manager if needed. Public liability and professional indemnity insurances were in place.

The pharmacy kept a written 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.

Appropriate records of private prescriptions were made in a private prescription book. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were annotated with the details of the supply. They were stored for the required length of time.

All team members completed yearly training on information governance and the 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. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed.

All 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 online. Team members were aware of signs of concerns requiring escalation.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy generally has sufficient team members to manage its workload. But the team do sometimes find keeping up to date with the workload challenging. Team members complete appropriate 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, communicate well and support each other to deliver the pharmacy's services.

### Inspector's evidence

On the day of the inspection, the RP was the employed pharmacist, who worked three days a week. The further two days were covered by another employed pharmacist. The manager was an accuracy checking pharmacy technician and there was a qualified dispenser. A second-year pharmacy student was also in the pharmacy, completing a weeklong placement. Another dispenser was not working that day.

The pharmacy team seemed to be coping with the workload despite working under pressure. They felt that they would benefit from having an additional team member to allow them to consistently remain up to date. The pharmacy team felt well supported by the manager and the area manager. It was clear that they worked well together and supported each other. The manager had recently received a national award which recognised her leadership skills.

Team members were given time during working hours to learn if needed. But they often chose to complete any tasks such as reading new SOPs or learning about conditions or new products at home. The dispensers had completed approved dispensing courses. Team members were witnessed giving appropriate advice to people in the pharmacy. And they referred to the RP for further clarification when needed.

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 pharmacy generally achieved the targets it was set. But that some personal targets were somewhat challenging. The RP did not let targets impede their clinical judgement and ensured all services provided by the pharmacy were appropriate for the person.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is a suitable environment for people to receive healthcare services. The pharmacy team utilise the available space well. The pharmacy is clean, tidy and secure.

### Inspector's evidence

The pharmacy was located in a purpose-built building which was adjacent to a GP practice. A shop area kept a small range of health-related products and was well maintained. The healthcare counter had a barrier at the access point and led to the dispensary. A small kitchen area and lavatory was located at the rear of the dispensary. The consultation room was well signposted, an appropriate size. It was secured by a lock and conversations could not be overheard from outside the room. The premises were clean but cluttered. Dispensing bench space was limited due to the lack of space to store baskets. The team had installed a portable table in the middle of the dispensary which was used to lay out stock. The prescriptions received back from the off-site dispensing facility remained in totes during the inspection which further reduced the space to move around.

Prescriptions were stored in such a way that no private information could be seen by people using the pharmacy. And confidential information stored in the consultation room was locked in a filing cabinet. Computers were password protected with individual log-ons.

Cleaning was undertaken each day and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water. The pharmacy appeared to be well maintained. The fire alarm was tested each week. The lighting and temperature were appropriate for the storage and preparation of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy team make sure that people with different needs can access its various services. The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. Team members take steps to identify people prescribed high-risk medicines to ensure that they are given additional information. 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 step-free access and was wheelchair accessible. It had an automatic door. The pharmacy could provide additional support for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed. 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 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.

Coloured stickers were used to highlight prescriptions containing fridge items and CDs in schedules 2 and 3. The RP described that they checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. And they made records of this advice on the PMR. They also made records of other interventions made, such as when prescribing errors were identified. A record of prescribing errors was also made on the Datix reporting system.

Between 40 to 60% of prescriptions were dispensed at the company's off-site dispensing facilities. Team members in the pharmacy entered prescriptions onto the PMR and the pharmacist clinically checked them. The dispensed medicines were delivered back to the pharmacy within approximately two days. Team members had the ability to cancel a prescription sent to the offsite facility if the person came to collect it before it had arrived back to the pharmacy. They then dispensed it in the pharmacy.

The pharmacy offered a range of additional services including flu vaccinations. The regular pharmacists had both completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The signed patient group direction was available. The pharmacy supplied opioid replacement medicines to a small number of people, some of whom were supervised taking their medication. The RP liaised with the drug and alcohol team and the person's key worker, in the even of any issues. A remote pharmacist logged in to the pharmacy's PMR each day to complete the NHS New Medicines Service. They contacted people prescribed new medicines to check how they were getting on and to offer any advice needed.

The pharmacy had a health promotion zone and provided advice to people on living healthy lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation

service (CPCS) and received regular referrals, from both NHS111 and the GP practice. But the pharmacy team expressed frustration that the GP practice did not always refer people using the correct method, rather telling people to 'pop' to the pharmacy. This meant that the pharmacy was not always receiving appropriate payment for treating minor ailments. The pharmacy offered to test people's blood pressure as part of the Hypertension Case Finding service. The pharmacy had appropriate equipment including ambulatory blood pressure monitors. The RP referred people to the appropriate provider if the results were found to be high.

The pharmacy team was aware of the risks associated with people becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). The pharmacy team took care not to apply labels over the warning cards on the boxes of valproate products when dispensing. 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 RO had regular conversations with the people at risk who were prescribed valproate to ensure they were on adequate contraception. And records were made on the PMR.

Multi-compartment compliance aids were prepared by the pharmacy for people living in their own homes. 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. Medicines prescribed to be taken 'when required' were dispensed in boxes. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the checking process.

The dispensary stock was generally arranged alphabetically on shelves. It was mostly well organised. But team members explained that recent problem at the company warehouse had forced them to use other suppliers, which had resulted in an overstock. They were working to reduce the stockholding down to more usual levels. 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. The pharmacy was experiencing shortages of some medicines including liquid antibiotics. They placed orders several times throughout the day and tried to keep people informed of the estimated date that owing medicines would be available. Stock was obtained from reputable sources. Records of recalls and alerts were actioned promptly. Relevant alerts were printed and stored with any quarantined stock.

CDs were stored in accordance with legal requirements in approved cabinets. A denaturing kit was available so that any CDs awaiting destruction could be processed. 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. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range.

Logs were kept of deliveries made to people in their own homes. 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, and this was found to be adequate. Medicines were handed to the people and were not posted through the letterbox. 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 private information.

### Inspector's evidence

The pharmacy had up-to-date written reference resources available including the British National Formulary (BNF). Team members had access to the internet to support them in obtaining current information. The pharmacy's computer system was password protected. And information displayed on computer monitors was suitably protected from unauthorised view.

The pharmacy had clean equipment available for counting and measuring medicines. It highlighted equipment for measuring and counting higher-risk medicines. This helped to reduce any risk of cross contamination. A range of consumables and equipment to support the services provided by the pharmacy was available within the consultation room. Electrical equipment was visibly free of wear and tear and in good working order. PAT testing stickers were present and in date.

### 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.