

Registered pharmacy inspection report

Pharmacy Name: Wellcare Pharmacy, 2 Castle Avenue, BRIGHOUSE,
West Yorkshire, HD6 3HT

Pharmacy reference: 1101446

Type of pharmacy: Community

Date of inspection: 30/01/2020

Pharmacy context

The pharmacy is in a residential area in Rastrick. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide medicines to people in multi-compartment compliance packs to help them take their medicines safely. And they deliver medicines to people's homes. The pharmacy provides a substance misuse service, which includes supervised consumption and needle exchange.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not have a robust process to manage the risks of providing medicines in multi-compartment compliance packs.
		1.4	Standard not met	The pharmacy has not maintained all of the standards following feedback from previous inspections in 2017 and 2019.
		1.7	Standard not met	Pharmacy team members dispose of some confidential waste in general waste bins. They do not have robust processes. So, they do not adequately protect people's private information.
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 not all met	4.2	Standard not met	The pharmacy doesn't manage all of its services adequately. It doesn't have robust processes to supply medicines in multi-compartment compliance packs. And it doesn't plan this workload well, so the team often prepare the packs under pressure. Pharmacy team members prepare and check these packs without prescriptions. And they use records that are often unclear and confusing. There is a significant risk of mistakes being made.
		4.3	Standard not met	The pharmacy does not always store and manage its medicines appropriately. It doesn't have a robust process to check for expired medicines. And there is evidence of out-of-date medicines on the shelves. It doesn't always store its medicines in their original containers. So, there is a risk of medicines being supplied to people that are not fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has written procedures to help manage the risks to most of the services it provides. But it does not have robust processes to manage the risks of dispensing medicines into multi-compartment compliance packs. Pharmacy team members record and learn from mistakes that happen when dispensing. And they make some changes to help prevent them recurring. But they don't discuss or record much information about the causes of errors. So, they may miss opportunities to learn and improve. Pharmacy team members understand the importance of keeping people's private information safe. But they dispose of some confidential information in the general waste. So, they do not always adequately protect people's privacy. Pharmacy team members know how to protect the welfare of vulnerable children and adults. And they generally keep the records required by law.

Inspector's evidence

The pharmacy occupied two floors of the same building. Pharmacy team members carried out general dispensing tasks on the ground floor. They prepared multi-compartmental compliance packs on the first floor. The pharmacy had an adequate workflow in the ground floor dispensary. There were areas used for dispensing. And different areas used for checking. The amount of clutter had improved since the last inspection in 2019. The stairways and passage to the fire escape were clear of clutter. Some areas of the benches had stacks of baskets containing dispensed medicines. And there were totes of stock in various locations around the floor. But these were organised to help maximise the limited space available. For example, one area of bench space was used to store baskets of prescriptions waiting to be checked for delivery. Another area was used for baskets of prescriptions for people to collect.

The pharmacy had a set of standard operating procedures (SOPs) in place. The superintendent pharmacist (SI) had implemented the current procedures in 2017. And the next review was scheduled for July 2019. But the procedures had not yet been reviewed. Pharmacy team members had read and signed the SOPs in 2019. The pharmacy defined the roles of the pharmacy team members in each SOP. And pharmacy team members further defined their tasks verbally each day. The pharmacist highlighted near miss errors made by the pharmacy team when dispensing. Pharmacy team members recorded their own mistakes. Pharmacy team discussed the errors made. But they did not discuss or record much detail about why a mistake had happened. The SI analysed the data collected for patterns every month. He did not record the details of his analysis. Pharmacy team members discussed any patterns found. And they made some changes to help make the pharmacy safer after near miss errors. For example, they had separated propranolol and prednisolone on the pharmacy's shelves. And they had attached warning labels to the edges of the shelves where the medicines were kept helping prevent further picking errors. The pharmacy had a documented procedure for dealing with dispensing errors that had been given out to people. The pharmacy recorded errors using a template reporting form. And reported errors to the National Reporting and Learning System (NRLS). The pharmacy had not made any errors since the last inspection. So, the quality of the pharmacy's response to dispensing errors could not be assessed. The SI explained he had recently completed training about look-alike and sound-alike (LASA) medicines. He had made some changes to proactively highlight and separate LASA medicines on the shelves in the pharmacy. For example, rosuvastatin and rivaroxaban.

At the last inspection in 2019, the pharmacy had received feedback about the standards in the pharmacy. It had made some progress addressing the areas for improvement. But some of the areas for

improvement had not been adequately addressed. And some changes made had not been sustained. The pharmacy had a procedure to deal with complaints handling and reporting. It had a poster available for customers in the retail area which explained the company's complaints procedure. The pharmacy collected feedback from people by using questionnaires. Pharmacy team members could not give any examples of any changes they had made to improve services in response to people's feedback.

The pharmacy had up-to-date professional indemnity insurance in place. A certificate of insurance was displayed. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And these were audited against the physical stock quantity monthly for CDs that were used frequently. Some CDs not used often were not regularly audited. For example, the pharmacy had last audited the register of dexamfetamine 5mg tablets in 2016. The SI audited methadone weekly. The pharmacy kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. It maintained a responsible pharmacist record electronically. And this was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily. They kept private prescription records in a paper register, which was complete and in order. And, they recorded emergency supplies of medicines in the private prescription register. They recorded any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy had a shredder to destroy confidential waste. But, discarded dispensing labels were found in the general waste bin, despite pharmacy team members saying they shredded confidential waste. And despite this issue being raised with the pharmacy at the last inspection in 2019. Pharmacy team members had been trained about privacy and confidentiality verbally by the SI. When questioned, pharmacy team members were clear about how important it was to protect confidentiality.

When asked about safeguarding, a dispenser gave some examples of symptoms that would raise their concerns in both children and vulnerable adults. They explained how they would refer to the pharmacist. The SI said he would assess the concern. And would refer to local safeguarding teams. The pharmacy displayed a list of local contacts and a procedure for reporting safeguarding concerns locally. And the information had been recently updated. The pharmacy had a documented procedure in place to help pharmacy team members deal with a safeguarding concern. The dispenser had completed training in December 2019. The SI and the pharmacy's delivery drivers had last completed training in 2017.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the right qualifications and skills for their roles and the services they provide. Pharmacy team members complete ad-hoc training. But they don't always have the opportunity to complete training during working hours. Pharmacy team members feel comfortable making suggestions to help improve pharmacy services. But their suggestions are not always implemented or maintained.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the superintendent pharmacist and two dispensers. In addition to a full-time pharmacist, the pharmacy's overall staffing levels were one full-time dispenser, one part-time dispenser working 24 hours per week, one part-time medicines counter assistant working 22 hours per week and two part-time delivery drivers. The part-time dispenser had been recruited since the last inspection in 2019. And the pharmacy was currently advertising for a further part-time dispenser. During the last inspection, the issue was raised about the pharmacist regularly dispensing and checking his own work. Pharmacy team members explained that now, there was usually one dispenser working in the ground floor dispensary with the pharmacist. And they labelled, dispensed and assembled each prescription ready for the pharmacist to check. Pharmacy team members completed training ad-hoc. They said it was difficult to find time to complete training during the working day because of lack of time. The pharmacy did not have an appraisal or performance review process. Pharmacy team members said they would ask the pharmacist if they had a learning need.

Pharmacy team members explained they would raise ideas or professional concerns with the superintendent pharmacist (SI). They felt comfortable sharing their ideas or raising a concern. But they were unsure about whether their ideas or concerns would be considered. Or whether changes would be made. The pharmacy had a whistleblowing policy. And pharmacy team members were aware of how to access the procedure. But the information was from November 2011 and was out of date.

Pharmacy team members explained they had made some changes after discussing areas that required improvement. This included improving the tidiness and organisation of the room used to prepare multi-compartment compliance packs. But they had made other suggestions for improvement. And these had not been implemented. Pharmacy team members explained it was difficult to sustain some of the changes made and some ways of working had reverted back to how they did it previously. And then needed to be changed again. They felt this had hindered further changes in other areas. The SI did not ask the team to achieve any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and properly maintained. It provides adequate space for the services provided. And, it has a room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was generally tidy. Some benches were cluttered with dispensing baskets containing prescriptions waiting to be checked. But there was an adequate workflow in operation in the dispensary with defined areas for dispensing and checking. Most areas of floor and passageways were clear of clutter and obstructions. But some clutter remained on the floors, which presented trip hazards to pharmacy team members. The passageway to the fire escape was clear. And pharmacy team members could safely access the escape route. The first-floor dispensing room was tidy and well organised. Benches were free from clutter. And shelves were tidy and well organised. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people. The room was signposted by a sign on the door.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a toilet, which provided a sink with hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was generally professional.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy manages and delivers some of its services safely and effectively. And the pharmacy supports people by dispensing their medicines into multi-compartment compliance packs. But it doesn't have a robust process to adequately manage the risks for this service. Or to provide these people with the information they may need about their medicines. The pharmacy doesn't always adequately store and manage its medicines. There is evidence of out-of-date medicines on the shelves and other medicines not kept in their original packs. So, there is a risk people may receive medicines that are not fit for purpose.

Inspector's evidence

The pharmacy was accessed by a ramp from the street. It did not have a bell or signs to tell people how to attract staff attention if they needed assistance. Pharmacy team members said they would see someone at the door and would go and help. The pharmacy had a hearing induction loop. But pharmacy team members did not know how to use the system. They did not know how to help someone with a visual impairment.

The pharmacy supplied medicines in multi-compartment compliance packs when requested. Pharmacy team members prepared packs in a room on the first floor. They prepared packs using a hand-written record of what had been prescribed. Some of the records seen were untidy and unclear, many with scribbled changes to medicines, strengths and doses. Pharmacy team members did not usually have any prescriptions or labels when assembling packs. The dispenser wrote an abbreviated description of each medicine, its dose and its strength on the pack's backing card. The pharmacist then checked the pack against the hand-written sheet and the information provided by the dispenser before sealing the pack. The pharmacist often did not have the original containers used by the dispenser when carrying out his checks. Once packs were sealed, they were stored on shelves, often unlabelled and without an accompanying prescription until the pack was ready to be supplied. Before supply, the pharmacist took each pack downstairs where he printed the electronic prescriptions and labels. He then attached the labels to the pack and checked that the prescription and the labels matched what had been written on the pack by the dispenser. The pharmacy did not regularly supply everyone receiving their medicines in packs with patient information leaflets about their medicines. Pharmacy team members explained that some people asked the pharmacy not to send them leaflets every month. Packs were not always labelled with description of the medicines to help people identify each item. The pharmacy had no system in place to make sure prescriptions were ordered and received. And, this was contributing to packs being prepared the day before or on the day the supply was due. The process had not changed enough since the last inspection to manage the risks associated with the service.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist questioned people receiving prescriptions for valproate that were at risk of becoming pregnant. And he provided them with the necessary counselling and advice. He checked to make sure they were enrolled on a pregnancy prevention programme. And referred people back to their GP if they were not enrolled. The pharmacy had a supply of printed material available to give to people to help them understand the risks of taking valproate during pregnancy. The pharmacy delivered medicines to people. It recorded

the deliveries made and asked people to sign for their deliveries where possible. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy. The team highlighted bags containing CDs with a sticker on the bag and on the driver's delivery sheet.

The pharmacy obtained medicines from five licensed wholesalers. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members checked medicine expiry dates every three to six months. And records were seen. They highlighted any short-dated items with a sticker on the pack up to three months in advance of its expiry. If a medicine was due to expire before the next scheduled date check, the system relied on a pharmacy team member seeing the dot and removing it from the shelf. After a search of shelves, the inspector found five packs of expired medicines in different locations around the pharmacy, both in the downstairs dispensary and in the first-floor preparation room. Packs were also found in various locations containing mixed batches of medicines. And the batch number and expiry dates of medicines in the packs did not match the information printed on the box.

The pharmacy generally stored medicines tidily on shelves. And all stock was kept in restricted areas of the premises where necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members kept the CD cabinet tidy and well organised. And, out of date and patient returned CDs were segregated. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct. Pharmacy team members kept the contents of the pharmacy fridge tidy and well organised. But the fridge was very full and cluttered. They monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits. The pharmacy had some equipment in place in preparation for implementing the requirements of the falsified medicines directive (FMD). But it did not have any systems or software in place to check for counterfeit medicines. Pharmacy team members had not been trained. They were aware of the requirements. And the superintendent pharmacist (SI) said he was in the process of obtaining software to be able to scan relevant packs of medicines.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it maintains as required. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well maintained measures available for medicines preparation. And it had a separate set of measures for use with methadone. Pharmacy team members kept sensitive information and materials in restricted areas. They positioned computer terminals away from public view. And these were password protected. The pharmacy stored medicines waiting to be collected in the dispensary, also away from public view. It had a shredder available to destroy confidential waste.

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.