

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: 26/08/2021

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. This inspection was undertaken during the Covid-19 pandemic.

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 has relevant procedures to identify and manage risks to its services. But these procedures are not always fully documented. So, there may be confusion about how best to complete tasks. It protects people's confidential information. And it keeps the records it must by law. Pharmacy team members know how to help safeguard the welfare of children and vulnerable adults. They regularly record and discuss mistakes that happen when dispensing. And they make changes to help reduce the risks.

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-compartment 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 2020. 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 superintendent pharmacist (SI) had installed some freestanding shelves. And this had further reduced items being kept on the benches.

The pharmacy had a set of standard operating procedures (SOPs) in place. The SI had implemented the current procedures in 2017. But the procedures had not been fully reviewed since. Some of the SOPs had been discussed following the pharmacy's last inspection. But the SI had not amended these to reflect the positive changes made by pharmacy team members to improve their services. One example was how the pharmacy prepare multi-compartment compliance packs. Pharmacy team members had implemented a new flowchart to help them prepare packs. And the flowchart was attached to the wall in the first-floor dispensary. But the flowchart had not been included in the SOP included in the set of documented procedures. This was discussed with the SI. And he gave his assurance that the necessary SOPs would be reviewed and updated as soon as possible. Pharmacy team members had read and signed the SOPs in 2020 and 2021. The pharmacy defined the roles of the pharmacy team members in each SOP. And pharmacy team members further defined their tasks verbally each day.

Pharmacy team members recorded their own mistakes. They discussed the errors made. And they considered why a mistake had happened. But they did not record much detail about the causes of errors or any changes they had made to prevent a recurrence to help with future analysis and learning. The SI discussed each individual error with pharmacy team members. But he did not analyse the data collected for patterns periodically. Or to establish whether any changes made had been successful at reducing risks. Pharmacy team members made some changes to help make the pharmacy safer after isolated near miss errors. For example, they had separated propranolol and prednisolone on the pharmacy's shelves in both dispensing areas. And they had attached warning labels to the edges of the shelves where the medicines were kept helping prevent further picking errors, for example highlighting look-alike and sound-alike (LASA) medicines. The pharmacy had a documented procedure for dealing with dispensing errors that had been given out to people. It recorded errors using a template reporting

form. And reported errors to the National Reporting and Learning System (NRLS). The SI said the pharmacy had not made any errors. And there were no records to see. So, the quality of the pharmacy's response to dispensing errors could not be assessed. The SI gave his assurance that any errors would be recorded in accordance with the documented procedure.

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 verbally. 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. It displayed a certificate of insurance. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And the SI audited these against the physical stock quantity monthly or at the time he made an entry in the register. 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 electronically.

The pharmacy had a shredder available that pharmacy team members used to destroy confidential waste. Pharmacy team members had been trained about privacy and confidentiality verbally by the SI. When questioned, they were clear about how important it was to protect confidentiality. And about how to effectively destroy confidential waste. The pharmacy had a documented procedure available to help pharmacy team members manage their information governance responsibilities. But there was no procedure available to instruct pharmacy team members about how to properly handle and destroy confidential waste. This was discussed. And the SI gave his assurance that he would document the procedure in place as soon as possible.

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 their concerns 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 dispensers had completed training in 2020. The SI had last completed training in 2017. And he acknowledged that he was due to update his training.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have, or are working towards, the right qualifications and skills for their roles and the services they provide. They regularly complete training. And they learn from the pharmacist and each other to keep their knowledge and skills up to date. Pharmacy team members feel comfortable making suggestions. And the pharmacy responds by making changes to help improve its services.

Inspector's evidence

At the time of the inspection, the pharmacy was staffed by the superintendent pharmacist and two, full-time, trainee dispensers. The pharmacy also employed a part-time delivery driver and a pharmacy student. Both trainee dispensers had been enrolled on appropriate qualification courses and were progressing well with their training. And they had also completed other training to help with their role, for example safeguarding training. They found time during working hours to undertake training. 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. The superintendent pharmacist (SI) often provided the trainee dispensers with guidance and discussed issues and information that arose ad-hoc.

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. One example of a recent change pharmacy team members had made was reorganising the shelves in the first-floor dispensary to keep them tidy and to be able to find medicines more easily. And to separate look-alike and sound-alike (LASA) medicines to help prevent picking errors. The pharmacy had a documented whistleblowing policy in place. And pharmacy team members knew how to access and use the policy. The SI did not ask pharmacy team members to achieve any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and properly maintained. It provides a suitable 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 somewhat of trip hazard 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 met

Summary findings

The pharmacy's services are mostly accessible to people, including people using wheelchairs. The pharmacy has systems in place to help provide its services safely and effectively. It sources its medicines appropriately. And it mostly stores and manages its medicines properly.

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. To help prevent transmission of coronavirus, the pharmacy had installed plastic screens at the pharmacy's retail counter. Pharmacy team members were wearing masks all the time while they were at work. And they were able to maintain social distancing while they worked most of the time. The pharmacy asked people to wear a face covering while in the pharmacy. But it did not enforce this if people chose not to.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels during dispensing. This was to maintain an audit trail of the people involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist counselled people receiving prescriptions for valproate if appropriate. And he checked if the person was aware of the risks if they became pregnant while taking the medicine. He advised he would also check if they were on a pregnancy prevention programme. The pharmacy had a stock of printed information material to give to people and to help them manage the risks. The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It attached dispensing labels to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. And they provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the patient's master record sheet. And each time a change was made, they generated a new master sheet to help make sure the records were clear to help prevent mistakes. Pharmacy team members explained they received repeat dispensing prescriptions for most people who had their medicines provided in a pack. This had helped them to manage ordering prescriptions. And it made sure prescriptions were now always available before the packs were dispensed. Pharmacy team members stored completed packs neatly on shelves, accompanied by the patient's master record and all associated prescriptions. Pharmacy team members had created a holding area to store and segregate packs where there were prescribing queries or that were waiting for stock to arrive. This helped to prevent incomplete packs being supplied. The pharmacy delivered medicines to people. It recorded the deliveries made. Pharmacy team members highlighted bags containing controlled drugs (CDs) to the delivery driver. 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. During the pandemic, the delivery driver was placing a package on a doorstep, knocking on the door and moving back to a safe distance to watch someone accept the delivery and confirm their identity.

The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves. But some

shelves were untidy. It kept all stock in restricted areas of the premises where necessary. The pharmacy had adequate disposal facilities available for unwanted medicines, including CDs. The superintendent pharmacist kept the CD cabinet generally tidy. And he segregated out-of-date and patient-returned CDs. The inspector checked the physical stock against the register running balance for two products. And these were correct. Pharmacy team members monitored the minimum and maximum temperatures in the fridge each day. And they recorded their findings. The temperature records seen were within acceptable limits. But the fridge was very full. The SI explained that all the stock in the fridge was necessary for the people the pharmacy provided medicines to. And he was considering installing a second, or a larger fridge to accommodate the stock. Pharmacy team members checked medicine expiry dates every month. And up-to-date records were seen. Pharmacy team members recorded any short-dated items up to 12 months before their expiry on a monthly record sheet. And they removed expiring items at the beginning of their months of expiry. The pharmacy responded to drug alerts and recalls. It quarantined any affected stock found for destruction or return to the wholesaler. It recorded any action taken. And records included details of any affected products removed.

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. And to help prevent the transmission of coronavirus. 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.