

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: 15/08/2024

Pharmacy context

The pharmacy is located 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. A medicine delivery service is available for people have their medicines delivered to them.

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	1.2	Standard not met	Pharmacy team members do not record or analyse their mistakes. And they do not make effective changes to their practices to help make the pharmacy's services safer.
		1.6	Standard not met	The pharmacy does not appropriately maintain all of its controlled drug registers in line with requirements.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy does not have enough suitably trained staff to make sure that its services and workload are managed safely and effectively. It does not keep up to date with administrative and record keeping tasks.
3. Premises	Standards not all met	3.1	Standard not met	Areas of the pharmacy including the dispensary are cluttered and disorganised. And this could increase the risk of dispensing errors. Boxes are stored on the floor and staircases which present a tripping risk.
4. Services, including medicines management	Standards not all met	4.1	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 And there is evidence of out-of-date medicines on the shelves. The pharmacy does not always store its medicines securely and in accordance with legislation. And it cannot show that it always stores medicines which require refrigeration appropriately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not always identify and manage the risks associated with its services. It does not sustain improvements to its ways of working following feedback from previous inspections. It has written procedures to help pharmacy team members manage some risks. But team members rarely discuss the errors they identify during the dispensing process, and they do not record or analyse the mistakes. So, they may miss opportunities to learn and make further improvements. The pharmacy keeps the records required by law but the records are not accurately maintained in line with requirements. Pharmacy team members suitably manage people's confidentiality. And they generally understand how to protect vulnerable adults and children.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were available. All team members had not signed the SOPs that were relevant to their roles to indicate that they had read them. This meant that they may not always know what is expected of them and be familiar with the pharmacy's processes and procedures to work safely and effectively.

The pharmacy had not recently recorded dispensing mistakes which were identified before the medicine was handed out (near misses). The last recorded near misses were from March 2024. The superintendent pharmacist (SI) admitted there had been more near misses since then. The SI did not analyse any near miss information to establish patterns of risk. This meant the team may have missed out on opportunities to learn from their mistakes and take steps to make the pharmacy's services safer. Dispensing errors (where a mistake had happened, and the medicine had been handed to a person) were recorded on the National Reporting and Learning System (NRLS). The SI described an incident where someone was supplied with metoprolol instead of the prescribed metoclopramide. The pharmacy had been made aware of the incident by the A&E department. The record for the associated incident was not available during the inspection so the pharmacy could not demonstrate that it had followed the process. The SI explained that both medicines had been separated on the shelves and shelf edge warning labels had been applied to the shelves. However, the wider risk of how medicines were stored on the shelves due to the untidy and disorganised manner had not been addressed.

The correct RP notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. A procedure to deal with complaints handling and reporting was available. A poster in the retail area explained the company's complaints procedure. The SI explained most people left online feedback, but it had not been reviewed by the team. This meant that the pharmacy may not be taking the opportunity to improve its services based on the feedback received. Pharmacy team members could not give any examples of any changes they had made in response to people's feedback.

Records for private prescriptions, emergency supplies, responsible pharmacist and records for unlicensed medicines dispensed were well maintained. Controlled drug (CD) registers were available but when checked some entries from the past week had not been recorded despite there being evidence of supplies being made. There was also evidence that the methadone registers had not been kept up to date.

Pharmacy team members used a shredder to destroy confidential waste. The SI had spoken to pharmacy team members about maintaining privacy and confidentiality. The pharmacy had a documented procedure to help pharmacy team members manage their responsibilities on information governance

A pharmacy team member had completed safeguarding training with a previous employer. The RP and other team member had completed some training. Contact details were available for local safeguarding boards.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not have enough staff to manage its workload safely and effectively. There are not enough team members to keep up to date with some of the administrative tasks. So there is a risk that some of the important jobs, such as date checking and record keeping are overlooked. Staff are given some ongoing training. But this is not structured, and they are not given time to complete it. This could make it harder for them to keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team comprised of the SI, who was also the regular RP, and a trained dispensing assistant. Another trained dispensing assistant also worked at the pharmacy but was not present during the inspection. There were also two trainee dispensing assistants who only worked on Saturdays. Two delivery drivers were also part of the team. The SI agreed that the pharmacy did not have enough team members and explained that he had been trying to recruit. It was evident that the team was short-staffed and struggling to cope with the workload. The pharmacy had fallen behind on record keeping, administrative tasks, cleaning and maintaining the pharmacy.

Pharmacy team members explained it was difficult to find time to complete ongoing training during the working day due to time constraints. Pharmacy magazines were available for the team to read in their own time. The RP verbally briefed the team on any changes to guidance or legislation. There was no formal procedure in place for staff appraisals or performance reviews. The SI explained they had an informal chat with team members once a year to discuss performance and any issues or concerns.

Team members on formal training courses completed their training at home and occasionally came in on their days off when the pharmacy was closed to complete their work. The SI had applied for an extension with the course provider for both team members and explained that they had almost completed their training.

Team members explained they raised ideas or professional concerns with the SI. There were not targets or incentives in place.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy does not keep its premises tidy. They are disorganised and does not provide a suitable working environment. Some areas where team members prepare prescriptions are untidy which may increase the risk of mistakes during the dispensing process. And stairs and passageways are cluttered and untidy which create tripping hazards. And pharmacy team members do not use the limited space available in the most efficient way to help make sure they are working safely. This may pose a safety risk to members of the team and people accessing the pharmacy's services. However, the premises are kept secure from unauthorised access when closed.

Inspector's evidence

The pharmacy occupied two floors of the same building. Pharmacy team members carried out general dispensing tasks on the ground floor. And they prepared multi-compartment compliance packs on the first floor. The pharmacy was poorly organised and untidy. There wasn't a clear workflow in the ground floor dispensary, and there was little bench space that was free of clutter. The clutter was being caused by medicines being stored on the benches, and stacks of baskets containing stock and prescriptions at various stages of the dispensing process. This increased the risks of errors being made. Throughout the pharmacy, floors and passageways were cluttered with boxes and wholesaler totes containing large quantities of stock. The landings at the top and bottom of the stairs were cluttered and blocked, presenting a health and safety risk to pharmacy team members. Medicines were arranged on shelves in a disorganised and untidy manner which increased the risk of picking errors. Dressings and medical appliances were also being stored in the staff WC. The cleanliness of the pharmacy was not maintained to a level that was expected of a healthcare provider.

The pharmacy had two private consultation rooms. One of the rooms was being used as a stock room. There was a clean sink in the ground floor dispensary used prepare medicines before they were supplied to people. And a WC which provided a sink with hot and cold running water and other facilities for hand washing. Heating and lighting in the pharmacy were maintained to acceptable levels. And the appearance of the retail area and exterior was generally professional in appearance.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy has made some improvements with the way it manages its compliance pack service since its last inspection. But it still does not always manage its other services appropriately. It does not always keep its medicines secure or store them properly and it cannot show that it keeps medicines requiring cold storage at the right temperature. This means that it may not be able to demonstrate that the medicines are safe to use. Medicines are not stored in an organised manner which increases the risk of mistakes happening. There is no robust process for checking the expiry dates of medicines, so there is a risk that it may provide people with expired stock. The pharmacy is easily accessed by most people, and it generally manages its other services adequately.

Inspector's evidence

The pharmacy was accessed by a ramp from the street and team members helped anyone who required assistance. The pharmacy retail area was small and there was easy access to the medicines counter where people waited to be served.

Prescriptions were dispensed by the dispenser and checked by the SI. Due to the staffing levels, medicines were dispensed for people as they presented to collect them. People ordered their own repeat prescriptions and the SI ordered stock when they labelled and processed the prescriptions. Pharmacy team members signed the 'dispensed-by' and 'checked-by' boxes on dispensing labels. This was to maintain an audit trail of the team members involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist was aware of the change in guidance for dispensing sodium valproate, however, risk assessments had not been completed for people who were supplied with sodium valproate in their compliance packs. So, there was no evidence that the pharmacy had assessed the risk of not providing the original pack in line with requirements and could not demonstrate steps had been taken to ensure the supply was made safely and the patient was aware of the risks associated with valproate medications.

The pharmacy delivered medicines to people, and it maintained a record of the deliveries that had been completed. Signatures were obtained from people when CDs were delivered. The delivery driver left a card through the letterbox if someone was not at home when they delivered which asked people to contact the pharmacy so that the delivery could be re-arranged.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. There had been some improvement in the management of the service since the last inspection. A small cohort of people who had their medicines supplied in compliance packs ordered their own prescriptions. Following the previous inspection, the SI had spoken to a pharmacist at the local GP surgery and the pharmacy were subsequently being supplied with repeat dispensing batches for prescriptions. This meant the pharmacy did not have to prepare any of the packs in advance of the prescription being received. One of the dispensers prepared the packs a few days before they were due to be supplied to the person. The SI completed the clinical and accuracy checks once the packs had been assembled. Some packs were seen to be stored unsealed, with the lids closed, on the shelves whilst they were waiting to be checked. The SI agreed that there were risks involved in doing this and would review how these were stored. Individual record sheets were available for each person using the

service and they were updated with any changes. Prepared packs seen had labels attached for all of the medicines contained within the device. Assembled compliance packs were seen to be labelled with product descriptions and mandatory warnings, however, the backing sheets were placed loosely within the pack. This meant there was a risk of it becoming misplaced along with the information regarding the medicines that had been dispensing into the packs. The team provided an assurance that they would securely attach the backing sheets going forwards. Patient information leaflets were supplied each month.

Before providing the NHS Pharmacy First service the SI had completed online training and attended a face-to-face training session which had included training on using an otoscope. Signed patient group directives (PGDs) for the service were available.

The pharmacy stored a significant quantity of medicine stock on makeshift shelves above one of the work benches on the first floor. The shelves were mainly used to store split packs of medicines that had been used during the preparation of the multi-compartment compliance packs. The shelves were full and overflowing and some of the split packs had unintentionally transferred to the adjoining benches. Medicines were stored in an unorganised manner and those with look-alike, sound-alike properties were seen to be placed on top of each other. This significantly increased the risk of team members making a picking error during the dispensing process. Several bottles of medicines were stored on the bench which reduced the amount of clear workspace. Similarly on the ground floor, different strengths of the same medicines were mixed together on the shelves. These issues had also been identified during previous inspections. Team members explained they tried to check the expiry dates of medicines every three months, but this was not always possible due to time constraints. The record sheet in the dispensary showed that the last check had been done in April 2024. A date expired medicine was found in the first-floor dispensary. A number of medicines that had been taken out of its original packaging were seen to be stored on the shelves, and a bottle of tablets was found uncapped on the shelves. This was not in line with how the manufacturer's recommended the medicines to be stored. Due to the layout of the medicines counter in the retail area some pharmacy only medicines were not stored securely.

Fridge temperatures were said to be monitored and recorded daily. Records seen for one of the fridges was within the required range for the storage of medicines. However, the second fridge which was also being used to store medicines was broken. And the inbuilt temperature probe on the fridge was not functioning. No records had been made for this fridge. So there was no evidence available to show that the medicines had been stored appropriately. CDs were not always stored in accordance with the relevant legislation. And some prescription only medicines and pharmacy medicines were not stored securely from unauthorised access. Drug recalls were received via email, these were printed and actioned and an audit was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate range of equipment and facilities it needs to provide its services adequately. Its team members keep the equipment clean.

Inspector's evidence

The pharmacy had a set of clean, well-maintained measures available for medicines preparation. And it had a separate set of measures for measuring liquid CDs. It had a suitable shredder available to destroy its confidential waste. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. A cordless telephone was also available to ensure conversations could not be overheard.

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.