

Registered pharmacy inspection report

Pharmacy Name: Well, Knowle House Surgery, 4 Meavy Way,
PLYMOUTH, Devon, PL5 3JB

Pharmacy reference: 1106566

Type of pharmacy: Community

Date of inspection: 08/07/2022

Pharmacy context

The pharmacy is located in Plymouth. 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, a minor ailments scheme, the NHS New Medicine Service (NMS), the Community Pharmacy Consultation Service (CPCS) and the supply of medicines to drug misusers. 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
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 identifies and manages its risks appropriately. Team members record their errors and review them to identify the cause. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy responds appropriately when it receives feedback. It has adequate insurance to cover its services. And it keeps all of the records required by law. It 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 reduces its risks. It had completed a risk assessment on all the services it provided. And a business continuity plan was in place. The pharmacy had standard operating procedures (SOPs) which were regularly reviewed by the superintendent pharmacist's (SI) team. The SOPs were available on an online portal, which team members found easy to access. Each team member had record of which SOPs they had read. The SOPs reflected how the pharmacy team worked. The SOPs had been updated to reflect changes made to processes during the COVID-19 pandemic. 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.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check on an online reporting system, Datix. Reporting had, in recent months, been sporadic but the team had been more diligent with reporting over the last month following an internal audit. Dispensing errors that reached the patient were reported in a more detailed way. The pharmacy team reflected on errors made and learned from them. Each month, the manager completed a patient safety review and analysed the cause of any errors made that month. The pharmacy team then discussed the review in a monthly huddle. The pharmacy had completed a yearly safety review. One of the actions had been to adjust the working rotas as team members were making mistakes when they were tired.

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 passed straight to the pharmacist or the manager to deal with. The pharmacy team also reviewed any online feedback and responded accordingly. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the RP each day. The correct RP notice was prominently displayed. Controlled drug (CD) registers were held online and 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. Records of private prescriptions were maintained on a register on the patient medication record (PMR) system. The pharmacy also kept records of any emergency supplies it made in the register on the PMR. Records of emergency supplies contained all required details including the nature of the emergency. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were stored with all required details completed.

All team members had completed training on information governance and 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. A privacy policy and a fair data use statement were displayed in the retail area. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed and a record of access was made on the person's PMR.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the referral of concerns were available. Team members were aware of signs of concerns requiring escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs enough people to manage its workload. Team members receive time in work to complete 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 communicates effectively. And they work well together to deliver the pharmacy's services.

Inspector's evidence

On the day of the inspection, there was a locum RP who worked regularly in the branch. There were five pharmacy assistants, two of whom were trainees. There was also an accuracy checking pharmacy technician. And one of the pharmacy assistants was qualified to accuracy check. The team appeared to work very well together and had a clear understanding of all the processes in the pharmacy. The team felt that they could comfortably manage the workload with current staffing levels. There were two other branches of the small chain in the local area. The team members were trained to work in all of the pharmacies and supported each other. Absences were covered by team members increasing their hours. In an emergency, team members could move between nearby branches, although this did not happen regularly.

One of the dispensers had recently taken on the role of branch manager. She was being supported by the regional manager. Although he was not based locally, she was able to contact him for advice and support. He visited the branch several times a month.

Team members were given time during working hours to learn. They kept certificates of completion of courses and training events in a folder. The team members who were trainees were completing approved courses. For several reasons, one trainee had been on the course for four years and was hoping to complete it in the coming months. Team members were seen to give appropriate advice to people in the pharmacy. And they referred to the RP for further clarification when needed.

The team gave each other regular ad hoc feedback and there was a culture of openness and honesty. They had regular discussions about their performance. The team felt confident to discuss concerns and give feedback to the manager and the regional manager, both of whom they found to be receptive to ideas and suggestions. They felt able to make suggestions for change to improve efficiency and safety. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The manager said that there were some targets set in the pharmacy which were generally manageable. And they did not impede the pharmacy team's ability to use their own professional judgement. She described that all services undertaken were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

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 lockable barrier at the access point and led through a well laid out dispensary with a separate area to the rear which was used to store stock. Team members also used this space to dispense multi-compartment compliance aids. The consultation room was well signposted, an appropriate size, and presented a professional image. It was secured by a Digi lock and conversations could not be overheard from outside the room. The dispensary was large, well-equipped and had plenty of work benches. There were dedicated areas for dispensing and accuracy checking. The dispensary was somewhat cluttered. But the pharmacy team were in the process of clearing the clutter and tidying the stock on the shelves.

The premises were clean, tidy and well organised, and no stock was stored on the floor. There was hot and cold running water and cleaning materials. Team members cleaned the pharmacy every day and made records of this in a daily log. The healthcare counter had clear Perspex screens fitted to protect team members from COVID-19. Hand sanitiser was available throughout the pharmacy.

Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. Computers were password protected with individual log-ons and phone calls were taken out of earshot of waiting customers. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. 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 delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access. People were no longer allowed to park in the carpark directly outside the pharmacy. It was owned by the surgery who were now issuing fines to those not using their services. But there was a pay and display carpark nearby. The pharmacy and the consultation room were wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. 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 workflow 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 fridge items and CDs in schedules two and three. Prescriptions for schedule four CDs were annotated to highlight the 28-day expiry. The pharmacist used stickers to identify prescriptions where there was a counselling need, such as high-risk medicines or dose changes. Details of significant interventions were recorded on the PMR.

The pharmacy provided substance misuse services to a small number of people. The manager explained that the pharmacy team would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy offered a range of additional services including flu vaccinations and the supply of emergency hormonal contraception. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The declarations of competence for the pharmacists offering the flu vaccination service were seen. And it was ensured that those pharmacists had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) but received few referrals.

The RP was aware of the risks of people becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). Appropriate conversations had been had with affected people and records were made on the PMR. 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 pharmacy had the information booklets and cards to hand out as appropriate. Notes were placed on the PMR of people at risk of becoming pregnant receiving valproate to confirm a discussion about PPP had taken place.

Multi-compartment compliance aids were prepared by the pharmacy for people living in their own homes. Each person requesting compliance aids was assessed for suitability. 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. 'When required' medicines were dispensed in boxes and a dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the clinical checking process.

The dispensary stock was generally arranged alphabetically on shelves. It was a little disorganised and untidy. Certain groups of medicines were stored out of alphabetical order including those prescribed for diabetes. 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. Stock was obtained from reputable sources. Records of recalls and alerts were annotated with the outcome and the date actioned and were stored in the pharmacy.

CDs were stored in accordance with legal requirements in approved 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. 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 with appropriate signatures. Confidentiality was maintained when obtaining signatures. The manager 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. 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 crown-stamped measures available to measure liquids, with several marked for the use of CDs only. A range of clean tablet and capsule counters were present, with a separate triangle reserved for cytotoxics. All equipment, including the dispensary fridge, was in good working order. The dispensary sink was clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with no details visible to people waiting.

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.