

Registered pharmacy inspection report

Pharmacy Name:Ebrington Pharmacy, 61A Ebrington Street,
PLYMOUTH, Devon, PL4 9AA

Pharmacy reference: 1107889

Type of pharmacy: Community

Date of inspection: 12/02/2020

Pharmacy context

The pharmacy is located on the edge of Plymouth city centre. It sells over-the-counter medicines and dispenses NHS and private prescriptions. It also supplies medicines in multi-compartment compliance aids to help people remember to take their medicines. 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 Medicines Use Reviews (MURs), the NHS New Medicine Service (NMS) and flu vaccinations. The pharmacy also provides services for drug misusers.

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 met	N/A	N/A	N/A
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy does not have enough team members to comfortably manage the workload. This leads to the pharmacy team working under pressure and stress.
		2.2	Standard not met	Team members do not receive protected time to learn. And they are not given resources to help them develop.
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 does not make regular checks to ensure that its medicines are still suitable for supply. And it does not always dispose of returned medicines appropriately.
		4.4	Standard not met	The pharmacy does not have a robust process for receiving alerts and recalls about defective medicines.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy takes steps to monitor its risks. Pharmacy team members usually record any mistakes they make. They then take steps to stop them from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy 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 took steps to monitor and reduce its risks. Near misses were recorded on a paper log. Errors were discussed as a team and steps were put in place to prevent a recurrence. These steps included separating affected stock and placing shelf edge alerts at the locations of medicines subject to near miss incidents. The responsible pharmacist (RP), who was a locum, said that dispensing incidents were reported to the superintendent pharmacist and to the National Reporting and Learning System (NRLS). But no evidence, such as a copy of an NRLS report of a recent handout error, could be located. The RP said that errors were reviewed in a monthly patient safety report, but again, no evidence was found to support this. The two dispensers were not aware of the contents of any patient safety reports.

Standard operating procedures (SOPs) were in place and had been recently reviewed. SOPs were signed by team members to confirm that they had read and understood them. However, there were two folders in the pharmacy containing out of date SOPs. Team members were not clear on which were the most current SOPs. The folder containing the most up to date SOPs contained clear steps outlining what procedures should be put in place in the absence of the RP. A team member could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 93% of respondents had rated the service provided by the pharmacy as very good or excellent overall. Following feedback that people did not always receive advice on living a healthy lifestyle, the pharmacy had gained accreditation as a healthy living pharmacy. It had an eye-catching display of leaflets and posters promoting smoking cessation, weight loss and reducing alcohol intake. A complaints procedure was in place and was displayed in the retail area.

Professional indemnity and public liability insurance was in place. Records of the RP were maintained appropriately and the correct RP certificate was displayed. Controlled drug (CD) registers were maintained as required by law using an electronic register. Balance checks were completed weekly. A random stock balance check was found to be accurate. The RP was currently completing an investigation into a large overage of methadone mixture which had been reported to the CD Accountable Officer. The RP noted that since he had worked in the pharmacy there had been two occasions where a CD had been delivered by a wholesaler, MediHealth, and he had not been alerted to it nor asked to sign for it. It had consequently been placed behind the medicines counter with the other dispensary goods until he had seen it. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions and emergency supplies were held in a book

and were in order. Records of unlicensed (specials) medicines were retained and the certificates of conformity contained all legally required details.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was 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 patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed.

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. The remaining staff had read a safeguarding SOP. Local contacts for the escalation of concerns were available online.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not have enough team members to comfortably manage the workload. This leads to the pharmacy team working under pressure and stress. Team members do not receive protected time to learn. And they are not given resources to help them develop. Team members are confident to discuss any concerns with the owner of the pharmacy. And they are not set targets and can use their own professional judgement to make decisions.

Inspector's evidence

The pharmacy team consisted of two full-time dispensers. A further part-time dispenser was not working on the day of the inspection. The RP was a locum pharmacist who had been at the pharmacy for around two weeks. Two medicines counter assistants had recently left the pharmacy and had not been replaced. The dispensers described that they were struggling with the workload as they now had to carry out their duties in the dispensary in between serving on the counter. This meant that they were behind with their work. A dispenser was dispensing medicines for a care home that needed to be delivered that afternoon and she was concerned that it would not be completed in time. The pharmacy team said that they often worked through their lunch breaks and stayed after closing to catch up with the work.

The pharmacy team said that they had regular contact with the owners, who were based in another county. They felt happy to raise any concerns and discuss suggestions for change with them. But they did not always feel the necessary changes were made. The dispensers worked well with each other but there was evidence of conflict with the RP. The RP had implemented successful changes in his time in the pharmacy, such as creating a retrieval system to allow prescriptions to be found more easily.

Team members were observed selling medicines over the counter. They did not always give appropriate advice to people to ensure the medicines were used appropriately. Team members said that they did not receive any time to learn during working hours as they were too busy. They were also not aware of any resources they could access to ensure that they kept their knowledge up to date. The pharmacy team did not have any formal appraisals. They occasionally received ad hoc feedback from the owners and from the pharmacist working with them.

The RP said that he had not been set any official targets. He felt able to use his professional judgement to make decisions and would only undertake additional services that 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 on the edge of Plymouth city centre. A large retail area led to the healthcare counter and the raised dispensary. There was a small waiting area with two chairs. There were two consultation rooms, one of which was large and well-equipped. It was soundproof and spacious. The second was very small and the RP said that it was not used.

The pharmacy generally presented a professional image. But the dispensary benches were cluttered with paperwork. Folders of paperwork, some several years out of date, were piled up in no particular order. The dispensary stock was well organised and tidy. It was stored on shelves and in drawers. Prescriptions awaiting collection were stored in a retrieval system in the dispensary. No confidential information could be viewed by people waiting in the pharmacy. 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 lighting and temperature were appropriate for the storage and preparation of medicines.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy obtains its medicines from reputable suppliers. But it does not make regular checks to ensure that they are still suitable for supply. And it does not always dispose of returned medicines appropriately. The pharmacy does not have a robust process for receiving alerts and recalls about defective medicines. The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers some additional services and delivers them safely. Team members providing the services ensure that their training is up to date. The pharmacy delivers medicines to people safely and keeps appropriate records of this.

Inspector's evidence

The pharmacy, including the consultation room, was 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. Services provided by the pharmacy were advertised in the pharmacy. Team members described that if a patient requested a service not offered by the pharmacy, they would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were stored in a folder and could also be accessed online.

Dispensing baskets were used to store prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedules 2 and 3. Prescriptions containing high-risk medicines were also highlighted with stickers. Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. Details of significant interventions were recorded on the patient medication record (PMR). Substance misuse services were provided for 13 people. The RP said that he liaised 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 seasonal flu vaccinations. The patient group directions covering the service were seen and had been signed by the pharmacists providing the service. The declaration of competence for all pharmacists administering flu vaccinations were seen. The RP had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was an accredited Healthy Living Pharmacy and had an eye-catching health promotion zone. Posters were displayed advertising the current 'Help Us to Help You' NHS campaign.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had the stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy also had the information booklets and cards to be given to eligible women.

Multi-compartment compliance aids were prepared by the pharmacy for around 40 people based in the

community. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a pharmacy advisor was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process.

The pharmacy offered a managed repeat prescription ordering service. But team members did not make records of the requests that were made and no audit trail was maintained. This had led to complaints from people using the service as their prescriptions were not ready or complete on the day that they were due to collect. The inspector offered advice about how to maintain an effective audit trail. The pharmacy team committed to putting this in place later that day. The pharmacy delivered medicines to people living in their own homes. It kept appropriate records of any deliveries made. People were required to sign on receipt of their medicines. Confidentiality was maintained when obtaining these signatures.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was usually undertaken regularly. But the pharmacy team said that they were several months behind schedule due to staffing levels. Some out of date medicines were found on the shelves. Prescriptions containing omissions were appropriately managed and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH and invoices were retained. There was no clear process to ensure that alerts and recalls were received since the previous pharmacist had left. There were no records to show that any alerts and recalls had been actioned since April 2019. The dispensers could not access the pharmacy's email account. The RP, who was a locum, received alerts and recalls to his own account.

The pharmacy did not have the hardware, software or amended SOPs in place to be compliant with the Falsified Medicines Directive (FMD). Team members were making visual checks of FMD compliant packs. The pharmacy team were unclear on any plans to become FMD compliant.

The fridges in the dispensary were clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed in the presence of a witness with both signatures recorded.

The pharmacy accepted returned medication from people. Team members placed returns into appropriate bins. Patient details were removed from returned medicines to protect people's confidentiality. But these were then removed by the owners each month rather than by a recognised waste contractor. No audit trail was kept. Several boxes of gabapentin, a schedule 3 CD, were found in the patient returns bin. The gabapentin had not been rendered irretrievable as per guidance issued by the Royal Pharmaceutical Society.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It ensures its equipment is well-maintained. The pharmacy uses its equipment in a way that protects people's private information.

Inspector's evidence

Crown-stamped measures were available for liquids, with separate measures marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The pharmacy 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 in the dispensary meaning no details were 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.