

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: 07/09/2020

Pharmacy context

The pharmacy is in a parade of shops, close to the centre of Plymouth. It sells over-the-counter (OTC) medicines and dispenses prescriptions. The pharmacy team gives 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. It also dispenses medicines into multi-compartment compliance packs to help people remember to take their medicines at the right time. The inspection was carried out 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 identifies 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 asks people for their views and acts appropriately on the feedback. The pharmacy has 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 an up to date business continuity plan. All team members had read the latest standard operating procedure (SOP) released by the NHS which described how to work safely during the COVID-19 pandemic. The pharmacy had completed an individual Covid-19 risk assessment with each team member. Team members wore face masks and sanitised their hands regularly. The pharmacy had suspended some of its face-to face services, such as Medicines Use Reviews (MURs) during the pandemic. The pharmacy had altered its layout during the pandemic to support social distancing. It had a one-way system and two metre markers were clearly visible on the floor. The pharmacy allowed up to four people into the pharmacy at one time. And it encouraged people to wear face coverings.

The pharmacy had written procedures in place to show team members the safest way to carry out its services. Each team member had signed each procedure to show that they had read it. The team members were carrying out tasks, such as dispensing and handing out prescriptions, according to the written procedures.

The pharmacy recorded details of when mistakes were made. Errors that were picked up in the pharmacy, known as near misses, were recorded on the online system, PharmSmart. The pharmacy also recorded any mistakes that were handed out to people, known as dispensing errors, immediately on PharmSmart and included a more detailed analysis of the cause. The pharmacy team discussed both near misses and dispensing errors to identify any causes. The responsible pharmacist (RP) reviewed all mistakes once a month. And the pharmacy team then discussed the review and made changes to stop the mistakes from happening again. The pharmacy had recently identified that there had been several near misses with two different inhalers. So, they had separated them and they were now stored in different drawers.

The pharmacy completed a yearly community pharmacy patient questionnaire (CPPQ) survey. They also asked people using the pharmacy for their feedback. A complaints procedure was in place and was displayed in the retail area. The pharmacy had received complaints during the Covid-19 pandemic, mainly about the need to queue in a socially distant way and the time people needed to wait for their medicines. The pharmacy had employed additional staff and had made changes to the way that they worked as a response.

The pharmacy had appropriate insurance policies in place to protect people if things went wrong. The pharmacy kept an electronic record of who was the RP, and therefore in charge of the pharmacy, at any given time up to date. And they displayed a sign showing the name and registration number of the RP.

But sometimes the RP forgot to sign out at the end of their working day. Controlled drug (CD) registers were maintained appropriately on PharmSmart. The pharmacy team completed a CD balance check regularly. And a random stock check matched the balance in the register. Entries of supply of CDs were not always made immediately. But the RP tried to ensure they were completed within 24 hours of the supply being made. A separate register was used to record CDs returned to the pharmacy and these were destroyed promptly. Records of private prescriptions and emergency supplies were kept and were in order. The pharmacy retained records of unlicensed medicines and annotated them with all legally required details.

Team members had completed training on information governance and the General Data Protection Regulation. They had signed the associated policies. The pharmacy ensured that no personal information could be seen by people coming into the pharmacy. It stored completed prescriptions in the dispensary, out of sight of people waiting in the pharmacy. Computer terminal screens were turned to face away from people using the pharmacy and the terminals were password protected. NHS smart cards were used appropriately.

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, and the remaining staff had read the relevant SOP. The pharmacy accessed details of the local safeguarding contacts online if they were required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members receive time in work to complete training for their roles. They are confident to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback on their performance.

Inspector's evidence

The pharmacy had enough staff on the day of the inspection. In addition to the RP, there were three full-time dispensers. A full-time medicines counter assistant was not working. The team were managing the workload comfortably. Pharmacy team members had clearly defined roles and accountabilities. They knew what was expected of them each day. They worked regular days and hours.

The RP provided regular training sessions with the team members. They learned about medical conditions and how they could treat them in the pharmacy. Team members said that they enjoyed these sessions and that they were useful for their roles. The RP also provided regular updates on any changes in pharmacy that were relevant to the team. Each team member kept a record of what learning they had done. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

Team members gave each other regular ad hoc feedback and were open and honest with each other. The team regularly discussed how things were going in the pharmacy. And they gave feedback to the RP and the owner, both of whom they found to be receptive to ideas and suggestions. Each team member knew how to raise any concerns they had about the pharmacy. And they were aware of the company whistleblowing policy.

The RP had not been set any specific targets whilst working in the pharmacy. He was able to use his professional judgement to make decisions. He only provided services such as MURs 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. It has introduced measures to reduce the risk of the spread of Covid-19. 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 parade of shops, close to the centre of Plymouth. It had a large retail area which led to the healthcare counter and a raised dispensary. There was a small waiting area with two chairs. Stickers had been placed on the floor to showing a two-metre distance. The pharmacy had 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 dispensary presented a professional image. The work benches were clear and paperwork was stored neatly. 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. The pharmacy was light and bright. It had air-conditioning. Pharmacy team members made sure that the pharmacy was clean and tidy. Disinfectant was used to clean the counter tops. Hand sanitising gel was placed around the pharmacy for people to use.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers a range of additional services, which the pharmacy team delivers safely. Team members providing the services ensure that their training is up to date. 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 a wide, step-free entrance. The consultation room was wheelchair accessible. Team members communicated with people with hearing impairments in the consultation room, using pen and paper if needed. A range of health-related posters and leaflets was displayed. They advertised details of services offered both in the pharmacy and locally. A dispenser described that if a patient requested a service not offered by the pharmacy at the time, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. The pharmacy accessed up-to-date signposting resources and details of local support agencies online.

The pharmacy had a clear and well-organised workflow. It used dispensing baskets to store prescriptions and medicines to prevent transfer between patients. There were designated areas to dispense prescriptions and complete the accuracy check. The dispenser and the pharmacist initialled the labels of dispensed items to create an audit trail.

The pharmacy used stickers and highlighter pens to draw attention to prescriptions for fridge items and CDs in schedules 2 and 3. It also placed stickers on prescriptions containing high-risk medicines or medicines that may require additional advice from the pharmacist. When significant interventions were made, the RP recorded details on PharmSmart.

The pharmacy team dispensed medicines into multi-compartment compliance packs for around 40 people to help them remember to take their medicines at the right time. Team members kept a log to show compliance pack was in the dispensing process. They ensured each pack contained a written description of each tablet. And they routinely supplied patient information leaflets to people using the packs.

The pharmacy was planning to offer flu vaccinations for the upcoming season. But as details of the service for the upcoming season had only recently been released by the NHS, the RP was still reviewing his plans of how to provide the service safely. The RP 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. It had an eye-catching health promotion zone displaying leaflets and information on both locally and nationally relevant topics.

The pharmacy had completed the audit of people at risk of 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 women receiving prescriptions for valproate. The pharmacy had the information booklets and cards to give to eligible women. Notes were placed on the PMR of women receiving valproate to confirm a discussion about PPP had taken place.

The dispensary shelves and drawers used to store stock were organised and tidy. The stock was mostly arranged alphabetically. Team members checked the expiry dates of all medicines regularly and kept appropriate records. Spot checks revealed no date-expired medicines or mixed batches. Prescriptions containing omissions were appropriately managed. The prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH. Invoices were seen to this effect. Records of recalls and alerts were received on PharmSmart. When they were actioned by the pharmacy team, they were electronically marked as complete.

The fridge in the dispensary was clean, tidy and well organised. A team member checked the maximum and minimum temperature of the fridge every day and made a record of it. 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 with a witness. Both signatures were recorded.

The pharmacy kept records of deliveries made to people in their own homes. Signatures were not currently being obtained due to social distancing requirements. The pharmacy team 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.

The pharmacy dealt with medicines returned to them by people appropriately. Personal details were removed from returned medicines to protect people's confidentiality.

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

The pharmacy had installed a protective screen on the medicines counter during the Covid-19 pandemic. But the screen had fallen down in the days prior to the inspection and it was waiting to be fixed. The medicines counter and dispensary were cleaned regularly. The pharmacy had an adequate supply of personal protective equipment, including facemasks and gloves. Team members were wearing facemasks during the inspection. Hand sanitiser was readily available.

The pharmacy had a range of crown-stamped measuring cylinders to allow them to accurately measure liquids. They also had some measures that were clearly marked for the use of controlled drugs only. There was a range of clean tablet and capsule counters, with a separate tablet counter clearly marked for more high-risk medicines. The pharmacy kept all of its equipment, including the dispensary fridge and sink, in good working order.

The pharmacy had up to date reference sources. And team members could easily access information on the internet. They ensured they used reputable websites when looking for clinical information. Computer screens were positioned so that no information could be seen by members of the public. Phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system with no confidential information 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.