Registered pharmacy inspection report

Pharmacy Name: Wellington Pharmacy, Wellington Health Centre, Chapel Lane, Wellington, TELFORD, Shropshire, TF1 1PZ

Pharmacy reference: 1117487

Type of pharmacy: Community

Date of inspection: 23/01/2020

Pharmacy context

This busy community pharmacy is located inside a medical practice on the outskirts of town and it operates extended opening hours. It mainly dispenses NHS prescriptions and sells a small range of over-the-counter (OTC) medicines. The pharmacy provides some medicines in multi-compartment compliance aid packs, to help make sure people take them at the correct time. It also provides several other services including NHS Medicines Use Review (MURs), the NHS Community Pharmacist Consultation Service (CPCS) and emergency supplies of medicines via a patient group directive (PGD). The flu vaccination is also available during the relevant season.

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	1.6	Standard not met	Records for the supply of private prescriptions and procurement of unlicensed specials are not always maintained in line with regulations.
2. Staff	Standards not all met	2.2	Standard not met	Pharmacy team members do not always hold the appropriate qualifications for their roles. So, the pharmacy may not be able to demonstrate that team members have the appropriate skills for the jobs that they do.
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 not all met

Summary findings

The pharmacy adequately identifies and manages the risks associated with its services. It has written procedures to help make sure team members complete tasks safely and understand their responsibilities. And team members complete training so that they know how to keep people's private information secure and raise concerns to protect the wellbeing of vulnerable people. But some pharmacy records are not always maintained in line with requirements, which may mean that team members do not have access to all the information they need in the event of a query.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering operational tasks and activities. The version control details indicated that procedures had been reviewed in June 2019, but some procedures did not always reflect current activities, for example the use of a dispensing robot. The pharmacist believed that the superintendent pharmacist was in the process of updating the procedures and a general user manual was available for the use of the dispensing robot, which had been supplemented by explanatory videos made by the pharmacy owners. The individual responsibilities of team members were not always clearly defined within each procedure, but through discussion team members had a general awareness of their roles and a medicine counter assistant (MCA) explained the activities which were permissible in the absence of a responsible pharmacist (RP). Professional indemnity insurance was provided through the National Pharmacy Association (NPA) and a current insurance certificate was displayed.

The pharmacy kept records of near misses and verbal feedback was provided each time an adverse event occurred. Near miss records were also reviewed by the superintendent pharmacist, who provided feedback on any trends. The pharmacist discussed how team members now marked 'split-packs' of medications more clearly to help prevent quantity errors. They also recorded the quantity of the box on the inside tab, as additional confirmation of the number of tablets inside. The pharmacist discussed how a dispensing incident would be reported. He explained the information that would be captured and said that all reports were sent to the superintendent pharmacist and copies of reports were not retained in branch.

The pharmacy had a complaint procedure, but this was not clearly advertised, so people may not always be aware of how a concern could be raised. An MCA explained how she would effectively manage a situation where a member of the public raised a concern. And the pharmacy sought ongoing feedback through an annual community pharmacy patient questionnaire (CPPQ).

The correct RP notice was conspicuously displayed near to the medicine counter and the RP log was suitably maintained. Controlled drugs (CD) registers maintained a running balance and a recent balance check had been carried out. A patient returns CD register was also available. Records for private prescriptions and emergency supplies were kept using a private prescription register. But at the end of each month the original prescription forms were scanned to a computer in the dispensary before being shredded. The same process was used for specials procurement records. Scanned records were not

backed-up to a second source, which means that the audit trail could be lost in the event of a computer malfunction. And the pharmacy would be unable to produce original documents in the event of a query.

Pharmacy team members had completed training on information governance and the General Data Protection Regulation (GDPR) and the pharmacy's privacy notice was displayed. The team discussed some of the ways in which people's private information would be kept safe and completed prescriptions were stored out of public view. All confidential waste was segregated and shredded on the premises. Pharmacy team members had their own NHS smartcards and suitable use was seen on the day. During the inspection, the pharmacist used his smartcard to access Summary Care Records (SCR), verbal consent was obtained for this and the pharmacist made a record on the PMR system.

The pharmacist had completed safeguarding training and team members discussed some of the types of concerns that might be identified. Contact details of local safeguarding agencies were accessible to enable the escalation of concerns.

Principle 2 - Staffing Standards not all met

Summary findings

Pharmacy team members can raise concerns and provide feedback on pharmacy services. They get feedback on their development and get some access to ongoing training. But some team members do not hold the relevant qualifications for their roles, which may mean that they do not have the skills and knowledge necessary for their role.

Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside three dispensing assistants and two MCAs, this was the usual staffing level during the core opening hours of the pharmacy. The pharmacy also employed an additional dispensing assistant who worked afternoon and evening shifts. The workload in the pharmacy was busy, but the team expressed that it was manageable and that all dispensing work was usually completed the same day. Team members used leave request forms to apply for planned leave and restrictions were in place to help make sure that suitable staffing levels were maintained.

The MCAs discussed the sale of medication. They explained the questions that they would ask to try and made sure sales were suitable and said that they would obtain as much information about each sale as possible. Concerns were referred to the pharmacist and the MCAs discussed a previous situation where concerns had been escalated regarding a person who had frequently presented requesting the same medications. The MCAs identified several high-risk medicines, which may be susceptible to abuse.

Most pharmacy team members were completing the accredited training programmes required for their roles and two hours training time a week was made available to support this. During the inspection, it was established that the name of an MCA appeared several times on the dispensing near miss log, this extended back over several months. The team admitted that during some evenings the MCA provided some assistance with dispensing. A suitable qualification had not been completed to support this. So, the pharmacy could not fully demonstrate that team members have the appropriate skills for the tasks they carry out. Ongoing training was provided through various e-Learning platforms. Modules were placed onto a One Note system and team members advised the pharmacist once they had been completed. Some modules were supplemented by video modules, which had been created by the pharmacy owners to help team member understand some pharmacy processes. Previous modules completed included GDPR and other services available in the pharmacy. The team also used Virtual Outcomes and programmes available from the Centre for Pharmacy Postgraduate Education (CPPE) and they were completing a module on sepsis. Team development was reviewed regularly with the superintendent pharmacist, where they received feedback on their development.

There was an open dialogue amongst the pharmacy team. They held a weekly team meeting where any issues could be discussed, and a communications diary was also utilised. And team members were happy to approach the pharmacist in charge. There were some targets in place for professional services. The pharmacist discussed how targets were managed to make sure patient safety was prioritised.

Principle 3 - Premises ✔ **Standards met**

Summary findings

The pharmacy provides a suitable environment for the provision of healthcare services. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy premises were in a good state of repair and portrayed a professional appearance. The pharmacist discussed how previous maintenance issues had been addressed using local contractors. General cleaning duties were completed by pharmacy team members on an ad hoc basis, and the premises were clean and tidy on the day. There was adequate lighting throughout the premises and air conditioning helped maintain a temperature suitable for the storage of medicines.

The pharmacy had a small section of shelves near to the main entrance, which stocked a range of suitable healthcare-based items. And pharmacy restricted medicines were secured behind the medicine counter. There were some chairs available for use by people waiting for their medicines. And an enclosed consultation room was accessible from the retail area. The room had a desk and seating to enable private and confidential discussions.

The dispensary had adequate space for the dispensing workload. One half of the dispensary was taken up by a dispensing robot, which had four allocated chutes for medications. Dedicated work benches were used for dispensing and checking to keep activities separate. The pharmacy had sufficient shelving for creams and liquid preparations which were not stored in the robot and a segregated area for prescription retrieval. A sink was available for the preparation of medicines and it was equipped with suitable cleaning products.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are generally accessible and suitably managed so that people receive appropriate care. But the necessary warning labels and patient leaflets are not always supplied with compliance aid packs. So, some people may not receive all of the information they need about their medicines. The pharmacy generally sources and stores medicines securely, but it could do more to demonstrate and make sure that all medicines are suitably managed.

Inspector's evidence

The pharmacy had step-free access and an automatic door to assist people with mobility issues. Further adjustments could be made to help people with additional needs, such as the use of large print labels to assist people with visual impairment. Services were advertised on a board near to the entrance and a variety of health promotion literature was displayed. Team members had access to resources to support signposting and provided an example of where a person had been signposted for a hepatitis b vaccination.

Prescriptions were dispensed using coloured baskets to prioritise the workload and prevent medicines from being mixed up. Team members signed 'dispensed' and 'checked' boxes on dispensing labels as an audit trail. The pharmacy did not routinely highlight all prescriptions for high-risk medicines. An audit was ongoing on the use of valproate-based medications in people who may become pregnant. The pharmacist was aware of the risks and copies of the relevant safety literature were available. The pharmacy marked prescriptions for CDs to help make sure that supplies were made within the valid 28-day expiry date.

The pharmacy requested prescriptions for people who used multi-compartment compliance aid packs. A dispenser requested medications which were in packs and additional 'when required' items were ordered upon patient request. The pharmacy kept some records using the PMR system when there had been changes to regular medicines. Completed compliance packs were labelled with patient details, descriptions were present to enable individual medicines to be identified. But backing sheets did not always contain the descriptions of British National Formulary (BNF) warning labels and patient leaflets were not always supplied as they should be.

A delivery application was used to track all prescription collections and deliveries. When collected the initials of the team member who handed out the prescription were recorded as an audit trail. Signatures were obtained to confirm the delivery of medications. In the case of CDs, a signature was also obtained on the back of the prescription form which accompanied the delivery. This may increase the risk that the prescription form could be lost or misplaced. Medicines from failed deliveries were returned to the pharmacy.

Patient group directives (PGDs) were available covering the provision of the flu vaccine. The pharmacist had completed training for the administration of vaccines, and equipment including adrenaline and a sharps bin, were available. The pharmacist had completed a consultation skills module for the provision

of the CPCS and a copy of the service specification was available.

Stock medicines were sourced through licensed wholesalers and specials from a licensed manufacturer. Most stock medications were stored in a dispensing robot. The team explained the date checking system, but records were not seen. A list of medications which were due to expire was generated from the dispensing robot each month. Expiry dates were double checked and where relevant obsolete medicines were disposed of in suitable waste containers. No expired medicines were identified during random checks of the dispensary shelves, where other stock items were stored. Suitable medicines waste containers were available for the storage of obsolete medicines, some gabapentin was identified in a standard returns bin on the day. The pharmacist agreed to review processes with the team, so it could be assured that where appropriate medicines were denatured prior to disposal. The pharmacist explained that the necessary equipment and facilities to enable compliance with the European Falsified Medicines Directive (FMD) had previously been in place, but an update which had affected the system meant that verification and decommissioning checks were not being completed at the time of the inspection. The superintendent pharmacist had been made aware of this. The pharmacy received alerts for the recall of faulty medicines and medical devices and examples were seen where stock had been segregated following a recent recall.

CDs were stored securely and expired and returned CDs were clearly segregated from stock medicines. But the pharmacy had a large number of expired and returned CDs which required denaturing, with some returns dating back to 2017 in the patient returns register. The pharmacist reported that this had been escalated to the superintendent pharmacist, and CD denaturing kits were available. He agreed to follow-up on this post-inspection. The pharmacy fridge was equipped with a maximum and minimum thermometer. The temperature was checked and recorded daily and was within the recommended temperature range.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services and team members use equipment in a way that protects patient privacy.

Inspector's evidence

The pharmacy team had access to paper reference materials including the BNF and Drug Tariff. A general internet access was available for additional research and the pharmacist believed that a subscription to Medicines Complete was being renewed. Several glass crown-stamped measures were available, as were counting triangles for loose tablets. Equipment seen on the day appeared clean and suitably maintained.

Electrical equipment appeared to be in working order. The dispensing robot had a manual override function, it was regularly serviced, and a contact helpline was available in the event of any concerns. Computer equipment was password protected and screens faced away from public view. Cordless phones were available to enable conversations to take place in private, if required.

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.