

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: 24/09/2020

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 flu vaccinations and a substance misuse service. The inspection was completed during the COVID-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 suitably identifies and manages the risks associated with its services. And it maintains the records it needs to by law. Pharmacy team members are clear about their roles and they record their mistakes to help them learn and improve. They understand how to keep people's private information safe and raise concerns to help protect the health and wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering operational tasks and activities. The procedures had been reviewed in June 2019, but they did not always reflect current activities, for example the use of a dispensing robot. The pharmacist had been informed by the previous pharmacy manager that the procedures were still in the process of being updated by the company management and they were potentially being moved to an online format. The pharmacist was unsure of a timescale for this change. A general user manual and supplementary tutorial videos made by the pharmacy owners were available to support team members in using the dispensing robot. The individual responsibilities of team members were not always clearly defined within each procedure but, through discussion, team members demonstrated a good understanding of their roles and a medicine counter assistant (MCA) clearly 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 team members discussed incidents at the time of the event. Near miss records were also submitted to the superintendent pharmacist each month, who provided feedback on any trends. The pharmacist discussed the information he would capture in response to a dispensing incident. He said that he would discuss any incidents with the area manager to ensure that they were reported in line with company procedures.

In response to the COVID-19 pandemic, team members had completed individual risk assessments and those with a higher risk level had been offered the opportunity to discuss any concerns with the directors of the company. Team members wore personal protective equipment (PPE) as they were unable to fully socially distance when working, and the company had a business continuity plan in place. Any sickness was reported to the company directors, for any necessary onward reporting, but there had been no such issues in the pharmacy.

The pharmacy had a complaint procedure. People using the pharmacy could provide feedback verbally and via an annual Community Pharmacy Patient Questionnaire (CPPQ).

The correct RP notice was conspicuously displayed near to the medicine counter. The RP log was maintained, but there was a missing entry noted for the morning of 12 August 2020, so it was not technically compliant. Private prescription and emergency supply records were in order and examples of specials procurement records were seen to provide an audit trail from source to supply. Controlled drugs (CD) registers were held electronically and recorded a running balance. Regular balance checks

were completed, and a patient returns CD register was available.

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 they held their own NHS smartcards. No patient identifiable data was visible on the day and confidential waste was segregated and shredded on the premises.

The pharmacist had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE), and the team discussed the types of concerns that might be identified. An example of a recent concern which had been escalated was also discussed. The contact details of local safeguarding agencies were accessible to support the escalation of concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members hold the appropriate qualifications for their roles, and they work well together in a supportive environment. Team members get feedback on their development and they complete some ongoing training to keep their skills and knowledge up to date. They feel comfortable raising concerns and providing feedback to help improve pharmacy services.

Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside two dispensing assistants and two MCAs. The pharmacist had begun working full-time as the pharmacy manager approximately ten days prior to the inspection, after previously being employed as a regular locum. The pharmacy also employed two additional dispensing assistants, one of whom arrived towards the end of the inspection to work a shift covering the afternoon and evening. The second dispensing assistant was on planned leave. The team were able to manage the workload during the inspection. The environment was busy, but the pharmacist confirmed that all work was usually completed by the end of the day. The pharmacy had also recently introduced a monthly and daily task list which were shared on an online meeting platform. This was used to help ensure that all additional tasks were completed in a timely manner. 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.

Team members held the appropriate qualifications for their roles and training certificates were displayed in the dispensary. One recently employed MCA had been enrolled on an accredited training programme within the required GPhC timeframe. Team members completed some additional training, using e-Learning programmes such as Virtual Outcomes. They had recently completed modules on the flu vaccinations and repeat prescriptions, in order to help reduce medicine waste. Team members received regular feedback on their development from the company directors, including the superintendent pharmacist.

Team members worked within their sphere of competence and were seen to refer to the pharmacist for further advice. Sales of medications were discussed with an MCA, who outlined the questions that she would ask to make sure sales were appropriate and she identified some high-risk medications, which may be susceptible to abuse.

There was an open dialogue amongst the pharmacy team. A communications diary was used to make sure important messages were available to all team members. A weekly staff meeting was also held, and a dispenser took minutes which were then fed back to the company directors. Team members were happy to approach the regular pharmacist with any concerns and could also contact the company directors, if required.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment suitable for the delivery 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. There was sufficient lighting throughout, and air conditioning maintained a temperature suitable for the storage of medicines. The pharmacy was clean and the team members had increased cleaning activities in response to the COVID-19. All surfaces including work benches, keyboards and other fixtures and fittings were wiped down every two hours and a record of this was maintained.

Entrance to the pharmacy was currently restricted to one person at a time. People were called into the pharmacy by the MCA and a barrier with hazard tape was in place to encourage people to keep a two-metre distance from the medicine counter. A range of pharmacy restricted medicines were secured behind the medicine counter. The pharmacy also had an enclosed consultation room 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 enough shelving for storing creams and liquid preparations which were not kept in the robot and there was a segregated area for prescription retrieval. A sink was available for the preparation of medicines and it was equipped with cleaning products.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are suitably managed. It sources and stores medicines appropriately, and pharmacy team members complete regular checks to make sure medicines are fit for supply. The pharmacy could improve how it manages higher-risk medicines to make sure that people get all the advice they need to take these medicines safely.

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. This included large signs advising people of public health requirements due to the ongoing COVID-19 pandemic.

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. The pharmacist discussed how they intended to implement a system to manage this, to help ensure that people had access to all of the information they need about their medicines. The pharmacist was aware of the risks of using valproate-based medicines in people who may become pregnant and had access to the required safety literature. 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 requested directly by patients. 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 and descriptions were present to enable individual medicines to be identified. But patient leaflets were not always supplied as they should be. This was discussed with the pharmacist who agreed to include the leaflets moving forward.

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. Due to the COVID-19 pandemic delivery drivers signed to confirm the delivery of medications. Medicines from failed deliveries were returned to the pharmacy.

The pharmacist had completed training for the provision of the flu vaccine. Copies of the patient group directive (PGD) and service specification were also available. And the pharmacy had the necessary equipment to aid the administration of vaccines, including adrenaline injections and a sharps bin.

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, checks were completed each month but records confirming this were not seen. No expired medicines were identified during random checks of the dispensary shelves, where other stock items were stored. Obsolete medicines were placed into suitable waste containers. The pharmacy had

equipment to enable compliance with the European Falsified Medicines Directive (FMD), but team members were not scanning and decommissioning medicines. The pharmacy received alerts for the recall of faulty medicines and medical devices via email, which was checked daily.

CDs were stored securely and expired and returned CDs were clearly segregated from stock medicines. But the pharmacy had a large number of expired CDs which required denaturing. This was an outstanding area for improvement from the previous inspection. The pharmacist was unsure whether the previous pharmacy manager had contacted the local CD accountable officers' team for advice regarding CD destruction after the inspection and agreed to follow this up. Random balance checks completed on the day were found to be correct. The pharmacy had two refrigerators, and both were 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 equipment and facilities it needs to provide its services and team members use the equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy team had access to paper reference materials including the British National Formulary. A general internet access was also available for additional research. Several glass crown-stamped measures were available, as were counting triangles for loose tablets. Equipment seen on the day appeared clean and suitably maintained. Team members also had access to PPE including face masks and gloves.

Electrical equipment was 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.