

# Registered pharmacy inspection report

**Pharmacy Name:** Wellbeing Pharmacy, Richmond Surgery, Richmond Close, FLEET, Hampshire, GU52 7US

**Pharmacy reference:** 1119591

**Type of pharmacy:** Community

**Date of inspection:** 02/05/2019

## Pharmacy context

This is a community pharmacy located within a GP surgery in a residential area of Fleet, in Hampshire. A range of people from the local area use the pharmacy. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs) and the New Medicine Service (NMS). It supplies some care homes with medicines and some people receive their medicines inside multi-compartment compliance aids, if they find it difficult to take their medicines on time.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy manages some of the risks associated with its services appropriately. Pharmacy team members deal with their mistakes responsibly. But, they may not be recording all the details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. Whilst the pharmacy team has some understanding of data protection, the pharmacy doesn't tell people what it does with their personal information, as required by law. And, not all the team members understand how they can help to protect the welfare of vulnerable people. So, they may not know how to respond to concerns appropriately. The pharmacy does not always maintain records that must be kept, in accordance with the law. This means that team members may not have all the information they need if problems or queries arise.

### Inspector's evidence

The inspection occurred early evening. A range of documented standard operating procedures (SOPs) were available to support the pharmacy's services. The SOPs were prepared in 2018. Roles and responsibilities for team members were defined within them. Most of the team had read and signed the SOPs (see Principle 2).

The pharmacy's workflow involved prescriptions for people who were waiting and for those calling back, to be dispensed on one main, front bench and repeat prescription collection items were assembled at the back or side section. The team assembled multi-compartment compliance aids and medicines for care homes on weekends to assist with the workload.

Staff recorded their near misses. Near misses were reviewed every month by the responsible pharmacist (RP) and pharmacy manager. This process was described as informal, a discussion with the team occurred and staff were made aware of patterns or trends. There were some details documented to help demonstrate this as some patient safety reports were completed up until January 2019 and an annual patient safety report completed in February 2019. Key learning points were documented here. Medicines with similar packaging were identified and the manager explained that to help with the space constraints, staff rotas were managed, and team members moved about so that one person was responsible for each process. This meant that one person generated labels, another assembled, ordered medicines or served people on the counter.

There were very few near misses seen recorded in line with the pharmacy's volume of dispensing. This included one near miss in December 2018, three in November 2018 and no near misses documented between April and August 2018. The remedial activity was also routinely marked as 'double-check'. This limited the pharmacy's ability to demonstrate that meaningful learning had occurred in response to near misses.

There were no details seen at the point of inspection, to inform people about the pharmacy's complaints procedure. This meant that people may not have been able to raise concerns easily.

Incidents were handled by pharmacists or the manager. The process was in line with the company's policy. Previous documented details of incident were seen.

Other than the pharmacy manager and the RP, staff present at the inspection were not trained to identify signs of concern to safeguard vulnerable people. They stated that they would use their common sense when prompted and, they referred to the RP in the first instance. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). There were no relevant contact details held at the pharmacy. The pharmacy manager explained that the GP surgery held this information and that they reported their concerns direct to them.

The team segregated confidential waste before it was disposed of through the GP surgery's shredder. Bagged prescriptions awaiting collection were stored in an area that was not visible from the retail area, hence sensitive details could not be seen. Newer members of the team were aware of the need to protect people's private information. Staff were trained on the EU General Data Protection Regulation (GDPR). They had completed training through the company. The RP had accessed Summary Care Records on weekends and out of hours for emergency supplies. He obtained consent to do this verbally.

The company's information governance policy was present to provide guidance to the team, however, only pharmacists and one dispensing assistant had signed to say that they had read this. There was also no information on display about how the pharmacy maintained people's privacy.

The correct RP notice was on display. This provided details of the pharmacist in charge of operational activities. Records of the maximum and minimum temperature were maintained to verify appropriate cold storage of medicines.

The electronic RP record and most records of emergency supplies were maintained in line with statutory requirements. The latter included the nature of the emergency although some records were seen without this recorded.

A sample of registers checked for controlled drugs (CDs) were in the main, held in line with the Regulations. It was noted that the team had recorded some details about the person collecting the CD(s) as 'staff' only without full details and odd amendments were not annotated appropriately. For CDs, the inspector was told that balances should have been checked every week. This was not being recorded regularly. The last documented details were from 31 March 2019. On randomly selecting two CDs held in the cabinet, quantities held matched balances within corresponding registers.

Three private prescriptions that had been received by fax from an online provider (Push Doctor) had not been reconciled with the original. These were from January and March 2019. Following the inspection, the pharmacy verified by email that they had contacted the provider to receive the original prescriptions by post.

Some incorrect prescriber details were seen recorded within records of private prescriptions. Records of unlicensed medicines were missing prescriber details, information about the person to whom supply was made and the date of supply.

The pharmacy held appropriate employer liability and professional indemnity insurance arrangements. The latter was through BGP and due for renewal after 29 September 2019 according to the certificate seen.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Trained staff understand their roles and responsibilities. But, newer members of the team lack some knowledge of the pharmacy's processes. This could affect how well the pharmacy cares for people or the advice it gives.

### Inspector's evidence

The pharmacy dispensed 12,000 prescription items every month, 70 to 80 people receive their medicines inside multi-compartment compliance aids and the team provide medicines to six care homes.

At the inspection, there was a regular pharmacist, the pharmacy manager who was a trained dispensing assistant, a trainee dispensing assistant undertaking accredited training with Buttercups and a medicines counter assistant (MCA) who was currently on probation. The latter's employment had commenced two months before the inspection. There was also another pharmacist who had come in to help process and claim for prescriptions for the previous month. Other staff included a pre-registration pharmacist, a trainee dispensing assistant on accredited training with Buttercups and a delivery driver. The pharmacy had recently recruited two further members of staff and they were in the process of looking for one more staff member. Certificates for the team's qualifications were not seen.

The MCA who was not yet enrolled in accredited training, had not read the pharmacy's SOPs but he knew that in the absence of the RP, some medicines could not be sold. The MCA stated that he would not hand out assembled prescriptions if they had not been previously checked by the RP but would hand out assembled prescriptions otherwise. Some relevant questions were asked by him before selling medicines over the counter (OTC), he referred to the RP when he was unsure and ran all transactions past pharmacists. Some knowledge of OTC medicines was held.

There was a noticeboard available to help communicate information for the team and they used emails as well as a WhatsApp group. Staff appraisals occurred annually. To help the team with ongoing training, they described links and updates provided by their head office, staff took instruction from pharmacists, they used webinars from external providers and read emails. No formal or commercial targets were in place to achieve services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is secure and well maintained. It provides a satisfactory environment for the delivery of pharmacy services. But, it is cluttered which increases the risk of accidents or mistakes occurring.

### Inspector's evidence

The pharmacy premises were located inside a doctor's surgery. The premises were small in comparison to the volume of dispensing occurring. However, the pharmacy manager explained that multi-compartment compliance aids and medicines for care homes were therefore, dispensed on weekends when it was quieter and staffing rotas were adjusted to ensure too many bodies were not present at any one time. The premises consisted of a very small retail space and a narrow corridor that led into the dispensary. The dispensary was slightly bigger than the retail space with a front dispensing bench and side section. Parts of the latter were very cluttered with boxes that restricted access to some medicines. There was also a door that led into the doctor's surgery.

The odd spot light was not working but the pharmacy was still suitably lit and well ventilated. Areas that faced the public were professional in appearance. The pharmacy was clean.

The consultation room was signposted and of a suitable size to provide services and confidential conversations. There were two entrances, one entry point was from the dispensary and the door from the retail space was kept locked. At the inspection, there were prescriptions and confidential information present as a pharmacist was working here, however, the room was not used by anyone else. The pharmacist stated that the room was normally kept clear of all confidential material.

Pharmacy only (P) medicines were stored behind the front counter. Staff were always present or within the vicinity and there was a barrier here to restrict people accessing these medicines by self-selection.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy obtains medicines from reputable suppliers, but it doesn't always make sure that they are safe to use. It stores them in a disorganised way. This increases the chance of mistakes happening. And, some medicines are stored in poorly labelled containers. This makes it harder for the team to check the expiry date, assess the stability or take any necessary action if the medicine is recalled. Some of the pharmacy's services are delivered in a safe manner. But, team members do not always identify prescriptions that require extra advice. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. And, they are not removing date-expired prescriptions in time. This means that medicines could be supplied unlawfully. The pharmacy delivers prescription medicines safely to people's homes and keeps records of this. But, people can see other people's private information when they sign to receive their medicines. And, the pharmacy does not always provide medicine leaflets. This means that people may not have all the information they need to take their medicines safely.

### Inspector's evidence

Entry into the pharmacy was at street level from a wide, automatic front door. The clear, open space inside the pharmacy and wide aisles facilitated easy access for people with wheelchairs. There were three seats available for people waiting for prescriptions and some car parking spaces were available outside the premises. Staff provided verbal information to people who were partially sighted, they spoke clearly and faced people who were partially deaf so that they could easily lip-read.

The team used baskets to hold prescriptions and medicines to prevent any inadvertent transfer. Colour co-ordinated baskets were used to identify priority for people waiting for prescriptions. The team's involvement in processes was apparent through a dispensing audit trail that was used. This was through a facility on generated labels.

Staff were aware of risks associated with valproate. They described flagging prescriptions to the pharmacist who made appropriate checks when this was handed out.

People prescribed high risk medicines were not frequently identified, counselled, relevant parameters checked, or details documented. This included the International Normalised Ratio (INR) levels for people prescribed warfarin.

Multi-compartment compliance aids:

The initial setup for multi-compartment compliance aids involved the person's GP initiating and assessing suitability. Prescriptions were ordered by the pharmacy and cross-checked against records on the pharmacy system. If changes were identified, staff confirmed them with the prescriber and documented details on records. There were also individual records held by the pharmacy as an audit trail. Descriptions of medicines within compliance aids were provided. Compliance aids were not left unsealed overnight. All medicines were de-blistered into compliance aids with none left within their outer packaging. Mid-cycle changes involved retrieving the old compliance aids, amending, re-checking and re-supplying. The team only supplied patient information leaflets (PILs) on a need only basis, i.e. if people requested them.

Care homes:

Medicines were provided to the homes as original packs. The pharmacy used a third-party electronic system which the care homes also had access to. Once the home ordered prescriptions for their residents, this was sent to the surgery by the system. Changes and missing items were identified by the team through cross-referencing details on the system and staff liaised with the surgery about them. Interim or acute medicines were supplied by the pharmacy. Medication Administration Records (MAR) provided information about sensitivities or allergies of residents. Patient information leaflets (PILs) were routinely supplied with the original packs. Staff explained that the homes were informed of drug alerts.

Relevant parameters for residents with higher risk medicines were not monitored by the pharmacy, details were not obtained about blood test results or information recorded. The team had been approached to provide advice regarding covert administration of medicines to care home residents. A three-way agreement between the GP surgery, care home or representatives and pharmacy were required. Documented details were sent to the home and not retained at the pharmacy. This meant that the pharmacy did not hold an audit trail in the event of future queries.

#### Deliveries:

Audit trails were in place to verify when and where medicines were delivered. CDs and fridge items were highlighted and checked prior to delivery. Failed deliveries were brought back to the branch with notes left to inform people about the attempt made. Medicines were not left unattended. Signatures from people were obtained upon receipt. However, there was a risk of access to confidential information from the way details were laid out when people signed.

Licensed wholesalers were used to obtain medicines and medical devices. This included Colorama, Sigma, AAH, Alliance Healthcare, Doncaster and OTC Direct. Unlicensed medicines were obtained from Colorama, AAH and Alliance.

Staff were aware of the process involved with the European Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed, there was no relevant equipment present at the point of inspection and the team were waiting on guidance information from the company to help comply with the process.

The pharmacy stored its medicines in a disorganised way. There were no date expired medicines or mixed batches seen. Short dated medicines were identified using stickers. Medicines were date checked for expiry every few months and short dated stock moved to the front. The team could not locate the date checking schedule to verify the process during the inspection, however, documented information about medicines that were approaching expiry were seen.

Some medicines stored outside of their original packaging were not marked with all the relevant details. Batch numbers and expiry dates were missing. Some amber bottles containing de-blistered tablets were seen with no details about their contents, the batch number or expiry date recorded.

In general, the team stored CDs under safe custody and they maintained the keys to the cabinet, during the day in a way that prevented unauthorised access. This was not the case overnight and this was discussed at the time.

Prescriptions awaiting collection were stored within an alphabetical retrieval system. Fridge items and CDs (Schedules 2 and 3) were identified with stickers. The team removed uncollected items every few months. Schedule 4 CDs were not routinely identified, and some team members were unaware of how long prescriptions were valid for.



There were date-expired prescriptions present within the retrieval system. This included a prescription for diazepam dated 18 March 2019 and gabapentin from 13 February 2019.

The pharmacy used appropriate containers to hold medicines that were brought back by people for disposal. These were collected in line with the pharmacy's contractual arrangements. People bringing back sharps to be disposed of, were referred to the local council. Returned CDs were brought to the attention of the RP, details were entered into the CD returns register with CDs segregated and stored in the cabinet prior to destruction.

Drug alerts were received through the company's head office and pharmacy email. Stock was checked, and action taken as necessary. An audit trail on the email system was available to verify this.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

### Inspector's evidence

The pharmacy was equipped with a range of current reference sources. The team had access to relevant equipment to provide pharmacy services. This included counting triangles, a separate one for cytotoxic medicines and clean, crown stamped, conical measures for liquid medicines. However, counting triangles seen were dusty with tablet residue. This meant that cross contamination could occur.

The dispensary sink used to reconstitute medicines was clean. Hot and cold running water was available with hand wash present. Medicines requiring cold storage were stored at appropriate temperatures within medical fridges.

Computer terminals were positioned in a manner that prevented unauthorised access. There were cordless phones to enable further privacy. The team used their own individual NHS Smart cards to access electronic prescriptions.

### 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.