

Registered pharmacy inspection report

Pharmacy Name: Dawlish Warren Pharmacy, 1 Warren Road,
Dawlish Warren, DAWLISH, Devon, EX7 0PQ

Pharmacy reference: 1124667

Type of pharmacy: Community

Date of inspection: 14/10/2019

Pharmacy context

The pharmacy is located in the seaside resort of Dawlish Warren. It sells over-the-counter medicines and dispenses NHS and private prescriptions. 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 Medicines Service (NMS), flu vaccinations, a minor ailments scheme and the supply of emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance aids to people living both in their own homes and in care homes.

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	4.1	Good practice	The pharmacy has good processes in place to ensure visitors to the area can access its services.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy identifies and manages its risks appropriately. It reviews its practices to make them safer and more effective. Team members record their errors and learn from them to stop them happening again. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance for its services. The pharmacy keeps up-to-date records as required by the law. The pharmacy 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. And they take swift action to do so when needed.

Inspector's evidence

The pharmacy had adequate processes in place to monitor and reduce risks. Near misses were recorded on a paper log and contained details of the error, a brief reflection on the cause and the learning points. Dispensing incidents were reported to the National Reporting and Learning System (NRLS) with an analysis of the cause. The responsible pharmacist (RP), who was also the superintendent pharmacist (SP) said that when errors were identified, they were discussed as a team to identify the potential contributing factors. Following near miss incidents, the pharmacy had separated stock of commonly confused drugs such as amlodipine and amitriptyline. Gabapentin had also been well separated from pregabalin following errors. Shelf edge alerts were also applied to remind dispensers to double check that they had selected the correct product.

A monthly patient safety report was completed which contained a review of all near misses and dispensing incidents and led to the generation of an action plan to reduce errors. The action plans generated through the patient safety report were shared with all team members through a weekly team meeting. The responsible pharmacist (RP) who was also the superintendent pharmacist (SP) took the opportunity to provide training to team members during the weekly meeting. Recent topics had included bites and stings, which had been relevant due to the location of the pharmacy in a town frequented by tourists. The RP had also contacted the local minor injuries unit to formulate a joint protocol of which people should be referred.

Standard operating procedures (SOPs) were not available in the pharmacy at the time of the inspection as the RP had taken them home to review them. The pharmacy emailed a sample through to the inspector following the inspection, including the SOP covering operating in the absence of the RP. The dispenser was aware of what tasks could and could not be carried out when the RP was absent.

The RP described how, before implementing a new service, he would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. He would review staffing levels to ensure provision of the service could be maintained and would check that he and his staff had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey, and by handing customers cards inviting them to complete an online survey. 100% of respondents to the most recent CPPQ survey had rated the pharmacy as very good or excellent. A complaints procedure was available in the practice leaflet which was displayed in the retail area. Following comments about the waiting area, the RP had rearranged the retail space in the pharmacy to accommodate new chairs and

improve the space. The current CPPQ survey was in progress and the RP shared lots of examples of positive feedback about the service he had provided.

Professional indemnity and public liability insurances were provided by the NPA with an expiry of 29 February 2020.

RP records were maintained on the PMR system and the correct RP certificate was displayed. Records of emergency supplies and private prescriptions were held on the PMR system and were in order. Records of the supply of unlicensed specials medicines were kept and certificates of conformity contained the details of to whom the product had been supplied. Controlled drug (CD) registers were maintained as required by law. Balance checks were completed regularly. A random stock balance check of Shortec 5mg capsules was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and the General Data Protection Regulation. Patient data and confidential waste was dealt with in a secure manner to protect privacy. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Verbal consent was obtained from patients prior to accessing their summary care record and a note was placed on the PMR stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The remaining staff had completed level 1 e-Learning provided by the company. Local contacts for the escalation of concerns were accessed on the internet. Staff were aware of the signs requiring referral and gave several examples of when they had made appropriate referrals.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are well trained for their roles. They keep their skills and knowledge up to date and are supported in their development. Team members suggest and make changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing levels were adequate on the day of the inspection. In addition to the RP, there was an NVQ2 level trained dispenser. The pharmacy also employed two further dispensers and a delivery driver, none of whom were seen during the inspection. The team had a good rapport and felt they could manage the workload with no undue stress and pressure. All team members had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours.

The pharmacy team reported that they were allocated protected time to learn during working hours. As described in principle one, training offered to the team was often linked to the monthly patient safety review. Topics were also chosen by team members in response to the identification of learning needs. For example, a team member had recently completed learning on the treatment of indigestion following a query she was unable to answer. Team members completed modules on Virtual Outcomes learning platform. They also completed CPPE packs including Dementia Friends training. Certificates of completion of learning were kept for each team member and covered a wide variety of topics. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. Team members were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

Team members felt able to raise concerns and give feedback to the RP, who they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. No targets were set at the pharmacy. The RP said that he was able to use his professional judgement to make decisions. He would only undertake 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. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was located in a row of shops in the seaside resort of Dawlish Warren. There was a small retail area which led to the healthcare counter and the dispensary. There were two chairs available for people to use whilst waiting for prescriptions or services. A large consultation room was available in the pharmacy so that people could have conversations in private. The room was soundproofed and conversations could not be overheard from outside.

The dispensary was of an adequate size and was tidy and well organised. All fixtures and fittings were well maintained. Stock was stored neatly on shelves and in drawers. The dispensing benches were generally clear of clutter. Cleaning was undertaken by pharmacy staff and the pharmacy was clean on the day of the inspection. There was a back office, which was also used as a consultation room so that people could have conversations in private. The room was soundproofed and conversations could not be overheard from outside. In order to access the consultation room, people were required to walk through the side of the dispensary. But the pharmacy had adapted their storage of completed prescriptions to ensure that people's confidential information could not be easily seen by others. The pharmacy was light and bright, and temperature was appropriate for the storage and assembly of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. It makes a record of this additional advice to demonstrate that it has been given. The pharmacy offers a range of additional services and the pharmacy team deliver these services 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 step-free access and 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 and the RP was accredited to provide all of the promoted services. The dispenser described how if a patient requested a service that could not be offered by the pharmacy at that time, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. A sign-posting folder was available with details of local agencies and support networks. Further up-to-date signposting resources were accessed online. Due to the pharmacy's location in a seaside resort, it received a lot of requests for emergency supplies. The RP had printed a sheet to give to people which clearly explained how they could get a prescription sent electronically from their GP practice to the pharmacy. He explained that he had put this in place to reduce the workload of the nearby GP practice, who also referred people straight to the pharmacy when requests for medication were made. As described in principle one, he had also worked with the local minor injuries unit to formulate a protocol for which people should be referred to them and which should be treated in the pharmacy.

Dispensing tubs were used to store prescriptions and medicines to prevent transfer between patients as well as 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.

Coloured stickers were used to highlight fridge items and CDs in schedule 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. The RP described that he checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. 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 routinely recorded on the patient medication record (PMR).

The pharmacy offered a range of additional services including flu vaccinations and the supply of emergency hormonal contraception. The patient group directions covering these services were seen and had been signed by the RP, who also had a valid declaration of competence. But the PGDs for the locally commissioned minor ailments service had expired. The inspector advised the RP to print the

most current versions from Pharmoutcomes. 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 a health promotion zone displaying leaflets and information on both locally and nationally relevant topics. There was a poster displayed to support the current national campaign of Stoptober.

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. Stickers were available for staff to highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible women.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 50 people based in the community. It also supplied medication in racked compliance aids to the residents of three care homes. 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 the dispenser 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 checking process. Medication administration record sheets were supplied with the compliance aids supplied to residents of care homes.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every 3 months. Spot checks revealed no date expired stock or mixed batches. 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 AAH and Cambrian. Specials were obtained from Quantum Specials. Invoices were seen to this effect. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned. Stock of ranitidine had been segregated following a recent recall.

The pharmacy had the hardware, software and scanners to be compliant with the Falsified Medicines Directive (FMD). They scanned each pack of medicine to ensure it was not falsified. They also made a visual check of the anti-tampering device on each medicine during the dispensing process.

CDs were stored in accordance with legal requirements in an approved cabinet. A second cabinet was available but was not used to store CDs as it was not secured with rag bolts. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The RP 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.

Patient returned medication was dealt with appropriately. Confidential patient information was removed or obliterated from patient returned medication.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers are used in a way that protects people's private information.

Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure 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 dispensary sinks were 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 boxes on shelves with opaque fronts with no details 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.