

# Registered pharmacy inspection report

**Pharmacy Name:** Wel Pharm Pharmacy, 4 Phoenix Court, Hawkins Road, Colchester, Essex, CO2 8JY

**Pharmacy reference:** 9010255

**Type of pharmacy:** Closed

**Date of inspection:** 13/08/2024

## Pharmacy context

This pharmacy is located on an industrial estate in the city of Colchester in Essex. The majority of its services are the dispensing and delivery of NHS prescriptions and multi-compartment compliance packs to people in the Essex area. All medicines are delivered to people and the pharmacy is closed to the public.

## 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
<b>1. Governance</b>	Standards not all met	1.2	Standard not met	The pharmacy cannot demonstrate that it takes appropriate action when dispensing mistakes occur.
		1.5	Standard not met	The pharmacy does not always have appropriate indemnity insurance, or robust processes in place to ensure that it is always appropriately insured.
		1.6	Standard not met	The pharmacy cannot demonstrate that it keeps the records it needs to by law, particularly records about its controlled drugs. It cannot show that it retains private prescriptions it has dispensed. And it does not always fill in its responsible pharmacist records appropriately.
<b>2. Staff</b>	Standards not all met	2.2	Standard not met	The pharmacy does not ensure that all its team members do the appropriate training for their roles.
<b>3. Premises</b>	Standards not all met	3.1	Standard not met	There are significant health and safety risks in the pharmacy including potential tripping hazards and a blocked emergency exit.
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy does not store all its medicines appropriately or securely. It does not ensure that all its stock medicines are labelled correctly. And it does not always store waste medicines that require secure storage in line with requirements.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy cannot demonstrate that it keeps all records it needs to by law, particularly records about its controlled drugs. And the records it does keep are not always completed appropriately. The pharmacy cannot show that it retains private prescriptions it has dispensed. It cannot demonstrate that it takes appropriate action when things go wrong. And it does not always ensure that it had appropriate insurance arrangements in place. However, people can leave feedback about the pharmacy, and the team generally handles people's private information appropriately. The pharmacy has standard operating procedures in place, but these have not been reviewed for some time. So, team members may not be following the most appropriate procedures.

### Inspector's evidence

There were standard operating procedures (SOPs) available at the pharmacy, but these had not been updated since 2015. There was nowhere for team members to sign to say they had read the SOPs, but team members confirmed verbally that they had read the SOPs. And they knew what activities they could and could not do in the absence of a pharmacist. The superintendent pharmacist (SI) was present during the inspection and there was another pharmacist at the pharmacy who was the responsible pharmacist (RP). The SI stated that the pharmacy recorded near misses (dispensing mistakes which were spotted before a medicine was handed to a person) and dispensing errors (mistakes which had reached a person) but could not locate either of these records during the inspection and was not sure where they were kept. The SI stated that there had been a dispensing error about two months ago but could not locate any evidence that the error had been logged or explain what action was taken to help prevent a recurrence.

The pharmacy had a complaints procedure. The SI said that any complaints or feedback about the pharmacy could be given via a phone call or via email. The SI said he usually dealt with any complaints received. Confidential waste was shredded as soon as it was no longer needed. No confidential waste was found in the general waste bins. The SI and RP both confirmed that they had completed level two safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). The SI stated that the pharmacy had contact details of local safeguarding leads, but these could not be located during the inspection. However, the SI said that he had not had to deal with any safeguarding concerns at the pharmacy.

The pharmacy could not show that it had indemnity insurance on the day of the inspection. Following the inspection, the pharmacy sent evidence that it had appropriate indemnity insurance but the certificate was dated after the inspection. There was no RP notice displayed in the pharmacy, the SI said that one would be displayed. The SI said that the private prescription register was both being kept electronically on the patient medical record (PMR) and in a paper record book which the SI said was at home. However, recent private prescriptions could not be located during the inspection so it could not be confirmed that the correct details were being entered onto the private prescription record. The RP record was kept in paper form but was not completed correctly with one pharmacist using a different name to one registered with the General Pharmaceutical Council (GPhC). The RP record was also not completed contemporaneously, with finish times being added before the pharmacist ceased being the RP. The SI and RP gave assurances that the RP record would be completed correctly going forward.

There were no controlled drug (CD) registers available on the premises during the inspection, the SI said that he had taken these home. So, the registers could not be viewed, and no running balances could be checked during the inspection.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy does not ensure that enrolls all its team members on the relevant training courses within the appropriate timeframe . However, it has just enough team members to manage its workload. And team members do some ongoing training in the pharmacy to keep their knowledge and skills up to date. Team members feel comfortable about raising any concerns they have.

### Inspector's evidence

The pharmacy team consisted of the SI, a second pharmacist who worked full-time at the pharmacy and was the RP on the day of the inspection, three full-time dispensers and four full-time delivery drivers. The SI confirmed that all dispensary team members had either completed or were enrolled on an appropriate course with an accredited training provider. However, none of the delivery drivers had completed a training course relevant to their role despite all having worked at the pharmacy for significantly longer than three months. So, they may not have the appropriate training to complete their roles safely. The SI said he had done some training with the delivery drivers when they first started but could not provide any evidence of this.

The SI confirmed that the pharmacy had just enough team members to manage the workload currently but was short one dispenser and was actively trying to recruit one. However, the team was up to date with dispensing. The SI said the team would have training in the pharmacy when a new product or service was being introduced at the pharmacy. And the SI confirmed that team members also had a yearly informal review with him to monitor their progress. Team members had no concerns about raising any issues and would usually go to the RP or SI with any concerns they had. The SI confirmed that team members were not set any targets in the pharmacy.

## Principle 3 - Premises Standards not all met

### Summary findings

The pharmacy has significant health and safety risks. Some areas of the pharmacy are untidy and cluttered and have potential tripping hazards. And the pharmacy's emergency exit door is blocked. However, the pharmacy has plenty of space for team members to work in. And it is kept secure from unauthorised access.

### Inspector's evidence

The pharmacy had plenty of floor and desktop space for the team to work in. And it had a sink for the preparation of liquid medicines which was kept clean. The temperature and lighting of the pharmacy were adequate. There was a staff toilet with access to hot and cold running water and handwash. Some of the dispensary shelves were quite dusty and dirty and not been cleaned or sometime with some having waste papers and loose blisters on them. The SI began to clean some of the shelves during the inspection. Some areas of the floor in the pharmacy were used to store medicines awaiting delivery and delivery boxes which could have presented tripping hazards to team members. The fire exit at the rear of the pharmacy was also blocked by a filing cabinet and medicines awaiting delivery on the floor which could prevent team members from using the fire exit in an emergency. The building had an upstairs section where a large amount of waste and returned medicines were being stored (see principle 4), the SI said that the upstairs part of the building was not a registered part of the pharmacy. The pharmacy premises were kept secure from unauthorised access.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not always store its medicines safely or securely, including those that require safe custody. It does not always ensure that its stock medicines are labelled appropriately. However, it gets its medicines from reputable sources. And the team generally takes the right action in response to safety alerts to help ensure that people get medicines and medical devices which are fit for purpose.

### Inspector's evidence

The pharmacy was closed to the public with all medicines being delivered to people. The pharmacy could cater for people with disabilities, for example by printing large-print labels for people with sight issues. The dispensary had separate areas for dispensing and checking medicines and checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail.

The pharmacy delivered all its medicines to people. The delivery drivers used electronic devices with people's details for their deliveries and the SI could also keep track of the deliveries using an electronic device. For deliveries with a CD, a signature was required to confirm receipt. If there was a failed delivery, a note was put through the person's door to make them aware that a delivery had been attempted and to arrange a redelivery. And the medicines were returned to the pharmacy.

The team assembled multi-compartment compliance packs in separate dedicated areas of the pharmacy. Labels for these packs included all the required dosage and safety information as well as a description of the medicines which included the colour, shape and any markings to help people identify their medicines. The SI confirmed that patient information leaflets (PILs) were always included with each supply of the packs. A team member said that they always contacted the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained its medicines from licensed wholesalers. Medicines requiring refrigeration were stored appropriately. Temperatures were recorded daily, and all records seen were in range. The current and minimum temperatures were found to be in range during the inspection. But the thermometer showed a maximum temperature outside the required range of two to eight degrees Celsius. The thermometer was reset and during the inspection it showed a maximum temperature within the required range.

The SI said that expiry-date checks were carried out monthly, a random check of medicines on the shelves found no expired boxes of medicines. However, there were several loose blisters of medicines on the shelves which did not have a batch number or expiry date on them. There was also a plain white box which contained loose capsules inside. On the shelves where liquid medicines were stored, a liquid medicine was found that had expired two years ago and there was a bottle of liquid with no label on it. The SI said that the shelves for liquid medicines had not been date-checked for some time. In the upstairs part of the building there was a large number of medicines piled up which took up a lot of space in the room. The SI said that these were returned medicines from nursing homes from the last four-five months, and he had not got round to disposing of them yet. Amongst the waste medicines several boxes of CDs were found, these were put in the CD cupboard when highlighted.

Safety alerts and recalls were received electronically by email. The SI said that alerts were actioned

when they were received, but the action taken was not recorded, and the alerts were not archived anywhere after they had been actioned. This could make it harder for the team to find out what action it had taken for a particular alert if this information was needed. Recording of action taken and archiving of alerts was discussed with the SI.

Team members were aware about the risks of sodium valproate, and the RP knew what to do if a person in the at-risk category presented at the pharmacy. Team members were shown where to apply a dispensing label to a box of sodium valproate as to not cover any important safety information. However, the SI was not aware of the guidance change with regards to supplying sodium valproate in an original pack unless an individual risk assessment had been carried out. The SI said that a very small number of people did get sodium valproate supplied in a multi-compartment compliance pack and the people were not in the at-risk group. But did not know if a risk assessment had been carried out for these people. The importance of ensuring individual risk assessments was discussed with the SI, who said he would confirm this with the relevant GP surgeries.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment to provide its services safely. And it protects people's privacy when using its equipment.

### Inspector's evidence

The pharmacy computers had access to the internet allowing team members to access any online resources they needed. Team members were observed using their own NHS smartcards. The electrical equipment had been safety tested last year and this was due to be retested again soon. The SI said that he would arrange for this to be done. There were appropriately calibrated glass measures for measuring liquid medicines which were kept clean. And there was a tablet triangle for counting tablets.

### 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.