

Registered pharmacy inspection report

Pharmacy Name: Wellesbourne Pharmacy, Hastings House Medical Centre, Rivers Way, Wellesbourne, Warwick, Warwickshire, CV35 9RH

Pharmacy reference: 9011092

Type of pharmacy: Community

Date of inspection: 25/04/2019

Pharmacy context

This is a community pharmacy located within a health centre in the village of Wellesbourne. The pharmacy is open six days a week. It sells a range of over-the-counter medicines and dispenses NHS prescriptions. It provides services to clients on substance misuse treatment. And it supplies medicines in multi-compartment compliance packs to people living at home. The pharmacy relocated into new premises in February 2019.

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	1.3	Good practice	The pharmacy team members have defined roles and accountabilities and share responsibility for making sure that the services they provide are safe.
		1.8	Good practice	Members of the pharmacy team participate in local initiatives to help vulnerable people.
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 has safe and effective working practices. The pharmacy manages risks well by doing regular reviews and it keeps people's private information safe. It asks people for their views and uses their feedback to improve its services. It keeps the records required by law to ensure that medicines are supplied safely and legally. The pharmacy has safeguarding procedures and its team members understand how they can help to protect vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) for its services and these had been reviewed within the last two years. Training records were available to provide confirmation that all staff members had read and signed the SOP's. The pharmacy team members were clear on their roles and responsibilities and these were set out in the SOP's.

A Responsible Pharmacist (RP) notice was prominently displayed and the pharmacy team members were clear on the tasks they could or could not undertake in the absence of a RP.

The pharmacy had systems in place to review pharmacy services, including the recording of dispensing errors and near misses. Individual learning points were discussed and documented when a mistake was identified. The records of all incidents were submitted to the superintendent pharmacist (SI) to share learning across other branches.

The pharmacy provided evidence of a recent incident which had been reviewed fully and improvement actions taken to prevent a similar event in the future.

The pharmacy had a complaints procedure and information about this was published in the practice leaflet. The pharmacy undertook annual satisfaction surveys and the team members were awaiting results of the most recent survey that had been conducted.

The pharmacy's records for controlled drugs (CDs), RP, private prescriptions and unlicensed specials were maintained in line with requirements. Patient-returned controlled drugs were recorded in a separate register. The running balances of CD were checked at the point of dispensing and monthly as required by the pharmacy's procedures. The balance of stock of an item checked at random matched the recorded balance in the register.

An Information Governance (IG) policy was in place and all team members had signed confidentiality agreements. The pharmacy team members had been briefed on General Data Protection regulation (GDPR) by their pharmacy manager.

The pharmacy's confidentiality policy was advertised in the pharmacy and it informed people how their personal information was being managed by the pharmacy. The pharmacy's confidential waste was shredded in the pharmacy and the pharmacy's computers were password protected. Prescriptions waiting collection were stored appropriately and people's personal details were not visible to the public.

A safeguarding policy was in place and contact details for safeguarding agencies were available. The pharmacist had completed Level 2 safeguarding training.

The pharmacy team members had completed safeguarding training relevant to their roles and Dementia Friends training. And the pharmacy manager had attended a gathering at a dementia café which was organised locally to help support people affected by dementia.

The pharmacy had indemnity insurance arrangements in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members work well together and they are appropriately trained for the roles they undertake. They can exercise their professional judgement to act in the best interests of people they serve. And they can raise any concerns they may have with their superintendent pharmacist. Members of the pharmacy team are supported with on-going training to keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy opened for 49 hours a week and dispensed about 12,000 prescription items in a typical month. The pharmacy team consisted of a full-time pharmacy manager (the RP), a trainee technician, a dispenser, a medicine counter assistant and a pharmacy student. An accuracy checking technician was on a day off.

The pharmacy manager said that plans were in place to recruit a further member of staff in the coming months. During the inspection, members of the pharmacy team appeared to work well together and assisted one another to serve customers promptly.

The pharmacy team members were kept busy throughout the inspection but were coping with their workload adequately. The workflow in the dispensary was organised and members of the pharmacy team were processing prescriptions in a timely manner.

A whistleblowing policy was in place and pharmacy team members said they were able to raise concerns with their pharmacy manager, superintendent pharmacist or their operations manager.

The pharmacy team members had formal annual performance appraisals. And were supported with on-going learning via the National Pharmacy Association (NPA) Continuing Professional Development (CPD) hub.

The company had set targets for MURs but the pharmacy manager did not feel these adversely affected her ability to exercise her professional judgement in the interests of people she served.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained.

Inspector's evidence

The retail area of the pharmacy was well presented and there was some seating available for waiting patients. The dispensary was spacious and clean.

Stock medicines were tidily organised on the shelves. There was enough storage and bench space available for safe working.

A consultation room equipped with a desk and a chair was available if people needed to speak to a team member in private. The room was private but it was not advertised. So, people may not know of its availability.

The dispensary sink was clean. And had a supply of hot and cold water. The area around the sink was cluttered with cutlery and food stuffs. Cluttered and unclean work areas may represent a risk of cross contamination to medicines and equipment.

The pharmacy team members did not have washroom facilities in the pharmacy. But could access the public toilets in the surgery.

Lighting throughout the premises was adequate and the room temperature in the dispensary was appropriate for the storage of medicines. The premises were secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy gets its medicines from reputable suppliers and stores them properly. It takes the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use. The team members follow safe practice when assembling multi-compartment compliance aids. The pharmacy team members identify and give advice to people taking higher-risk medicines to make sure they are taken safely and effectively.

Inspector's evidence

The entrance to the pharmacy was step free and the retail area of the pharmacy had enough space to accommodate wheelchairs and prams. There were chairs available for people waiting for services.

The pharmacy's opening hours were advertised by the entrance. And the pharmacy team members used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy.

A prescription collection and delivery service was offered to elderly and housebound people. The delivery driver kept records of signatures from people when medicines were delivered to their homes.

Baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing slips were used to provide an audit trail when a prescription could not be fully supplied. "Dispensed by" and "checked by" boxes were initialled on the dispensing labels to show which member of staff had been involved at each stage of the dispensing process.

The pharmacy team dispensed medicines into multi-compartment compliance packs for approximately 42 people who had difficulties in managing their medication. The compliance packs were disposable and included descriptions of individual medicines contained within them. And people were routinely supplied with information leaflets so that they had up-to-date information about their medicines. Team members described the process they followed to ensure that any mid-cycle changes to the packs were made when appropriate and the packs re-checked. This helped make sure that these packs were supplied safely. A dispensing audit trail was present on the compliance packs checked.

The pharmacy manager was aware of the valproate pregnancy prevention programme and knew which patient groups needed to be provided with advice about its contraindications. Patient information leaflets and patient guides were available.

Prescriptions for CDs not requiring secure storage were marked with their validity dates to help ensure that medicines were not handed out after the prescription had expired.

Prescriptions for higher-risk medicines such as warfarin were marked with stickers so that the appropriate advice was offered by the pharmacist when handing out these prescriptions. And therapeutic monitoring (INR) levels were recorded on the patient's medication records.

Medicines were obtained from licensed wholesalers and unlicensed specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy only medicines were

stored out of reach of the public. The pharmacy had not yet implemented procedures to comply with the Falsified Medicines Directive (FMD). The pharmacy manager said that the company was trialing the system in some of its branches ahead of a full roll out across all its branches.

Medicines requiring cold storage were kept in a pharmaceutical refrigerator. And stored between two and eight degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily.

CDs were stored securely. The pharmacy had denaturing kits available to dispose of waste controlled drugs safely. Other medicines returned by patients were segregated into designated bins and disposed of appropriately.

Medicines were date checked at regular intervals and the checks were recorded. Short-dated medicines were marked so that they could be identified and removed at an appropriate time.

The pharmacy had a process to deal with safety alerts and drug recalls. Records of these and the actions taken by the pharmacy team members were maintained in the pharmacy to provide an audit trail.

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 had access to the internet and various reference sources. A range of crown stamped glass measures and equipment for counting loose tablets and capsules were available at the pharmacy. All electrical equipment appeared to be in good working order.

Access to the pharmacy computers and patient medication record system was restricted to the members of the pharmacy team and was password protected. Computer terminals were not visible to customers. A private consultation room was available for private conversations and counselling.

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.