

Registered pharmacy inspection report

Pharmacy Name: R.F. Blackburn, 58 High Street, Sunninghill, ASCOT, Berkshire, SL5 9NF

Pharmacy reference: 1028896

Type of pharmacy: Community

Date of inspection: 30/04/2019

Pharmacy context

This is an independent community pharmacy situated on the high street of a small suburban commuter village, close to Ascot. Most people who visit the pharmacy live locally. It is a family-run business and has been under the same ownership for more than 30 years. Retail sales and NHS dispensing are the main activities, but the pharmacy offers some other NHS funded services including Medicine Use Reviews (MURs) and NHS Urgent Medicine Advanced Supply Service (NUMSAS). It also has a private travel clinic.

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	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

Pharmacy team members follow written procedures to help ensure that they complete tasks safely. They usually record and review their mistakes so that they learn from them, and they make changes to prevent them happening again. Team members understand how to identify and support vulnerable people. And they complete training so they know how to keep people's information safe. But confidential information is not always stored as securely as it could be, so there is a chance it may be accessible to other people.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) which covered the main activities. Most of the team had signed to indicate they had read and agreed them. They had not been reviewed or updated for several years, but new versions had recently been developed and were due to be implemented.

Team members could explain their role and worked within their remit. A responsible pharmacist (RP) notice was displayed and a log was maintained electronically. A spot check found cease times were sometimes not captured, so it was not technically compliant with the law, and may cause ambiguity when determining who was the RP at any given time.

There were some basic risk management processes in place. Baskets were used to segregate prescriptions during the assembly process. Dispensing labels were initialled by team member involved in the assembly and checking process. Pharmacists were rarely required to self-check. There was an incident reporting process, and these were reported the superintendent. The dispensers said they usually discussed and tried to identify any contributing factors, and they had sometimes made changes such as rearranging the shelves to prevent further picking errors. There was a chart with a few near misses recorded which identified learning points. However, the pharmacist said they did not necessarily record them if they were busy so the team may be missing out on additional learning opportunities. Patient safety reviews were completed periodically so trends could be spotted and improvements made if necessary.

Professional indemnity insurance was in place. There was a complaints procedure and any concerns or issues would be referred to the superintendent. The team explained that most issues were resolved informally, and pharmacy participated in annual patient satisfaction surveys and results were available on www.NHS.uk website. Results were positive, and the team said they often received ad-hoc compliments about the services.

The pharmacy used a recognised patient medication record (PMR) system to record prescription supplies. Records of controlled drugs (CDs) had recently been transferred to an electronic system which was difficult to scrutinise. But the pharmacist demonstrated how recent entries had been recorded. CD running balances were maintained, and these were checked regularly. Patient returned CDs were recorded in a dedicated register. Supplies of unlicensed medicines were recorded and captured all the required details. Records of private prescriptions and emergency supplies were recorded using the PMR

system. Entries checked were generally in order, although some travel patient group direction (PGD) supplies were recorded as private prescriptions supplies. This could make it harder to understand if a query arises.

Team members understood about data protection. They were in the process of re-signing the pharmacy's information governance policy. There were NHS data leaflets with relevant information for patients. Pharmacists and dispensary staff had individual NHS smartcards. Confidential paper waste was segregated. Staff said this was usually shredded, although the shredder could not be located at the time of the inspection. Confidential material was not generally accessible to the public, but confidential paperwork was not always stored securely in the consultation rooms. This could potentially increase the likelihood of a data breach.

The pharmacist was level 2 safeguarding accredited and could access local safeguarding contacts online if needed. Child protection flow charts and local safeguarding contacts were amongst the SOPs. The counter assistant said she had completed dementia friends training and had been briefed on safeguarding, so understood some of the signs to look for. She had raised concerns with the pharmacist in the past, about an increasingly confused patient. They had subsequently alerted the person's doctor to ensure they were receiving appropriate care.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has the right staffing levels and skill mix to meet its business needs. Pharmacy team members work well together and are comfortable raising concerns and providing feedback. They complete some ongoing training to keep their knowledge and skills up to date.

Inspector's evidence

The superintendent owner worked as the responsible pharmacist four days a week. His wife was a pharmacist and usually managed the travel clinic but could provide additional pharmacist cover if needed. Their daughter worked as a part-time dispenser. A regular locum worked as the responsible pharmacist two days a week.

The pharmacy employed a full-time dispenser, two part-time dispensers, and three part-time medicines counter assistants. A driver worked one day a week and undertook a small number of home deliveries. Several team members had worked at the pharmacy for several years, so were experienced. Holidays were planned, and any absences were usually covered by other team members working extra hours. All support staff has completed accredited training. Some completion certificates were available but comprehensive training records could not be located. One medicines counter assistant had progressed onto a dispensary assistant's course.

At the time of the inspection, the locum pharmacist was supported by two dispensers and a counter assistant. Footfall was continual. People were greeted promptly, and the team managed the busy workload without issue.

Staff had contracts and there was an induction checklist for new team members. Dispensers said they sometimes completed additional training and had access to Numark modules. They occasionally had one-to-ones to with one of the pharmacists.

The team worked well together and talked openly about their work. They felt able to make suggestions or raise issues with the pharmacists if needed. No targets were set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is professional in appearance and provides a suitable environment for the delivery of healthcare services.

Inspector's evidence

The pharmacy was situated in a standard retail unit. It had undergone a full refit within the last 18 months, so was modern and professional in appearance. The dispensary had been extended in keeping with the business profile. It was open-plan with five-six metres of bench space, which was enough for the volume of dispensing.

There were two suitably equipped spacious consultation rooms. One was dedicated to the travel clinic. The rooms were signposted and accessible from the retail area. And there was a small waiting area with patient seating.

There were sinks in the dispensary and consultation rooms. Air conditioning maintained the ambient room temperature. All areas were clean and reasonably tidy, although consultation rooms were cluttered in places. This could detract from the overall professional image. There were staff toilet facilities to the rear and a small kitchen area at the back of the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible and manages them effectively, so people receive appropriate care. It obtains medicines from licensed suppliers. And it carries out some checks to make sure that medicines are in good condition.

Inspector's evidence

Opening times were displayed. There was a single non-automated door at the entrance. A doorbell could be used to alert staff for assistance if needed.

There was signage explaining which services were available and a practice leaflet. Health promotion material was displayed. The pharmacy had a website which was managed by a third party and bore the MHRA EU logo. Over the counter (OTC) medicines could be purchased via the website, but these were supplied by another pharmacy. This was not clearly explained on the website, so could potentially mislead people.

The team dispensed a mixture and walk-in and repeat prescriptions. The majority were prescribed by the local surgery, and the team reported a good working relationship with them. They managed some repeats for patients and audit trails were in place, so these could be tracked.

A number of people received their medicines in weekly compliance packs. The team managed these appropriately. Any medication changes were queried to ensure they were appropriate. Packs were suitably labelled.

Interventions were recorded on the PMR. The pharmacist said they counselled high-risk patients such as those taking anticoagulants or methotrexate. She was aware of the valproate pregnancy prevention programme, and the superintendent subsequently confirmed they had the relevant patient leaflets or cards.

The pharmacy completed occasional MURs and made NUMSAS supplies. But the most frequently provided additional service was the travel clinic. The pharmacy offered a range of vaccination and anti-malarials under private PGDs. Yellow fever vaccinations were not currently offered but this service was due to be implemented. Several consultations were completed each week.

Medicines were obtained from a range of licensed wholesalers. Stock medicines were stored in a reasonably orderly fashion in the dispensary. The pharmacy was registered with Securmed and had the necessary software to comply with Falsified Medicines Directive, so able to decommission packs with the relevant bar code.

Expiry date checks were completed regularly, and these were documented. Shelves were untidy in places. A random check found no expired items, although some open liquid medicines with a limited shelf-life had not been dated, and there were a couple of loose strips with no batch number or expiry date. So, there was a small risk that these could be handed out after they had expired.

Fridge temperatures were monitored and recorded. Controlled Drugs were stored appropriately. Designated bins were used to segregate other pharmaceutical waste prior to collection by licensed waste contractors.

Pharmacy medicines were stored behind the counter. The medicines counter assistant asked appropriate questions when selling medicines and was familiar with the restrictions on codeine-based medicines when sold over-the-counter.

MHRA alerts and recalls were received by email, and documentation showed recent ones had been received and actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Disposable medicine containers were available, and the pharmacy had measuring and counting equipment. There were needles and sharps bins, and other equipment typically used for vaccination services. The team had access to the internet and the British National Formularies and Drug Tariff.

Computer terminals were suitably located and the PMR system was password protected. There was a mobile telephone handset, so call could be taken out of earshot of the counter if needed. There was a single CD cabinet and a large medical fridge used for storing medicines. CD denaturing kits were available.

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.