

# Registered pharmacy inspection report

**Pharmacy Name:** DSL, The Surgery, East Lane, Chieveley, NEWBURY,  
Berkshire, RG20 8UY

**Pharmacy reference:** 1028941

**Type of pharmacy:** Community

**Date of inspection:** 04/12/2019

## Pharmacy context

This is a community pharmacy based within a dispensing doctor's surgery in the village of Chieveley near Newbury in Berkshire. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter (OTC) medicines, offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations along with a range of private services. The pharmacy also supplies multi-compartment compliance aids to people in their own homes if they find it difficult to take their medicines on time.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

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## 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	2.2	Good practice	The pharmacy's team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out or they are enrolled onto the appropriate accredited training. The team ensures that routine tasks are always completed so that the pharmacy can run in a safe and effective manner
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	The pharmacy ensures its services are effectively managed so that they are provided safely. The team makes appropriate clinical checks for people. This includes people prescribed higher-risk medicines, and there are audit trails to verify this
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy operates safely. It identifies and manages risks appropriately. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. Most of them understand the need to protect the welfare of vulnerable people. And, they protect people's privacy well. The pharmacy generally maintains its records in accordance with the law.

### Inspector's evidence

The pharmacy was well managed. The dispensing doctor's activity took place separately to the pharmacy's activities and from an area of the dispensary that was not registered with the GPhC. Their stock and staff were shared with the pharmacy although the responsible pharmacist (RP) usually worked alone unless he required assistance. The pharmacy held a range of documented standard operating procedures (SOPs) to support its services and they were last reviewed in 2019. Staff had read and signed the SOPs. Roles and responsibilities for the team were defined within the SOPs. Staff were clear about their responsibilities and limitations. In the absence of the RP, they knew which activities were permissible and they knew the procedure to take, if the pharmacist failed to arrive. The correct RP notice was on display and this provided details about the RP in charge on the day.

The workflow involved the RP processing prescriptions in batches to generate dispensing labels, they were placed into baskets, stock for each prescription was picked by staff but due to historical reasons, they did not attach the labels to the packs of medicines. The RP explained that this process was due to change from the start of the new year. Once the RP had dispensed the prescriptions, he placed the baskets to one side and labelled the next batch of prescriptions before he checked them for accuracy. This left a break in between the process to help maintain safety. A few near misses were seen recorded, this was compatible with the pharmacy's volume of dispensing. The team was made aware of common mistakes, some medicines were separated to help prevent them being selected incorrectly such as prednisolone and the RP described a review of the dispensary's stock holding due to take place.

Incidents were handled by the pharmacist, a documented complaints process was present and details about previous incidents were seen. The RP's process was in line with the pharmacy's process and incidents were reported to the National Reporting and Learning System (NRLS) via the National Pharmacy Association (NPA). The RP spoke to staff involved and aimed to make appropriate changes to the pharmacy's internal procedures where possible. However, there was no information on display at the point of inspection to inform people about the pharmacy's complaints procedure. This could make it difficult for people to know how or be able to raise concerns easily.

The team segregated confidential waste before it was shredded, and staff ensured that all confidential information was contained in the dispensary. Dispensed prescriptions awaiting collection were stored in a location where sensitive details were not visible from the retail area. Summary Care Records had been accessed for emergency supplies and consent was obtained verbally from people for this. However, there was no information on display about how the pharmacy protected people's private details.

Staff required some prompting when asked about safeguarding the welfare of vulnerable people, refreshing their knowledge was discussed at the time. Team members recalled completing online training about this, they would refer to the RP in the first instance about concerns and relevant

contact details were available about the local safeguarding agencies. The RP renewed his training on safeguarding vulnerable people to level two via the Centre for Pharmacy Postgraduate Education (CPPE) and confirmation about this was received shortly after the inspection.

The pharmacy generally maintained its records in line with statutory requirements. This included the RP record, records of unlicensed medicines, most records of private prescriptions and a selection of registers checked for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, the quantities held matched the balances recorded within the corresponding registers. Occasionally incorrect prescriber details were seen recorded in the private prescription register. The pharmacy's professional indemnity insurance was through the NPA and due for renewal after 30 November 2020. Records of the maximum and minimum temperatures for the fridge were maintained to verify that medicines were appropriately stored here. Staff kept a complete record of CDs that had been returned by people and destroyed at the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. They are provided with resources and complete regular, ongoing training. This helps to keep their skills and knowledge up to date. And, the regular pharmacist is pleasant as well as helpful. He has improved the safety of the pharmacy's services.

### Inspector's evidence

The pharmacy's staffing profile included the RP who was also the superintendent pharmacist and ten part-time dispensing assistants, four of whom were in accredited training. The staff were also trained or in training to cover as medicines counter assistants. The team covered each other as contingency for absence or annual leave. They wore name badges and some of their certificates of qualifications obtained were seen.

Most of the team was trained to sell over-the-counter (OTC) medicines and staff asked relevant questions before this took place. They referred to the RP when unsure or when required. Staff in training were appropriately supervised and provided with set-aside time to complete their course material. They described being supported by the RP and had learnt a lot from listening as well as through observing his interactions with people. Team meetings were held every month. There were training plans in place for the staff, appraisals took place annually to monitor their progress and the practice manager was responsible for managing them. To assist with the team's ongoing training needs, staff had access to e-Learning modules. There were no formal targets set to complete services.

The RP was very personable. This was observed during the inspection from the way he interacted with members of the public, with the staff and even when the inspector first asked to speak to him. The team spoke very highly of him during the inspection and explained that since he had taken over, the pharmacy's internal processes had improved, the number of complaints seen had reduced, he had established a positive rapport with people and had streamlined the pharmacy's and dispensing doctor's activities so that a more seamless service could be provided. One of the GP partners at the surgery, seen during the inspection also mentioned the RP's positive rapport with patients as well as the staff.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a professional environment to deliver its services. The pharmacy is clean. It is well maintained and secure from unauthorised access.

### Inspector's evidence

The pharmacy premises consisted of a medium sized retail area and dispensary with access into the surgery. The pharmacy bench space consisted of approximately one to two metres, this was appropriate for the volume of the services being provided. The rest of the dispensary was used by the dispensing doctor's practice. The pharmacy was suitably lit and well ventilated. The retail space was professional in appearance, and all areas were clean although parts of it were cluttered. This was observed to be work in progress and staff cleared work benches as they worked. The team also mentioned that a re-fit was due to increase the amount of available space. Pharmacy (P) medicines were stored behind the front counter, there was a barrier here to prevent unauthorised entry into this area. This helped to prevent P medicines from being self-selected. A signposted consultation room was available for private conversations and services. There were two entrances into the room, the door from the retail space was kept locked, the room was of a suitable size to conduct services and there was no confidential information present.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services in a safe and effective manner. The pharmacy's team members help people with different needs to access the pharmacy's services. And, they make appropriate checks for people prescribed higher-risk medicines. This helps them to take their medicines safely. The pharmacy obtains its medicines from reputable sources, it manages them well and stores them appropriately.

### Inspector's evidence

The pharmacy's opening hours were on display. There was one seat available for anyone wanting to wait for their prescription in the pharmacy with additional seating in the shared waiting area of the practice. Staff could signpost people to other organisations from documented information that was present and from their own knowledge. Entry into the pharmacy was from the street which led into clear, open space inside the premises. The pharmacy could also be accessed from the doctor's surgery. This, along with a lowered counter enabled people with wheelchairs to easily use its services. Staff used the consultation room to help communicate with people who were partially deaf, or they used written communication for people whose first language was not English.

There was a dedicated section at the front of the pharmacy where people were provided with relevant information about healthier living and opportunistic advice was provided where possible. The pharmacy provided a range of private services via Patient Group Directions (PGDs), they had been signed by the RP and were easily accessible although according to him, there had not been much of an uptake of these services. The influenza vaccination service was described as popular due to the convenience of the pharmacy setting and as the surgery provided clinics only on Saturdays. Risk assessments were completed, and informed consent was obtained before vaccinating. Consent to share details about the vaccination with people's GP was also obtained.

The pharmacy routinely identified people prescribed higher-risk medicines so that relevant checks could be made. Details about this were also seen recorded which helped verify that this had taken place. This included information about blood test results, including the International Normalised Ratio (INR) level for people prescribed warfarin. Staff were aware of the risks associated with valproates, relevant educational literature could be provided to females at risk upon supply of this medicine and a poster was also on display in the retail space to highlight the risks to people using the pharmacy's services.

Details about interventions that the pharmacy team had previously made were seen recorded. There were also details about previous clinical audits seen. This included an audit completed in the previous year, about whether people prescribed non-steroidal anti-inflammatory drugs (NSAIDs) were co-prescribed gastroprotection and a recent audit on whether people with diabetes have had foot and eye checks. In addition, the RP had created bespoke checklists to monitor and record details about this as well as for people prescribed higher-risk medicines (as described above).

Compliance aids were supplied to people after the pharmacist assessed suitability for this. Prescriptions were ordered by the pharmacy and cross-checked when received, against people's individual records. If any changes were identified, staff confirmed them with the prescriber and documented the details as an audit trail. Descriptions of the medicines within the compliance aids were provided. All medicines were de-blistered into the compliance aids with none left within their outer packaging. Patient

information leaflets (PILs) were supplied routinely and compliance aids were not left unsealed overnight. Mid-cycle changes involved retrieving the old compliance aids and supplying new ones.

During the dispensing process, the team used baskets to hold prescriptions and medicines to prevent any inadvertent transfer. They were also colour co-ordinated. Once the dispensary team issued the prescriptions, they were marked to help differentiate between people who received their prescriptions from the dispensing doctor side or the pharmacy. Staff involvement in processes was apparent through a dispensing audit trail that was used. This was through a facility on generated labels. Dispensed medicines awaiting collection were stored with prescriptions attached. The team could identify fridge items and CDs as this information was highlighted. Uncollected medicines were removed every six weeks.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH and Phoenix. Unlicensed medicines were obtained from Eastone Specials. The team had some awareness of the processes involved with the European Falsified Medicines Directive (FMD). There was relevant equipment present but staff were not yet complying with the decommissioning process.

Medicines were stored in an organised manner and were date-checked for expiry every three months. A schedule was in place to indicate when the checks had taken place. Short-dated medicines were identified using stickers. There were no date-expired medicines or mixed batches seen. Medicines were stored evenly and appropriately within the fridge. Drug alerts were received by email, stock was checked, and action taken as necessary. An audit trail was available to verify this process. CDs were stored under safe custody. Keys to the cabinet were maintained during the day and overnight in a manner that prevented unauthorised access.

The pharmacy used designated containers to hold medicines returned for disposal and there was a list for the team to identify hazardous and cytotoxic medicines. Sharps being brought back for disposal were accepted provided they were within sealed bins. Returned CDs were brought to the attention of the RP, details were noted, they were segregated and stored in the CD cabinet prior to destruction.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has an appropriate range of equipment and facilities so that it can provide its services safely. Its equipment is clean and helps to protect the privacy of people.

### Inspector's evidence

The team had access to a range of equipment to provide the pharmacy's services. This included current versions of reference sources as well as online resources, counting triangles and a range of clean, crown stamped, conical measures for liquid medicines. The dispensary sink used to reconstitute medicines was stained but clean and there was hot and cold running water available as well as hand wash present. The CD cabinet was secured in line with statutory requirements. Medicines requiring cold storage were stored at appropriate temperatures within the medical fridge. Computer terminals were positioned in a manner that prevented unauthorised access. A shredder was available to dispose of confidential waste. There were cordless phones to enable staff to hold private conversations away from the retail space if needed. Staff used their own NHS smart cards to access electronic prescriptions and took them home overnight.

### 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.