

Registered pharmacy inspection report

Pharmacy Name: Beaminster Pharmacy, 20 Hogshill Street,
BEAMINSTER, Dorset, DT8 3AA

Pharmacy reference: 1030470

Type of pharmacy: Community

Date of inspection: 07/08/2019

Pharmacy context

This is a community pharmacy located on the high street in the village of Beaminster in Dorset. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides smoking cessation services, provides flu vaccinations and supplies medicines in multi-compartment medicine devices for people to use living in their own 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	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 written procedures to help make sure the team works safely. Pharmacy team members are clear about their roles and responsibilities. Pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally maintains the records that it must keep by law. However, some were not always completed correctly which could mean that the pharmacy is not able to show exactly what has happened if any problems arise.

Inspector's evidence

Processes were in place for identifying and managing risks. The superintendent pharmacist demonstrated that near misses were recorded regularly. But he reported that he was unable to demonstrate any significant trends based on the low number of near misses. Near misses were reviewed quarterly and the risk of 'sound alike' and 'look alike' medicines such as allopurinol and amitriptyline being involved in errors had been raised to staff.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). The pharmacist demonstrated that previous dispensing errors had been subject to an investigation and root cause analysis. Dispensing errors were also reported to the superintendent pharmacist.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for all the dispensary tasks. These included responsible pharmacist SOPs. On questioning, the members of staff were all able to explain their roles and responsibilities. A complaints procedure was in place and the staff were all aware of the complaints procedure. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract. The superintendent pharmacist demonstrated that 86% of people rated the pharmacy as 'excellent' on the previous patient questionnaire. Positive comments from local people using the pharmacy were also demonstrated.

An indemnity insurance and public liability certificate from the NPA was held and was valid and in date. Records of controlled drugs (CD) and patient returned CDs were seen as being kept. A sample of a random CD was checked for record accuracy and was seen to be correct. The address that a CD was received from was not always included in the records. Obliterations were present in the register examined. CD balance checks were carried out inconsistently with one check in August and one in April. Patient-returned and out-of-date CDs were separated from regular CD stock and labelled appropriately.

Date checking was carried out regularly and records were kept to demonstrate this. The fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. An electronic responsible pharmacist (RP) record was retained and the responsible pharmacist notice was displayed

in pharmacy where patients could see it. The RP record occasionally omitted the time that the pharmacist had signed out.

The private prescription records were retained but the date on the prescription was occasionally omitted. The pharmacist reported that not all emergency supplies that had been supplied through the 'PharmOutcomes' system had been recorded in the pharmacy. The pharmacist agreed to address this. The specials records were retained but some entries omitted the prescriber's details.

Staff were seen to be following the company information governance policy. Confidential waste was separated and shredded intermittently using a cross cut shredder. The computer screens were all facing away from the public and access to patient confidential records was password protected. All confidential information and patient sensitive information was filed away in the pharmacy. Staff explained that they were aware what signs to look out for that may indicate safeguarding issues in children and vulnerable adults. Contact details were available for safeguarding referrals, advice and support.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist, two dispensing assistants and two medicines counter assistants present during the inspection. They were all seen to be working well together. The pharmacist reported that staff meetings would take place on an ad-hoc basis to discuss any safety issues in the pharmacy and any learning from near misses or significant errors.

The staff reported that they kept their knowledge up to date by reading third party materials and would ask the pharmacist if they had any queries. Staff had all completed 'dementia friends' training and gave an example of having refreshed their knowledge of information governance and data protection. Staff received time to complete required training.

Staff felt able to use their professional judgement in the best interests of patients. Staff had recently carried out an audit to assess the quality the service provided to patients receiving multi-compartment compliance aid devices. As part of this, they recorded interventions made to patient's compliance aids. One example included where an anti-diabetic medicine was omitted which may have caused harm to the patient.

Staff reported that they felt comfortable to approach the superintendent pharmacist with any issues regarding service provision. There were no formalised targets in place at the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a retail area toward the front and a dispensary area toward the back. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were generally organised in a generic and alphabetical manner and staff reported that the shelves would be cleaned when the date checking was carried out.

The consultation room was not very well soundproofed and the pharmacy team managed this by talking quietly. Patient confidential information was stored securely. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment. The pharmacy team do not always store medicines with batch numbers on the containers which could mean that it would be more difficult to trace these medicines when things have gone wrong.

Inspector's evidence

Pharmacy services were detailed on leaflets and posters that were around the pharmacy. Access to the pharmacy was via a step and staff were available to help people access the pharmacy if needed. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

The pharmacy team dispensed multi-compartment compliance aids devices for 90 people in their homes. Audit trails were kept to indicate where each device was in the dispensing process. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked the device was complete. Descriptions were routinely provided for the medicines contained within the devices. Two assembled multi-compartment compliance aids were checked and patient information leaflets were not present.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to female patients. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

There were destruction kits available for the destruction of controlled drugs and designated bins were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was not available for use during the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The superintendent pharmacist reported that the pharmacy had the appropriate hardware and software to comply with the European Falsified Medicines Directive (FMD). A plan was in place to train staff and to introduce new SOPs to cover dispensary tasks related to FMD.

Medicines were obtained from suppliers such as AAH and Alliance. Specials were obtained via suppliers such as Alliance specials. The majority of medicines and medical devices were stored within their original manufacturer's packaging. But the following medicines had no batch number on the containers: Diazepam 5mg tablets and Sodium valproate 500mg gastro-resistant tablets.

Pharmaceutical stock was subject to date checks which were documented and up to date. Short dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner.

MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records were kept to demonstrate this but some recent drug alerts were missing.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources. There was one fridge which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within two to eight degrees Celsius. Designated medicine waste bins were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

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.