

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: 28/07/2022

Pharmacy context

This is a community pharmacy located on the high street in the town of Beaminster, Dorset. It serves its local population and is open six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides smoking cessation services, flu and Covid-19 vaccinations and supplies medicines in multi-compartment compliance aids for people to use while 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's working practices are safe and effective. Team members keep people's information safe, and they understand their role in helping to protect vulnerable people. The pharmacy also keeps the records it needs to by law, and it records its mistakes.

Inspector's evidence

A near miss log was available in the dispensary and was seen to be used regularly by the team. The pharmacist explained that the near misses were discussed with each team member and then recorded on the near miss log. However, the near miss log did not contain detailed information about the incidents to allow for an in-depth analysis of the mistakes. The pharmacist explained that due to experience of the team, they rarely had errors which went out to people, but when they did have errors, they would highlight the incident to the whole team, and it would be recorded centrally by the superintendent pharmacist. The dispenser described times where they identified medicines which had similar packaging or similar sounding names and they informed the whole team of these using a company-wide Whatsapp group. The dispenser explained that they used the Whatsapp group to also highlight anything which may affect the service the pharmacy provides and any updates which are relevant to pharmacy.

There was a workflow in the pharmacy where labelling, dispensing, checking and the preparation of multi-compartment compliance aids were all carried out at different areas of the pharmacy. Standard Operating Procedures (SOPs) were in place for the dispensing tasks. The team members had all signed the SOPs to say they had been read and understood. SOPs were reviewed regularly by the superintendent to ensure they were up to date and relevant. Staff roles and responsibilities were described in the SOPs. There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The dispenser explained how the team members dealt with any complaints or issues and that they were always reported to the superintendent who would take further action if necessary. The pharmacist reported that the team received a lot of positive feedback and they would always go out of their way to help people wherever they could. A certificate of valid public liability and professional indemnity insurance was available.

A sample of Zomorph 100mg capsules was checked for balance accuracy against the Controlled Drug (CD) register and was seen to be correct. The balance check was carried out every few months and records of this were complete. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in pharmacy. The maximum and minimum fridge temperatures were recorded electronically daily and were in the correct temperature range. The electronic private prescription records were completed appropriately. The specials records were mostly complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to people. Confidential information was stored away from people and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential wastepaper was collected in baskets on the workbenches and then shredded. The pharmacist and foundation trainee pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on

safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module as part of their mandatory training. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy and could access the contact details for the local safeguarding authorities if and when required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. It makes sure its team members are appropriately trained for the jobs they do. Team members support one another, and they are comfortable about providing feedback so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one regular pharmacist, one foundation trainee pharmacist, two NVQ Level 2 dispensers and two healthcare assistants, one of whom was new and was working through the NPA's Healthcare Assistant's programme. The staff were seen to be working well together and supporting one another.

The pharmacist explained that staff had meetings on an ad-hoc basis to discuss anything which could be learned from incidents or highlight any safety concerns. Staff explained that although they did not have formal ongoing training, they were regularly updated by the superintendent about new services. The foundation trainee pharmacist explained that the whole team had recently completed training on vaccines as they provided the Covid-19 vaccination in the pharmacy. The team members were also due to complete dermatology training because the pharmacy was starting to stock some specialist skincare brands.

Staff reported that they felt comfortable to raise anything with the pharmacist or the superintendent and that they were supported in doing so. There were no targets in place and the team explained that they would never compromise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a clean, professional and bright environment for people to receive its services. The premises are well maintained, organised and secured when closed. The pharmacy is cleaned with extra care since the start of the pandemic and is kept hygienic. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was located on a high street in the centre of Beaminster. It included a retail area, medicines counter, consultation room, office area, large rear dispensary and a staff bathroom. The retail area of the pharmacy and the consultation room had recently been refitted and modernised. The overall effect was bright, airy and professional while maintaining a cosy atmosphere. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. There was enough space for the staff to socially distance if required.

The pharmacy was clean, professional in appearance and tidy. Team members explained that they cleaned the pharmacy between themselves every day and they had also increased the frequency of cleaning since the COVID-19 outbreak and cleaned touch points more regularly. The shelves were clean, and the dispenser explained that they clean the shelves when they put stock away.

The dispensary was located at the back of the building and allowed for the preparation of prescriptions in private. Conversations in the consultation room could not be overheard and the consultation room included seating, a table and computer, fridge and a sharps bin. The consultation room was set back from the retail area and had space for health promotion leaflets. The pharmacist stated that they liked the health promotion to reflect the needs of community they served. The ambient temperature was suitable for the storage of medicines and lighting throughout was appropriate for the delivery of services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and makes them accessible for people. The pharmacy team gets its medicines and medical devices from appropriate sources and stores its medicines properly. Team members make the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing.

Inspector's evidence

Pharmacy services were detailed in posters and leaflets around the pharmacy. There was a range of leaflets available to the public about health promotion in the retail area of the pharmacy and in the consultation room. There was a small step into the pharmacy and the team explained they would assist anyone into the pharmacy if they struggled with the step. The team provided a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should anyone require it when waiting for services. Alcohol hand gel was available for use in the pharmacy which the team were observed using.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. The team explained that they use valproate information cards and leaflets every time they dispense valproates. The foundation trainee pharmacist demonstrated how the team would place the dispensing label away from the warning card on the valproate packs. The pharmacy also had warning cards for other high-risk medicines which the team members explained they used regularly.

The team organised the preparation of multi-compartment compliance aids into a four-week cycle and maintained audit trails to prepare and deliver them. The labels on a sample of compliance aids were seen to have the descriptions of the medicines as well as being signed by the person who dispensed and checked the items. The pharmacist explained that every month, they supplied each patient with the relevant Patient Information Leaflets.

The pharmacy obtained medicinal stock from licensed suppliers and invoices were seen to verify this. Date checking was completed regularly and the team marked items due to expire. There were denaturing kits available for the destruction of controlled drugs. Dedicated bins for the disposal of waste medicines were also available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. The fridges were in good working order and the stock inside them was stored in an orderly manner. The CD cabinet was appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team from the MHRA via the superintendent, and they were actioned appropriately. The team kept an audit trail for the MHRA recalls. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available as well as pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations inside the consultation could not be overheard. Electrical equipment appeared to be in good working order.

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.