

Registered pharmacy inspection report

Pharmacy Name: Winton Pharmacy, 309 Wimborne Road, Winton,
BOURNEMOUTH, Dorset, BH9 2AB

Pharmacy reference: 1030529

Type of pharmacy: Community

Date of inspection: 28/08/2019

Pharmacy context

This is a community pharmacy located on a high street in Bournemouth. It serves its local population which is mixed in age range and background. The pharmacy opens 6 days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, offers drug misuse services 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 record and review some mistakes that happen and use this to learn from their mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to improve services. It generally manages and protect people's confidential information well and it tells people how their private information will be used. The pharmacy generally maintains all the records that it must keep by law. However, some details were missing from its records. This means the pharmacy may not have a complete audit trail or be able to show exactly what has happened if any problems arise.

Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were recorded regularly and these were often stored in the dispensary. There were three near misses recorded in August. The pharmacist reported that these were reviewed on a regular basis. The pharmacy team were not able to give an example of where they had identified any trends in errors.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). Staff demonstrated that dispensing errors were recorded and the superintendent pharmacist would undertake an investigation in to why the error had occurred.

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 examined and some were only initialled by the pharmacist who had checked the medicine.

Standard operating procedures (SOPs) were in place for all the dispensary tasks. But it was not clear when these were reviewed and the pharmacist agreed to address this. In answer to scenarios posed, 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 and previous feedback was displayed and was positive.

An indemnity insurance and public liability certificate from Pharmacy Guard was displayed and was valid and in date until the end of October 2019.

Records of controlled drugs (CD) and patient returned CDs were seen as being kept. The address that a CD was received from was sometimes omitted from the examined records. A sample of a random CD was checked for record accuracy and was seen to be correct. CD balance checks were carried out infrequently and the pharmacist agreed to address this. Out of date CDs were separated from regular CD stock but not always labelled.

Date checking was carried out regularly and records were kept to demonstrate this. The fridge temperatures were recorded daily and were in the two to eight degrees Celsius range. But fridge temperatures had not been recorded for around one week at the time of the inspection and the

superintendent pharmacist agreed to address this. An electronic responsible pharmacist (RP) record was retained and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The time that the RP signed out was often omitted. The private prescription records were retained but the prescriber's details were often omitted on the examined entries. The emergency supply records were retained and were in order. The specials records were retained but entries sometimes omitted the patient and prescriber details.

Staff were aware of their responsibilities around data protection and information governance. 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.

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 not immediately available for local 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 medicine counter assistants present during the inspection. They were all seen to be working well together. Staffing levels were seen to be sufficient for the level of the services provided during the inspection.

Staff meetings would take place on an ad-hoc basis where any significant errors and learning would be discussed with the team.

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. The pharmacist demonstrated that he had recently learnt about a new form of buprenorphine oral lyophilizate tablets and had communicated this with his team. Staff had also recently completed a training package on the over the counter sale of the emergency hormonal contraceptive EllaOne.

Staff reported that they felt comfortable to approach the superintendent pharmacist with any issues regarding service provision. There were targets in place for services but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve targets.

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 retail area towards the front and a dispensary area toward the back which was separated from the retail area by a medicines counter to allow for the preparation of prescriptions in private. There were sinks available in the dispensary with hot and cold running water with sanitiser to allow for hand washing.

Medicines were stored on the shelves in a generic and alphabetical manner although there were some areas of disorganisation. The pharmacy team reported that they were gradually reorganising the dispensary shelves to improve this (see also principle 4).

The consultation room was secure and confidential information was safeguarded. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is generally appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action.

Inspector's evidence

Pharmacy services were detailed in a practice leaflet available in the pharmacy. Access to the pharmacy was step free. 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 for 180 patients for use in their own homes and for one nursing home. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked the compliance aid was incomplete with only the pharmacy team member who had checked the tray being identified. Descriptions were provided for the medicines contained within the compliance aids. Patient information leaflets (PILs) were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. However, valproate patient cards were not available for use during valproate dispensing to all 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 designed containers for storing waste medicines 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 and the pharmacist agreed to address this. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacy was European Falsified Medicines Directive (FMD) compliant. The relevant software and equipment was in place. The superintendent pharmacist reported that a plan was in place to introduce new procedures and staff training on FMD.

Medicines were obtained from suppliers such as AAH, Alliance, Colorama and Doncaster. Specials were obtained via suppliers such as the Colorama specials.

The majority of medicines and medical devices were stored within their original manufacturer's packaging. The following medicines were stored on the dispensary shelf and were removed during the inspection:

- Clarithromycin 500mg tablets without a container
- Cyclizine 50mg tablets without a batch number and expiry date
- Ferrous fumarate 500mg tablets without a container
- Paracetamol 500mg tablets without a container
- Tramadol 50mg capsules in an unlabelled amber bottle

Pharmaceutical stock was subject to date checks which were documented and up to date. Short dated products were appropriately marked. The fridge was in good working order but the stock was stored in a disorganised manner with some different types of insulins being mixed, for example. The CD cupboard was also disorganised with containers of Zomorph 10mg and 100mg capsules being stored mixed together. The superintendent pharmacist subsequently demonstrated to the inspector that he had reorganised both the fridge and CD cupboards. There were some areas of the dispensary shelving that were disorganised and staff explained that they were in the process of tidying and reorganising the way that medicines are stored in the pharmacy.

MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. However, records and audit trails were not regularly kept to demonstrate this.

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 was a counting triangle and a capsule counter 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 in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. But fridge temperatures had not been recorded for around one week at the time of the inspection and the superintendent pharmacist agreed to address this

Designed containers for the storage of waste medicines 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.