

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: 25/04/2022

Pharmacy context

This is a community pharmacy located in a busy high street in Bournemouth. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for patients who may have difficulty managing their medicines at home. They also provide flu vaccines and a local delivery service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy's standard operating procedures are not reviewed regularly.
		1.2	Standard not met	The pharmacy does not keep adequate records of its mistakes.
		1.6	Standard not met	The pharmacy does not keep accurate records of its controlled drugs.
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 not all met	4.2	Standard not met	The pharmacy team members do not always make the appropriate interventions on their prescriptions, and they do not ensure all medicines are labelled accurately.
		4.3	Standard not met	The pharmacy does not effectively review or monitor the cold chain storage procedures. And it also stores some unpackaged medicines without adequate labelling.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not have adequate procedures to identify and monitor risks. It has written procedures in place to ensure its team work safely, but these have not been reviewed recently. The pharmacy does not keep acceptable records for its controlled drugs or specials items. Team members are aware of how to keep people's information safe and how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services it provided. Although these had not been reviewed or updated to reflect changes for five years. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. The pharmacy had not risk-assessed the impact of COVID-19 upon its services and the people who used it. But members of the pharmacy team knew that any work-related infections needed to be reported to the appropriate authority. They were encouraged to self-test for COVID-19 regularly. They washed their hands and used hand sanitising gel when they needed to and wore masks when in close proximity to people, such as in the consultation room.

The pharmacy team had a near miss log in place in the dispensary, but it was not used regularly with the last record in June 2020. The pharmacist explained that the staff found it difficult to record their near misses as they did not want to be blamed. The inspector discussed culture changes with the pharmacist and how they could implement practices to prevent a blame culture and promote a culture of learning.

The pharmacy displayed a notice that told people who the responsible pharmacist (RP) was. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. And their roles and responsibilities were described within the SOPs. A team member explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. The pharmacy had received positive feedback from the previous Community Pharmacy Patient Questionnaire (CPPQ) and the results were displayed by the medicines counter. But the procedure for providing feedback could be better highlighted to patients either in a leaflet or poster in the pharmacy.

The pharmacy had insurance arrangements in place, including professional indemnity, for the services it provided. It kept a record to show which pharmacist was the RP and when. The team members also recorded the private prescriptions they supplied. The pharmacy kept a record of the specials prescriptions it supplied, but the certificates of compliance were not maintained appropriately. The pharmacist began to rectify this during the inspection.

The pharmacy had a controlled drug (CD) register. However, the balance of CDs had not been checked for a long time and CDs sampled did not have accurate quantity records. The inspector stated that the pharmacy team needed to urgently balance their CD cabinet and highlight any discrepancies to the CD Accountable Office for the area.

Pharmacy team members had read and signed the information governance policy including a

confidentiality clause. A notice was on display by the medicines counter regarding the pharmacy's information governance policy. People using the pharmacy couldn't see other people's personal information. Confidential waste was disposed of appropriately in baskets on the workbenches and then disposed of appropriately using a shredder. The pharmacist had completed the appropriate Centre for Pharmacy Post-graduate Education (CPPE) Safeguarding training and they had access to the contact information of the local safeguarding authorities online. Team members knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy adequately trains all its team members for the tasks they carry out. They are comfortable with raising concerns to help improve services. But the pharmacy team does not always have enough members of staff to manage all its workload due to the recent pandemic.

Inspector's evidence

At the time of the inspection the pharmacy team consisted of a pharmacist who was the superintendent, one dispenser who was the owner, a first-year pharmacy student and two medicines counter assistants. The pharmacy was currently suffering from staff shortages due to COVID and explained that as a consequence, the team had difficulty managing the workload beyond dispensing.

The team members had completed, or were in the process of completing, accredited training from Buttercups and certificates of completed training were displayed above the medicines counter. The pharmacist was able to access the training records for each member of staff electronically and monitor their progress.

Team members were encouraged to ask questions and familiarise themselves with new products. They explained that if they were ever unsure, they would refer to the pharmacist for further guidance and they knew what to do in the absence of the responsible pharmacist. The pharmacy team had meetings and informal one-to-one discussions to update its team. And its team was comfortable about making suggestions on how to improve the pharmacy and its services. Team members felt able to raise any concerns with the owner or the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. And they are sufficiently clean and secure. The pharmacy has made some practical adjustments to help keep people safe during the pandemic. But some areas of the pharmacy are cluttered.

Inspector's evidence

The pharmacy was cluttered with medicines and paperwork on the workbenches and tote boxes on the floor in the dispensary and in the retail area. Members of the pharmacy team were responsible for keeping the premises clean and tidy and they explained that they cleaned the pharmacy at the end of each day.

The team members had installed screens around the medicines counter during the COVID-19 pandemic to help stop the spread of the virus.

The pharmacy had a consultation room for the services it offered. And this could be used if people needed to speak to a team member in private. People's conversations in the consultation room couldn't be overheard outside of it. The consultation room was monitored by staff at the counter to ensure there was no unauthorised access.

The pharmacy had a supply of hot and cold water, including inside the consultation room. The ambient temperature was suitable for the storage of medicines and lighting was appropriate for the delivery of pharmacy services.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy is not thorough enough in ensuring that it keeps all its medicines for dispensing with the required information or at the right temperature. And it does not do enough to ensure that all the medicines it supplies are prescribed safely or labelled accurately. Team members do not always provide medicines with enough information to allow people to take their medicines properly. In general, the pharmacy makes its services accessible for people. The pharmacy team gets its medicines and medical devices from appropriate sources.

Inspector's evidence

The pharmacy had a step-free access to the front entrance, and it provided a delivery service locally for anyone who required it. And it had a small seating area for people to use if they wanted to wait in the pharmacy. The pharmacy offered a repeat prescription collection service.

Pharmacy team members knew that women or girls able to have children mustn't take a valproate unless there was a pregnancy prevention programme in place. They knew that people in this at-risk group who were prescribed a valproate needed to be counselled on its contraindications. And they had the resources they needed when they dispensed a valproate.

The team members prepared multi-compartment compliance aids at the back of the dispensary to try and reduce distractions. They explained that they knew to supply the compliance aids with patient information leaflets every month. However, on selecting a sample of compliance aids, not all had accurate descriptions of the medicines inside. One tray ready to be collected was seen to have incorrect quantities of all the medicines inside which the team had not identified.

Patients were identified in the pharmacy who had been prescribed overdoses of controlled drugs, but the pharmacy team had not intervened and contacted the prescribers to query this.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices within the dispensary, but some had been removed from the original packaging and were stored in amber bottles without the expiry date or batch number. The pharmacy team stated that they checked the expiry dates of medicines at regular intervals, but it did not have any records of this.

The pharmacy stored its stock, which needed to be refrigerated, in the fridge. The pharmacy kept some records of fridge temperatures. However, the records did not correlate with the actual fridge temperatures. The inspector showed the pharmacy team how to accurately check the fridge temperatures and reset the thermometers.

The pharmacy stored its CDs securely. Team members recorded the destruction of the CDs that people returned to it. And out-of-date and patient-returned CDs were kept separate from in-date stock. But these had been allowed to build up. The pharmacy had procedures for handling the unwanted medicines people brought back to it. And these medicines were kept separate from the pharmacy's stock and were placed in a pharmaceutical waste bin. But the pharmacy did not currently have a hazardous waste bin. The pharmacy had a process for dealing with alerts and recalls about medicines

and medical devices. And its team members described the actions they took when they received a drug alert.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had hand sanitisers for people to use if they wanted to. And it had the personal protective equipment its team members needed. The pharmacy had glass measures to measure out liquids and some were marked to show they should only be used with methadone. It had equipment for counting loose tablets and capsules too. The pharmacy team had access to up-to-date reference sources. The pharmacy had one medical refrigerator to store pharmaceutical stock requiring refrigeration. Although the maximum and minimum temperatures were not checked regularly. The pharmacy restricted access to its computers and patient medication record system. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team.

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.