

# 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:** 30/11/2022

## 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
<b>1. Governance</b>	Standards not all met	1.3	Standard not met	The management of CDs is delegated to a staff member who does not currently have the competence to manage the records.
		1.6	Standard not met	The pharmacy does not keep accurate records of its controlled drugs.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not keep acceptable records for its controlled drugs. And it doesn't keep those records in an orderly manner or properly managed by appropriate members of the team. But the pharmacy does have adequate procedures to identify and monitor risks. And it has suitable written procedures in place to ensure its team works safely. 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. These had been reviewed and updated recently. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and were seen to be mostly following them. The pharmacy team members were encouraged to self-test for COVID-19 regularly. They washed their hands and used alcohol hand 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 which the team seemed to be using regularly. Any regular mistakes were discussed with the whole team to try to prevent similar mistakes from occurring. The pharmacy displayed a notice that told people who the Responsible Pharmacist 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. The pharmacy had received positive feedback from the previous Community Pharmacy Patient Questionnaire (CPPQ) and the results were displayed by the medicines counter.

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 responsible pharmacist (RP) and when. The team members also recorded the private prescriptions they supplied. The pharmacy kept a record of the special prescriptions it supplied, and the certificates of compliance were maintained appropriately.

The pharmacy had a controlled drug (CD) register. The team explained that they checked the CD balance every two weeks, but records of this were not showing under each medicine in the CD cabinet. Some registers were very disordered, and it wasn't always clear what the quantity in the register was. The registers were kept in files which were falling apart, and they were not ordered logically. The CD balance checks were completed by a dispenser, and it was clear that they were not aware of the CD requirements for the accurate registration of CDs and how to rectify any discrepancies. The inspector destroyed some expired CDs while in the pharmacy, but some were not destroyed as it was unclear what the quantity should be due to discrepancies. The pharmacist was made aware that they must take responsibility for the CD records and not delegate this task due to the regular discrepancies. The inspector advised the pharmacy to check their balances properly every week, including the methadone, and to make accurate record each time the balance was checked. The pharmacy team were advised that each entry should include the expired CDs too.

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 most of the tasks they carry out. However, it has given some tasks to a team member who doesn't have the competence to complete them properly. Staff members are comfortable with raising concerns to help improve services.

### Inspector's evidence

At the time of the inspection the pharmacy team consisted of a pharmacist who was also the superintendent pharmacist, one dispenser, a trainee dispenser and two medicines counter assistants. 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. One of the dispensers was given the responsibility for completing the CD balance check every two weeks. However, there were regular mistakes in the balance check which could not be accounted for.

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. 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 would clean 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 met

### Summary findings

The pharmacy provides a range of services to support the health needs of the local community. And people can easily access these services. The pharmacy mostly delivers its services safely and effectively. And team members make suitable checks to ensure people taking higher risk medicines do so safely. They store and manage most medicines appropriately. And they take the right action in response to safety alerts, so people get medicines and medical devices that are safe to use.

### 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 must not 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.

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 did not have any records of this.

The pharmacy stored its stock, which needed to be refrigerated, in the fridge. The pharmacy kept accurate records of fridge temperatures.

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 built up and the inspector destroyed most of them during the inspection. The pharmacy had procedures for handling the unwanted medicines people brought back to it. These medicines were kept separate from the pharmacy's stock and were placed in a pharmaceutical 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 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

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.