

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: 19/07/2023

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 people who may have difficulty managing their medicines at home. They also provide flu vaccines, supervised consumption services and a local delivery service.

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 adequately identifies and manages the risks associated with its services. It has up-to-date written procedures in place and records the mistakes it makes to try and stop them from recurring. The team members have defined roles and they satisfactorily complete the records required by law. The pharmacy has suitable insurance in place and it keeps people's private information safe. The team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs). The SOPs provided guidance for the team to carry out tasks correctly and staff had signed them to verify that they had been read. The SOPs were regularly updated and were reviewed every two years by the Superintendent pharmacist. Team members knew their roles and responsibilities and they had designated tasks which they were observed completing. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

Staff routinely recorded their near misses, and the mistakes were discussed with the team members who made them. The pharmacy recorded all errors on the National Reporting and Learning System (NRLS). In response, staff explained that the way they stored some medicines had been changed and higher-risk medicines had been highlighted as well as separated, including drugs with similar sounding names. This helped staff to minimise the risk of future mistakes. The pharmacy had a complaints policy and their process to handle incidents was suitable. A certificate of public liability and professional indemnity insurance was available.

The pharmacy's records were compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). Records of CDs that had been returned by people and destroyed at the pharmacy were complete. The controlled drug balance was checked every two weeks for most medicines and weekly for the methadone. The RP record, records about emergency supplies, supplies of unlicensed medicines and records verifying that fridge temperatures had remained within the required range had all been appropriately completed. However, there were some missing RP and fridge temperature records which the superintendent gave assurances would be rectified.

Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail area. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions. The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. They could recognise signs of safeguarding concerns and knew who to refer to in such an event. The Superintendent Pharmacist (RP) had been trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). The team displayed the safeguarding policy in the dispensary and held a list of the local safeguarding contacts in the pharmacy which they could refer to if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has suitably trained staff, and it gives them regular ongoing training. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable about providing feedback to one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, the pharmacy team included the RP who was the regular pharmacist and superintendent, a trained dispenser, one trainee dispenser, who was completing the Buttercups NVQ 2 course, and two healthcare assistants. They were observed to work well together and one of the dispensers was observed coaching the trainee dispenser around destruction of controlled drugs under the pharmacist's supervision. 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.

The pharmacy was up to date with the workload and had enough staff to manage its volume of dispensing. The pharmacy's team members knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions were asked before selling medicines or products. The staff were also provided with resources for ongoing training electronically. Team members were given time to complete training at work and they could also do some in their own time if they wished.

The staff said that they liked working at the pharmacy, they felt supported by the pharmacist and felt confident to raise concerns. The pharmacy team explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is suitably clean and bright for the services it provides. The pharmacy is organised, and it has enough workspace for the team to work effectively. The pharmacy has a suitable room for private conversations.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, a dispensary, stock area and a staff bathroom. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

The pharmacy's retail space was spacious and professional in appearance. The pharmacy was well ventilated, clean and tidy. The team explained that they cleaned the pharmacy between themselves every day. The shelves were cleaned when the date checking was carried out.

The dispensary was of a good size for the workload and had enough space to carry out dispensing tasks. There was a consultation room which could be accessed from the retail space. It was of a suitable size for its intended purpose, included a table and chairs, and access to water and the consultation room itself could be locked when not in use.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services to support the health needs of the local community. And it makes those services easily accessible. The pharmacy delivers its services safely and effectively. And team members make suitable checks to ensure that people taking higher risk medicines can do so safely. They store and manage 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

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and an up-to-date health promotion in the retail area of the pharmacy and in the consultation room. There was step-free access into the pharmacy and the team explained that they 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.

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 on valproates and they had completed several audits regarding this. The pharmacist explained that they use valproate information cards and leaflets every time they dispense valproates. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. Multi-compartment compliance aids included accurate descriptions of all the tablets inside.

The pharmacist gave an example of someone who was receiving controlled drugs at a higher frequency than expected. The pharmacist had contacted the person's GP about this and made an appropriate note on their records to show that this conversation had occurred, and the concerns had been raised. The team had recently taken on more supervised consumption prescriptions due to more demand in the local area. The pharmacist explained that this had made the team more aware of their controlled drug responsibilities and ensuring they were completing regular CD balance checks.

The pharmacy obtained medicinal stock from various licensed wholesalers. Invoices were seen to verify this. Date checking was carried out regularly and the team highlighted items due to expire with coloured stickers. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were 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 and a list of hazardous waste medicines was available in the SOPs. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and expired, patient-returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email 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 appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use.

Inspector's evidence

The pharmacy's equipment and facilities included current versions of reference sources, a range of clean, standardised conical measures for liquid medicines, counting triangles, a legally compliant CD cabinet and an appropriately operating pharmacy fridge. The latter could be locked.

The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Computer terminals were positioned in a manner that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and staff used their own NHS smart cards.

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.