

# Registered pharmacy inspection report

**Pharmacy Name:** Stalbridge Pharmacy, High Street, Stalbridge,  
STURMINSTER NEWTON, Dorset, DT10 2LL

**Pharmacy reference:** 1030610

**Type of pharmacy:** Community

**Date of inspection:** 27/06/2019

## Pharmacy context

This is a community pharmacy located on a high street in the small town of Stalbridge. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<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 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 protects people's confidential information 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

Some processes were in place for identifying and managing risks. Near misses were recorded regularly and records of these were kept in the dispensary. The pharmacist reported that these were reviewed monthly. Based on previous near misses, the pharmacist ticked containers of medicines as he checks them against prescriptions.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). Staff demonstrated that dispensing errors were recorded and reported to the National Reporting and Learning System and to the superintendent pharmacist. Some dispensing errors did not contain a sufficiently detailed root cause analysis to elucidate why the error may have occurred. The pharmacist agreed to address this.

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 also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for all the dispensary tasks. SOPs were regularly reviewed. On questioning, the members of staff were all able to explain their roles and responsibilities. But some staff had not signed the SOPs and the pharmacist agreed to address this.

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.

An indemnity insurance and public liability certificate from Numark was displayed and was valid and in date until the end of April 2020. Records of controlled drugs (CD) and patient returned CDs were seen as being kept. The address that a CD was received from was often omitted from the examined records. Page margins were not always completed on each page of the register examined. Annotations were not always signed and dated. A sample of Lynlor 5mg capsules was checked for record accuracy and was seen to be correct. CD balance checks were carried out inconsistently and the pharmacist agreed to address this.

Date checking was not up to date and there was a significant amount of out of date stock on the dispensary shelf (see principle 4). The fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. An electronic responsible pharmacist (RP) record was retained and the

responsible pharmacist notice was displayed in pharmacy where patients could see it. The RP record often omitted the time that the RP signed out. The private prescription and specials records were retained and were in order. The emergency supply records were kept but reasons were sometimes omitted when the supply was made at the request of a patient.

Staff were seen to be following the company information governance policy. Staff signed confidentiality agreements. 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. The consultation room was left open at the time of the inspection and unlocked drawers contained patient confidential information as well as a smart card. The pharmacist agreed to address this.

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 available for 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 one medicine counter assistant 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 used the 'VirtualOutcomes' training platform and a dispensing assistant reported that she had recently completed training about diabetes and obesity. Staff reported that they received some time to complete their training.

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

## 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 and these were being rearranged during the inspection.

The consultation room was not regularly kept locked and patient confidential information and a smart card was stored inside. The pharmacist agreed to address this. 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 appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action. The pharmacy had some pharmaceutical stock that was out of date and was still on the dispensary shelf at the time of the inspection. This may increase the risk of out of date stock being dispensed to patients. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

### Inspector's evidence

Pharmacy services were advertised in the local magazine. 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. Large print labels were available for patients with sight difficulties.

The pharmacy team had been offering the flu vaccination service from September to March and had completed over 200 vaccinations. Staff explained how this service had increased accessibility to local elderly patients who had mobility issues. But supply issues with the vaccine meant that service provision was interrupted. The pharmacist had completed the relevant training.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to all female patients. The pharmacist reported that he would check that 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. A poster was displayed on the wall to remind staff of the MHRA update regarding valproate containing medicines.

There were destruction kits available for the destruction of controlled drugs and doop bins 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. Containers of pregabalin 100mg capsules, a schedule 3 CD, were found in the regular doop bin rather than waiting to be denatured securely. 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 equipment was in place and the pharmacist reported that the pharmacy was planning to use 'Alphega' software. Medicines were obtained from suppliers such as AAH, Alliance, Doncaster, Phoenix, Colorama and Sigma. Specials were obtained via suppliers such as Colorama specials.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks but these had not been completed since January. Short dated products were appropriately marked. But the following out of date stock was found on the dispensary shelving:

Avoca caustic applicator expired May 2019

Cefuroxime 250mg tablets expired February 2019

Colestipol granule sachets 5g expired May 2019

Dexamethasone 4mg soluble tablets expired February 2019

Diprosalic ointment 100g expired March 2019  
Febuxostat 80mg tablets expired May 2019  
Levetiracetam 1000mg tablets expired May 2019  
Metformin 1000mg prolonged release tablets expired May 2019  
Ropinirole 2mg tablets expired April 2019

The stock was taken off the dispensary shelving during the inspection and the pharmacist agreed to ensure that date checking was kept up to date in future. The fridge was in good working order and the stock inside was stored in an orderly manner.

MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Audit trails were 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. Separate measures were in use for methadone dispensing. Amber medicines bottles were seen to be capped when stored and there was a counting triangle 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. Doop bins 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.