General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 27 Buxton Road, Rodwell, WEYMOUTH, Dorset, DT4 9PQ

Pharmacy reference: 1030624

Type of pharmacy: Community

Date of inspection: 01/07/2024

Pharmacy context

This is a pharmacy located in a residential area in central Weymouth, Dorset. The pharmacy's main services include dispensing NHS prescriptions and selling over-the-counter medicines. It provides the Pharmacy First service and the blood pressure case finding service, as well as substance misuse services. It also provides a local delivery service and prepares multi-compartment compliance aids for people in their own homes.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 suitably identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. It also completes all the records it needs to by law, and it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

Standard Operating Procedures (SOPs) for dispensing tasks were in place and had recently been updated by the Superintendent Pharmacist. The team members had signed them off to say they had read, understood and agreed to abide by them. Staff roles and responsibilities were described in the SOPs, and they were reviewed every two years or when there were any significant changes. The team members demonstrated a clear understanding of their roles and worked within the scope of their role. One dispenser was observed following the SOP for dispensing a prescription.

There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The complaints procedure was detailed in a leaflet available in the pharmacy by the seating area. The leaflet explained that any comments, suggestions, or complaints could be forwarded to the staff, the Patient Advisory Liaison Service (PALS) and Independent Complaints Advocacy Service (ICAS).

The dispenser explained that the pharmacist would discuss any errors found when checking with the member of staff involved and asked them to reflect on why it had occurred and record it electronically. The pharmacy team members recorded near misses on an electronic near miss log and these were analysed at the end of each month. The outcome from the review was shared with the whole team who would discuss the review and implement any changes to prevent recurrences.

There was a workflow in the pharmacy where labelling, dispensing, checking was all carried out at different areas of the dispensary work benches. A valid certificate of public liability and professional indemnity insurance was available in the pharmacy.

The controlled drug register was maintained, and a balance check was carried out every week by the team. Records of this were completed electronically. The responsible pharmacist record was maintained, and the correct responsible pharmacist notice was displayed in pharmacy where people could see it. The maximum and minimum fridge temperatures were recorded daily and were in the correct temperature range. The electronic private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately and stored as they should be.

The computers were all password protected and the screens were not visible to people waiting in the pharmacy. There were cordless telephones available for use and confidential wastepaper was collected for shredding by an external company. The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team were aware of things to look out for which may indicate a safeguarding issue.

The team had a safeguarding vulnerable groups policy which contained all the contact and signposting information should the team suspect a safeguarding incident.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy trains its team members for the tasks they carry out using accredited training courses. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable with assisting one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one locum pharmacist and two NVQ Level 2 dispensers who had completed accredited training. The team explained that they felt they had enough staff for their dispensing level, and they would all work together to ensure they covered the hours when people were away. Members of staff completed different roles daily to ensure that all the tasks in the pharmacy were completed in a timely and efficient manner.

The staff were kept up to date by the company to ensure they were aware of professional best practice. The medicine counter assistant was observed referring someone to the pharmacist appropriately when they presented with a rash. She asked appropriate questions to obtain more information and then relayed this to the pharmacist who assisted the patient well.

The team explained that there was an open environment in the pharmacy, and they could provide feedback to the company about their work as well as making suggestions for changes they would like to see. There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood. There were no targets in place for services and staff members stated they would never compromise their professional judgement for financial gain.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively. The pharmacy has a suitable consultation room for private conversations.

Inspector's evidence

The pharmacy building was located on a busy street in Weymouth with residential parking around the pharmacy. The pharmacy included a retail area and medicine counter, dispensary and consultation room. There were also staff areas in the building. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy. There were clear workbenches in the dispensary and an island in the middle to provide even more workspace.

The consultation room was signposted as being available for private discussions.
People's confidentiality could be maintained, and prescriptions were screened from public view. The dispensary was tidy, and shelving was used to hold stock neatly. The pharmacy was clean, bright and well maintained. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. The team members reported that they cleaned the pharmacy regularly.

The ambient temperature was suitable for the storage of medicines and was regulated by an air conditioning system. Lighting throughout the pharmacy 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. Team members make suitable checks to ensure people taking higher-risk medicines do so safely. They store and manage medicines appropriately. And they take the right action in response to safety alerts and medicines shortages, so people get medicines and medical devices that are safe to use.

Inspector's evidence

There was a range of leaflets available to people about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy and in the consultation room. There was step-free access into the pharmacy via a ramp as well as steps leading up from the road. Team members explained that they provided a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should people require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy.

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 taking valproates. Team members explained that when dispensing valproates, they pulled up the safety information card on the boxes and ensured the dispensing label was placed behind it. They were also aware of the requirements to only provide original packs when dispensing valproates. They explained that they had completed several audits regarding valproates.

The pharmacy provided the Pharmacy First service and the team had all completed the appropriate training. The PGDs were all signed and complete, and the pharmacist was familiar with the pathways. The pharmacy team also provided a hypertension case finder service where they would target people more at risk of hypertension for blood pressure checks.
The pharmacy obtained medicinal stock from several licensed wholesalers. Invoices were seen to verify this. Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. 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 designated bin for the disposal of hazardous waste. The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team electronically, and they were actioned appropriately with the action taken noted.

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

There were several crown-stamped measures available for use, including 500ml, 100ml and 50ml measures. Measures for methadone liquid were separated from the other measures and marked to show they should not be used for other medicines. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources and pharmacy textbooks were available. Internet access was also available should the staff require further information sources.

The computers were all password protected and conversations inside the consultation room could not be overheard. Members of the team all used their own NHS Smart Cards and did not share them to ensure access was appropriate and audit trails could be maintained. Electrical equipment appeared to be in good working order.

The pharmacy had a suitable blood pressure monitor available to provide the hypertension case-finding service. The pharmacy also had several items of equipment for the Pharmacy First service. Medicines awaiting collection were stored in a manner which was inaccessible to people. Patient information was not visible from the counter.

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.