

Registered pharmacy inspection report

Pharmacy Name: Well, 24 Crescent Street, WEYMOUTH, Dorset, DT4
7BX

Pharmacy reference: 1030626

Type of pharmacy: Community

Date of inspection: 12/09/2023

Pharmacy context

This pharmacy is close to a medical centre in central Weymouth. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also provides flu vaccines, a blood pressure service, supervised consumption 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 has satisfactory processes for identifying and managing the risks associated with its services. It has up-to-date written procedures in place that its team members follow. Team members are aware of their roles, and they complete the records required by law. The pharmacy has suitable insurance in place to cover its activities and it keeps people's private information safe. The team knows how it can help protect the safety of vulnerable people.

Inspector's evidence

An electronic near miss record, Datix, was available in the dispensary and was seen to be used regularly by the team. The pharmacist explained that near misses would be discussed verbally with each team member, highlighting their own mistakes and changes they could make to prevent recurrences. The team also used an electronic internal system to review all their monthly incidents. This allowed the team to generate a patient report at the end of each month. The reports detailed the types of mistakes the team had made and allowed them to further analyse any trends in the errors. Errors were also reported electronically. The pharmacy recently had an error whereby a handwritten prescription had been mis-read. The pharmacist described the actions the team had taken following this and how they now asked for prescriber clarification on all handwritten prescriptions if there was chance they could be misread.

There was a workflow in the pharmacy where labelling, dispensing, checking and the preparation of multi-compartment compliance aids were all carried out at different areas of the work benches. Multi-compartment compliance aids were prepared away from the front dispensary to reduce distractions and there was room dedicated to the preparation of medicines for care homes.

Standard Operating Procedures (SOPs) were electronically available for the dispensing tasks. Team members had all signed the SOPs to say they had been read and understood. Staff roles and responsibilities were described in the SOPs, and they were reviewed every two years by the superintendent pharmacist or when there were any significant changes. 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 poster displayed in the pharmacy. The poster 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). A certificate of public liability and professional indemnity insurance from the NPA was available.

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

The computers were all password protected and the screens were not visible to people using the

pharmacy. There were cordless telephones available for use and confidential wastepaper was collected in baskets on the workbenches and later placed in confidential waste bags for collection by an appropriately licensed contractor.

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 had completed a safeguarding training module from the company. All team members were aware of signs to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy which was detailed in a poster in the staff areas of the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably trained team members to provide its services and it provides them with regular ongoing training. The team manages its workload safely and effectively. Team members support each other well and are comfortable providing feedback to improve the quality of the services delivered.

Inspector's evidence

During the inspection, there was one regular pharmacist and one trainee dispenser who had almost completed the Buttercups training course. The team also received regular training updates from their head office. The staff were seen to be working well together and supporting one another.

The team completed staff satisfaction surveys regularly where their opinions about their job and working environment were considered and they could provide feedback to the company about their work. 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, and the team explained they would never compromise their professional judgement for financial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean and suitably organised for the volume of work that its team has to do. The space is appropriately laid out so that the pharmacy can provide its services effectively while protecting people's privacy. The pharmacy stores its medicines securely and appropriately. The premises are suitably secure when closed.

Inspector's evidence

The pharmacy building included a large retail area, medicine counter, dispensary, three consultation rooms, stock room and staff area. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy. A staff bathroom was available, with hot and cold running water, for the team to use. A patient medication record (PMR) system was available which was password protected. Relevant equipment was also available to help deliver the services being advertised.

The consultation room which was used regularly was clean and included a table, chairs and a computer with the PMR. The computer was password protected. The consultation room could not be locked, but there was locked storage inside it. There was a sharps bin inside which was unsecured. The pharmacist was advised to ensure this was locked away if the room could not be locked.

The fixtures and fittings were satisfactory and clean, and the dispensary was also clean. A sink was available in the dispensary providing both cold and hot water. The sink was mainly used to reconstitute liquid medicines. The pharmacist's checking area was near the front counter, enabling them to supervise the sales of medicines over the counter.

Multi-compartment compliance aids were prepared in a room at the back of the pharmacy with the care home medicines. Multi-compartment compliance aids were supplied with descriptions of the medicines inside and patient information leaflets.

There was a ceiling mounted air conditioning unit which helped to provide a comfortable working environment for the team and suitable conditions for storing medicines. The medicines were also secure from unauthorised access. Pharmaceutical grade fridges were being used which had built in thermometers for accurate temperature monitoring and control. Lighting was installed throughout the whole premises which provided adequate lighting.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides appropriate services to support the health needs of the local community. And those services are suitably accessible to people. The pharmacy delivers its services safely and effectively and its 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 appropriate action following alerts, so that people get medicines and medical devices that are safe to use.

Inspector's evidence

There was a range of leaflets available for people to read about services on offer and general health promotion in the retail area of the pharmacy. There was step-free access in 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. Alcohol hand gel was also available for use in the pharmacy.

Methadone doses were dispensed using a MethaMeasure machine which was calibrated every morning. A separate hatch at the side of the dispensary was used so that patients could collect their methadone discreetly.

The pharmacy delivered a hypertension check service where the team members would identify anyone 40 years old or over who hadn't had a recent blood pressure check. The pharmacy would take their blood pressure and report the results to the person's surgery if there was a risk of high blood pressure. The pharmacy also measured the blood pressures of people who had been referred to them by their GP surgery.

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. The pharmacist explained that they used valproate information cards and leaflets when they dispensed valproates. She explained that they had some patients in the affected groups, but they were taking it appropriately and with safety precautions in place.

The pharmacy obtained medicinal stock from Bestway, AAH and Alliance. Unlicensed 'specials' were obtained via IPS and dressings were obtained from Wardles. 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. They were seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. The fridges were in good working order and the stock inside them was stored in an orderly manner. The CD cabinets were appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team from their head office, 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 to enable its team members to provide its services safely and effectively. It keeps its equipment clean and well maintained.

Inspector's evidence

The pharmacy team had access to paper-based reference materials such as the BNF but also knew how to access them online if needed. Computers were in good working order and password protected.

The pharmacy had several conical measures available, all of which were clean and bore a crown stamp. Counting triangles were available and there was a separate one available which was clearly marked for cytotoxic medicines.

All electrical items had been recently PAT tested. The pharmacy had a recommended ambulatory blood pressure monitor available to provide the hypertension case-finding service.

Medicines awaiting collection were stored to the side of the front counter and were not accessible or visible 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.