

Registered pharmacy inspection report

Pharmacy Name:Overton Pharmacy, 4 Winchester Street, Overton, BASINGSTOKE, Hampshire, RG25 3HS

Pharmacy reference: 1031670

Type of pharmacy: Community

Date of inspection: 27/11/2023

Pharmacy context

This is a community pharmacy located in the centre of the village of Overton. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also dispenses 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 a local delivery service, private blood testing and a flu vaccination 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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	The dispensary is too small, and untidy, for the current level of dispensing to be carried out safely.
		3.3	Standard not met	The pharmacy is not maintained to a level of hygiene expected from a professional environment.
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 team identifies and manages risks in the pharmacy satisfactorily. Team members record their mistakes and ensure they learn from them to reduce the likelihood of any recurrences. Team members are clear about their roles and responsibilities and work well together. The pharmacy keeps up-to-date records as they should do. The pharmacy keeps people's private information safe and team members understand their role in protecting the safety of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place which included the roles and responsibilities of the staff. The SOPs were reviewed every two years and were last reviewed in December 2022. Records of staff reading the SOPs and agreeing to abide by them were available in the SOP folder. The team members were all clear on their roles and responsibilities and explained that they would refer to the pharmacist if they were unsure of something. A valid certificate of public liability and professional indemnity insurance was available.

The pharmacy team recorded their near misses regularly and reviewed them each month. The dispenser described how they would regularly discuss any incidents they needed to be aware of. The team described how they were aware of the 'Look Alike, Sound Alike' (LASA) medicines and would highlight them to try and reduce the number of LASA mistakes they made. However, the team explained that a lot of mistakes were made due to the lack of space available for them to store the medicines and prescriptions in an organised fashion. Errors were reported electronically and went to the company's head office team. There was a complaints procedure in place, and the staff were aware of the processes to follow if they received a complaint. The team described how they had a recent complaint regarding their waiting times. They explained that they had recently become very busy and were trying their hardest to keep up to date with their tasks. During the inspection, the inspector noted that the queue was regularly from the medicines counter to the front door with about 10 people queuing at any time.

There was a workflow in the pharmacy where labelling, dispensing and checking were carried out in different areas of the work benches, but due to the lack of space, the team explained they often just had to work where they found space. Multi-compartment compliance aids were prepared in the consultation room. The team used stackable containers to hold dispensed medicines to prevent different prescriptions being mixed up. However, they were often stacked quite high and there was a real risk of items falling out of the baskets. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Records of controlled drugs and patient-returned controlled drugs were complete and accurate. The CD stock was balance checked regularly by the pharmacist. The responsible pharmacist record was complete, and the correct responsible pharmacist notice was displayed on the door of the consultation room where people could see it. The maximum and minimum fridge temperatures were recorded daily. There was one fridge in the dispensary and although the recorded temperature was fine, the probe showed an error message. The private prescription and emergency supply records were completed electronically with all the required information recorded. The specials records had all the required

information documented.

The computers were all password protected and the screens were not visible to people waiting in the pharmacy. Confidential information was stored away from people's view and conversations inside the consultation room could not be overheard. The consultation room was locked when not in use and inaccessible to the public. There were cordless telephones available for use and confidential wastepaper was collected in baskets and placed in bags which were removed by the company for secure destruction. The pharmacy had completed the Data Security and Protection (DSP) toolkit and had a General Data Protection Regulation (GDPR) policy in place. The pharmacist had completed the level 2 Centre for Postgraduate Pharmacy Education (CPPE) learning module on safeguarding children and vulnerable adults. There was a safeguarding children and vulnerable adults training packages for all the members of staff as part of their training. A list of the local safeguarding authorities and the local policies was available for the whole team to access if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. It makes sure that its team members are completing appropriate training for the jobs they do. They can use their professional judgement to decide whether it is safe to deliver a service.

Inspector's evidence

During the inspection, there was one locum pharmacist, three NVQ Level 2 dispensers and a first year pharmacy student who was there on a placement. The team had regular training updates where they were kept up to date with relevant healthcare information via MediaPharm. The head office team monitored their training and the team had dedicated time to complete this training. Team members were aware of their roles and responsibilities. They were observed dealing with requests appropriately and the pharmacy student was observed dealing appropriately with a request for co-codamol. She used an appropriate questioning technique to ascertain the needs of the person requesting it and then counselled them appropriately on its safe use.

The team were working hard to ensure they could provide a good service to the public and they were supportive of one another. However, it was difficult for them to manage their workload due to the constraints of the physical premises and the lack of space they had to move in. They explained that even when they were fully staffed, it was difficult to manage the workload because they didn't have enough space to work in.

Team members were aware of how to raise concerns and to whom. There was a whistleblowing policy in place. Members of the team explained that they were able and encouraged to raise any concerns or feedback they had to the pharmacist or the area manager. There were no targets in place for services and the team explained they would never compromise their professional judgement to do so.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy's premises are too small for it to safely deliver its services at their current level. Staff struggle with the lack of adequate space and this impacts the service they can deliver. The pharmacy does not adequately maintain the dispensary and it stores some of its stock in unhygienic conditions. This impacts the overall appearance of the pharmacy and may impact the quality of the medicines. Pharmacy team members are able to use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was located on a parade of shops in a village. The pharmacy was clearly signed from the road so people could find it easily, but the name of the old owner was on the signage, not the current owners. The pharmacy could be accessed from the road and there was free parking in front of the premises. These doors were all closed when the pharmacy was closed to ensure the pharmacy was kept secure. The pharmacy had two steps to enter and as it was a listed building, they could not change this. The team explained that they offered a delivery service to people who could not access the pharmacy and they would always help someone struggling to get in. The pharmacy included a retail area, medicines counter, a dispensary, and a consultation room. There was a basement which was used for storage of old fittings and retail equipment and upstairs in the building was used to store old paperwork and some excess medicines.

The retail area was generally tidy, but the shelves did not hold a lot of stock and the fixtures and fittings were old and tired in appearance. The retail area had an up-to-date health promotion area with relevant health information. The dispensary had shelving and storage, but due to its small size, medicines were not stored neatly on the shelves, and they were mixed up. Prescriptions and stock were also stored in tote boxes on the floor in the dispensary. The stairs to up into the pharmacy were covered in an old and dirty carpet and some stock was stored directly on the carpet. There was a shelving unit at the top of the stairs which held some excess stock, but some should have been removed due to the short expiry dates.

The consultation room was used to prepare multi-compartment compliance aids. There was a computer inside with seating and shelving. The consultation room was mostly clean and tidy. There was a door from the consultation room into the back yard of the building. The staff toilet was in an outbuilding in the yard. It was a cold, wet and dirty facility.

The ambient temperature was suitable for the storage of medicines, and this was regulated by an air conditioning system. The lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in an effective manner, and people with a range of needs can access them. The pharmacy sources medicines appropriately, but they are not stored in a logical organised fashion. This will mean there is a greater likelihood of mistakes being made or medicines being unsuitable for supply. Team members identify people taking high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were clearly displayed at the entrance of the pharmacy and on posters around the pharmacy area. There was a health promotion area at the front of the pharmacy with leaflets providing information about relevant topical and seasonal health topics. There was space for the movement of a pushchair in the pharmacy and seating for people who were waiting in the pharmacy.

The pharmacy had been offering the flu vaccination service since the start of September, but the availability of this service depended upon the locum pharmacist on duty and whether or not they were trained to provide it. The pharmacy also provided a private blood testing service with the phlebotomy being carried out by a nurse. The team explained that people could book appointments for this online or in the pharmacy for when the nurse came in. The pharmacy also provided services via Patient Group Directions (PGDs) including emergency hormonal contraception. The PGDs were examined and found to be in order. The pharmacy provided some medicines in multi-compartment compliance aids. These were seen to be made up appropriately and were labelled to include the descriptions of the medicines inside them. The pharmacy team members all had an awareness of the strengthened warnings and measures to avoid valproate exposure during pregnancy. They were all also aware of the need to dispense valproates in their original packs. Valproate information cards and leaflets were available for use during dispensing for all people in the at-risk group. The team had completed a valproate audit and the dispenser explained how they had identified affected patients and had appropriate counselling conversations with them. Records of this were recorded on the patient medication record. The pharmacy team also had an awareness of the recent strengthened warnings for under 18s taking isotretinoin.

The pharmacy obtained medicinal stock from licensed wholesalers. Invoices were seen to verify this. There were denaturing kits available for the destruction of controlled drugs. Designated bins for the disposal of waste medicines were available and seen being used for the disposal of returned medicine. They were stored securely. Date checking was carried out in a manner which meant that the whole pharmacy was date-checked four times in a year and records of this were maintained. However, medicines were not stored neatly or in an orderly manner. Many were stored in tote boxes due to a lack of storage space and with little order. The team used stickers to highlight short-dated medicines. Opened stock bottles examined during the inspection were seen to have the date of opening written on them. The fridge appeared to be in good order and the stock inside was stored in an orderly manner. The CD cabinet was secured in accordance with regulations.

MHRA alerts came to the pharmacy electronically and they were actioned appropriately. Recently, the team had dealt with the update about isotretinoin. All the recall notices were seen to have been signed and dated appropriately to indicate who had actioned them and when. The team kept an audit trail of all the recall notices they had received and filed them in the dispensary.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml, 25ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were counting triangles available as well as capsule counters. Electrical equipment appeared to be in good working order.

Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

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.