

# 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:** 27/08/2024

## 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 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 suitably identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. It 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

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 they would refer to the pharmacist if they were unsure of something. A valid certificate of public liability and professional indemnity insurance was displayed in the pharmacy.

The pharmacy team recorded their near misses regularly and reviewed them at the end of each month. The pharmacist described how they would regularly discuss any incidents they needed to be aware of. The pharmacist described how the team was aware of the 'Look Alike, Sound Alike' (LASA) medicines and would highlight them to try and reduce the number of LASA mistakes they made. The pharmacist described how they separated the co-careldopa and co-beneldopa on the shelves with co-careldopa being stored under "S" for the branded name. Errors were reported electronically and went to the company's head office. There was a complaints procedure in place, and the staff were aware of the processes to follow if they received a complaint.

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 restricted space, the team often 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. 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 one in the consultation room. There were calibration records for the thermometers used for the fridges. 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. 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 package 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 and some team members had the NHS Safeguarding app available on their phones for easy access.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy trains its team members for the tasks they carry out using accredited training courses and provides additional training to allow the staff to develop their roles. 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 pharmacist and three NVQ Level 2 dispensers. 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. Recently the team had completed training on baby care and hypertension. Team members were aware of their roles and responsibilities. They were observed dealing with requests appropriately and one of the dispensers was observed dealing appropriately with a request for children's paracetamol. She used an appropriate questioning technique to ascertain the needs of the person requesting it and then counselled them appropriately on its safe use before selling it.

Team members were working hard to ensure they could provide a good service to the public and they were supportive of one another. The pharmacist explained how the team worked well together and he could leave them to continue working while he completed consultations. 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 operational manager. There were targets in place for services but the team explained they would never compromise their professional judgement for financial gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are mostly clean and appropriate for the services delivered. However, more could be done to organise the dispensary area. The pharmacy has a suitable consultation room for private conversations.

### 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. 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 tidy, but the shelves did not hold a lot of stock and the fixtures and fittings were fairly old and tired in appearance. The retail area had an up-to-date health promotion area with relevant health information. The current information was regarding tick bites and Lyme disease. The dispensary had shelving and storage, but due to its small size, medicines were not stored neatly on the shelves, and some 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 tidy but due to the lack of consistent ordering, some stock was stored there.

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.

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 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 and they provide appropriate counselling. 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

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 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 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 and any appropriate follow-up.

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 all stored neatly due to the layout of the pharmacy. 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. 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 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 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 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 and confidential 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.