Registered pharmacy inspection report

Pharmacy Name: Gibbs & Gurnell, 34 Union Street, RYDE, Isle of Wight, PO33 2LE

Pharmacy reference: 1032548

Type of pharmacy: Community

Date of inspection: 16/07/2019

Pharmacy context

This is a traditional community pharmacy and perfumery, located in the centre of Ryde on the Isle of Wight. The pharmacy dispenses NHS prescriptions, provides healthcare advice to people. It also supplies medicines in multi-compartment compliance aids, for those patients who may have difficulty managing or remembering to take their medicines, when living in care homes or 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
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 provides services in line with processes and procedures, which are followed by staff. But these are due a review to ensure that they are still relevant. Team members review and learn from mistakes that occur during the dispensing process to prevent similar mistakes in future. But the team could do more to increase the learning gained from these incidents. The pharmacy team asks people for their views and deals with any complaints. And it uses this feedback to improve the service it provides. The pharmacy team generally keeps the records it needs to by law. The pharmacy protects people's private information and the team members understand their roles in protecting vulnerable people.

Inspector's evidence

Procedures were in place to record, review, and learn from adverse events. The pharmacist explained that dispensing incidents and near misses were reviewed and feedback provided to staff. A review following recent near misses had led to the separating of similar named and similar packaged medicines on the dispensary shelves. Incidents were reported and action taken when appropriate to notify the NRLS. But the pharmacy could be better at documenting near misses.

The pharmacist explained that baskets were also used in the dispensing process to manage the workflow, separate prescriptions and to help reduce the likelihood of errors. A system of utilising stickers or highlighting the prescription was used, for example where a high-risk medicine such as, warfarin or lithium was included, to enable the pharmacist to target patient counselling. The pharmacist had carried out risk assessments for the services provided and standard operating procedures (SOPs) were in place for the services provided from the pharmacy, with the majority of SOPs having been reviewed last in 2016. SOPs were generally signed by all staff and signature sheets were retained as verification. But the pharmacy could improve by reviewing the SOP's in place.

The staff were well organised and each knew their roles and responsibilities in the team. The pharmacy carries out the Community Pharmacy Patient Questionnaire (CPPQ) patient satisfaction survey annually. The 2017 to 2018 survey results were displayed on the NHS choices website and on a notice at the pharmacy and were generally very positive. Although this could be updated to ensure the most up-to-date survey results were displayed.

Professional indemnity insurance arrangements were in place for the pharmacy services, provided via the NPA. The RP records, electronic CD register, emergency supply records, electronic private prescription records and specials records examined, were in order. Records of patient returned controlled drugs were maintained electronically. However, the required responsible pharmacists details were not on display at the time of the inspection.

The pharmacy had procedures in place to cover information governance and staff were clear in their understanding of the confidential nature of the information that may be acquired by them in the course of their employment. Access to the pharmacy computer and the patient medication record (PMR) systems was restricted to authorised members of staff and password protected. Confidential waste was disposed of using a shredder. Child protection and vulnerable person safeguarding SOPs were in place detailing what to do and who to contact, if they had any concerns about the safety of a child or a

vulnerable adult. The pharmacist had also completed the CPPE safeguarding course.

Principle 2 - Staffing   ✔ Standards met

Summary findings

The pharmacy's team members have the right skills and training for the roles they undertake. The pharmacy supports the ongoing learning and development of its staff to keep their skills and knowledge up to date. The pharmacy team can make suggestions and get involved in making improvements to the systems used and services provided.

Inspector's evidence

The pharmacy dispensed approximately 12,500 NHS prescription items each month. One pharmacist, three trained dispensers and one qualified medicines counter assistant, were present in the pharmacy at the time of the inspection. Staffing levels were planned and changed in response to business needs.

Staff had completed appropriate training courses for their roles and were encouraged to continue and develop their skills. The pharmacist explained that all staff had informal reviews where performance and development needs were individually discussed. Staff were encouraged to continue their own personal development through online training courses, magazine articles and via the NPA and Buttercups training programmes. The pharmacist also completed CPD and CPPE training courses as part of their ongoing professional requirements.

The pharmacist was observed supervising and overseeing the sales, supply and healthcare advice given by staff. Staff were observed following the sales of medicines protocol when making OTC recommendations and referred patients to the pharmacist when necessary.

Staff were able to provide feedback and following discussion with staff, the dispensary area had been altered to provide better workflow and improve and increase the space available and provide an additional computer workstation. The pharmacist explained that there were no specific targets in place for MURs and NMS.

Principle 3 - Premises ✔ **Standards met**

Summary findings

The pharmacy premises are safe, secure and suitable for the pharmacy services provided.

Inspector's evidence

The pharmacy was of an adequate size, appropriately fitted out, clean and well lit. The pharmacy also had a separate area for preparing multi-compartment compliance aids. The pharmacist explained that plans were in progress to carry out some further improvement work in relation to painting and replacing the flooring at the pharmacy.

Hand washing facilities were available at the pharmacy and the sinks were clean and each had a supply of hot and cold water. A consultation room was available for use to ensure that patients could have confidential conversations with staff when necessary.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy generally delivers its services in a safe and effective manner and people receive appropriate advice and support to help them use their medicines properly. The pharmacy advertises its services and people can access them. The pharmacy sources, stores and manages medicines appropriately. And so makes sure that all the medicines it supplies are fit for purpose.

Inspector's evidence

The pharmacy team was providing a limited range of services tailored to the needs of the local population for example community multi-compartment compliance aids. And worked closely with the surgery and local hospitals to identify suitable patients that would benefit from this service and to ensure continuity of care through the use of the 'Motive system'. The pharmacy was also providing the 'Pharmacy First' minor ailment service, which assists with reducing the burden on the local GPs.

The pharmacy had a step at the front entrance but staff were available to provide assistance for those having difficulty entering the premises or with mobility difficulties. Pharmacy services were clearly advertised and staff were clear about what services were offered from the pharmacy and where to signpost patients to if a service was not provided. The pharmacy had signposting resources and had access to the internet to assist with this. The pharmacy also provided a delivery service for patients who are housebound or require this service. The 'dispensed by' and 'checked by' boxes on the dispensing labels on assembled medicines were initialled to provide a clear audit trail of which staff had been involved in each process.

Patient information leaflets (PILs) were generally supplied with all medicines, including community compliance aid patients. The pharmacy staff were aware of the Valproate Pregnancy Prevention Program (PPP) although at the time of the inspection they were unable to locate the folder. The pharmacist had carried out an audit to identify at-risk patients receiving valproate preparations and undertook to locate or obtain the information pack and to ensure that all staff were aware of its location.

The staff were aware of the recent requirements for ensuring compliance with the Falsified Medicines Directive (FMD), in relation to verification and decommissioning of medicines. The pharmacy already had scanning equipment and software in place and were registered with SecurMed .

Pharmaceutical stock requiring refrigeration was stored between 2 and 8 degrees Celsius. The pharmacist demonstrated that the maximum and minimum temperatures of the pharmacy refrigerators were recorded daily and stock was rotated and stored in an orderly manner in the fridge. Medicines were stored in appropriate conditions, within their original manufacturer's packaging. Pharmaceutical stock was subject to regular date checks and stock close to expiring was appropriately highlighted.

Date expired CDs were appropriately marked and segregated within the CD cabinet. The pharmacy obtained its medicines from licensed wholesalers Phoenix, Alliance and AAH. Specials were generally ordered via IPS specials. Invoices from a sample of these wholesalers were seen. Waste medicines, including hazardous waste, were stored securely in appropriate containers and disposed of via licensed

contractors. The pharmacist explained that drug recalls were appropriately actioned. However the pharmacy could do more to ensure that appropriate auditable records were maintained of actions taken

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

A range of measures were available at the pharmacy. The pharmacy had equipment for counting loose tablets and capsules and these were clean at the time of inspection.

The pharmacy had up to date copies of BNF, BNF children and other reference books as well as access to the internet and the facility to access the NPA information service. The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public and prescriptions awaiting collection were stored to prevent customers being able to view confidential information from the counter area. Staff were observed disposing of confidential waste appropriately.

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.