

# Registered pharmacy inspection report

**Pharmacy Name:**Yarmouth Pharmacy Limited, Quay Street,  
YARMOUTH, Isle of Wight, PO41 0PB

**Pharmacy reference:** 1032562

**Type of pharmacy:** Community

**Date of inspection:** 31/05/2023

**Pharmacy context**

**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 effectively manages the risks associated with services it provides, to make sure its services are safe. This includes learning from incidents, dealing with patient-returned medicines promptly, having effective date-checking processes and managing uncollected prescription items. The pharmacy's team members understand their roles and responsibilities and they keep people's information safe. They also take appropriate action when they have concerns about more vulnerable people.

### Inspector's evidence

The pharmacy had written procedures in place, and these had been reviewed and updated regularly. And the pharmacy team had read and signed them. There was a procedure in place to learn from dispensing errors. Dispensing errors were generally recorded and reviewed with staff to ensure learning where appropriate. There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used individual baskets to hold dispensed medicines to prevent them mixing up different prescriptions. Dispensing labels were also seen to have been completed indicating who had dispensed and who had checked a prescription.

The pharmacy's team members understood what their roles and responsibilities were when questioned. They had taken measures to mitigate the risk of transmission of COVID-19. Face masks and PPE were available for the team and hand sanitiser was readily available for people entering the pharmacy to use. There was a complaints procedure in place and displayed for people to see. Staff were all clear on the processes they should follow if they received a complaint. The pharmacy had also received numerous positive feedback online, particularly during the COVID pandemic.

A certificate of public liability and indemnity insurance was on display. Records of controlled drugs (CD) were maintained as well as patient returned controlled drugs which were also maintained appropriately. The CD balance was checked regularly. There were some out-of-date CDs that had been separated from regular CD stock and labelled appropriately. The responsible pharmacist (RP) record was correctly completed and the RP notice was displayed and could be clearly seen by the public. There was a main fridge in the dispensary in use and temperatures were recorded and monitored daily. Date checking of medicine stock was in place. The private prescription, emergency supply and specials records were maintained appropriately.

The pharmacy's team members were seen to be following the company's information governance procedures during the inspection. The computer screens were all facing away from the public and were password protected. Confidential waste was collected separate to normal waste and disposed of appropriately. Information was available for people to see how their personal information was handled by the pharmacy.

On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. There was a safeguarding policy in place at the pharmacy. The pharmacists and technicians working had completed CPPE level 2 safeguarding training. Contact details for local safeguarding advice, referral and support were available for the staff to use should the need arise.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has sufficient experienced and appropriately trained staff to manage its workload safely, and they work well together as a team. Team members can make suggestions to improve services and to improve safety and workflow where appropriate.

### Inspector's evidence

The pharmacy was satisfactorily staffed by suitably skilled team members. This helped to manage the workload safely. Staff present during the inspection included the regular pharmacist and 2 trained technicians as well as 2 trained counter assistants. The pharmacy has good retention of its staff and many team members were long-standing staff who had worked at the pharmacy for a number of years.

The pharmacist held daily team briefings to discuss current issues and encouraged feedback from staff. The team were observed undertaking their tasks with appropriate direction from the RP. People who worked at the pharmacy didn't feel the targets set for the pharmacy stopped them from making decisions that kept people safe. They were comfortable about making suggestions on how to improve the pharmacy and its services. They knew how to highlight concerns if needed.

Team members understood their role and responsibilities, they asked appropriate questions before selling medicines over the counter, held a suitable level of knowledge to sell medicines safely and referred to the pharmacist for advice when required. The pharmacist highlighted any suitable training for staff to complete on an ongoing basis.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are adequate for the safe provision of pharmacy services. They are kept secure when the pharmacy is closed. And people can have a conversation with members of the pharmacy team in a private area and won't be overheard. The retail area is generally well presented. But the pharmacy could do more to make sure the consultation room flooring is repaired or replaced and the dispensary area and shelving are kept tidy.

### Inspector's evidence

The pharmacy comprised of a main dispensary as well as a consultation room and retail waiting area. The pharmacy fixtures and fittings were appropriate for the service provided and the pharmacy was clean, well lit and was generally presented in a satisfactory state of repair. However, the flooring in the consultation room was worn and in need of replacing/ repair.

Due to the increase in business the storage space for stock and assembled medicines awaiting collection was limited and care must be taken to keep the area in a tidy and organised manner to minimise the risk of errors.

There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing. There were plastic screens separating the retail area from the dispensary. The consultation room was clean and was at the rear of the dispensary so could be kept secure when not in use.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its service in a safe and effective manner, and people with a range of needs can easily access them. It sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It identifies people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely. The pharmacy responds appropriately to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take.

### Inspector's evidence

The pharmacy's opening hours were listed on the front window and its services were being advertised to people entering the pharmacy. Entry into the pharmacy was from the main street via a small step. The pharmacy displayed health promotion material around healthy living and also produced a monthly newsletter for patients which was well received and covered a different health subject each month.

The pharmacy team supplied multi-compartment compliance packs for around 40 people for use in their own homes and pharmacy services for local care home patients using original pack dispensing. The pharmacy team had a good awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to people who may become pregnant. The staff explained that they would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they were aware of these and query if they were taking effective contraception.

The pharmacy used recognised wholesalers to obtain medicines and medical devices. Specials were ordered via licensed specials manufacturers and appropriate records were maintained. The pharmacy team had access to destruction kits for the destruction of controlled drugs. Designated bins were available and being used for the disposal of medicines returned by patients. Waste collection was regular and team members explained they would contact the contractors if they required more frequent waste collection.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA drug alerts and recalls were received and actioned appropriately by the pharmacy team.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it stores its equipment securely.

### Inspector's evidence

The pharmacy was equipped with current versions of reference sources and clean equipment. This included measures for liquid medicines and counting triangles. Computer terminals were password protected and positioned in a manner that prevented unauthorised access.

### 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.