

Registered pharmacy inspection report

Pharmacy Name: Topside Pharmacy, 6A High Street, CHIPPING
NORTON, Oxfordshire, OX7 5AD

Pharmacy reference: 1035913

Type of pharmacy: Community

Date of inspection: 21/03/2023

Pharmacy context

The pharmacy is in a busy high street in Chipping Norton in Oxfordshire. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription delivery, flu vaccinations, travel clinic, supervised consumption, blood pressure monitoring, community pharmacist consultation service (CPCS), discharge medicines service (DMS) and new medicines service (NMS). The pharmacy has changed ownership since the last visit.

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	1.1	Good practice	The pharmacy identifies and manages the risks well so its services are safe.
2. Staff	Standards met	2.2	Good practice	The pharmacy has contingency plans to deal with staff absence and deliver its services
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy's services are safe and effective and easily accessible to people with a variety of needs
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy manages risk well and its working practices are safe and effective. It has suitable written procedures which tell staff how to complete tasks effectively. Team members make sure that people have the information they need to use their medicines safely. The pharmacy keeps the records it needs to by law. The pharmacy team members understand how to protect people's private information and their role in safeguarding vulnerable people.

Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. Members of the pharmacy team spotted patterns or trends with the mistakes they made, discussed their mistakes to learn from them and reduce the chances of them happening again. The responsible pharmacist (RP) explained that medicines involved in incidents or were similar in some way such as rivaroxaban and rosuvastatin, were usually stored in separate places to reduce the chance of errors when picking medicines. The RP compiled a patient safety review (PSR) from the dispensing errors and near misses. There was a complaints procedure and information about incidents and how they happened was recorded on the NHS Learning from Patient Safety events (LFPSE) service.

Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. Workflow was in one direction in the dispensary from the team receiving a prescription to where the RP completed the clinical and accuracy checks of the medicines which were dispensed. Interactions between medicines prescribed together were checked and interventions were recorded on the patient medication record (PMR). Assembled prescriptions were bagged and stored in the retrieval system if they were not collected straightaway. And team members checked people's details to make sure the right people were given the right medicines. They highlighted prescriptions containing high-risk medicines which required counselling and supplied appropriate warning cards, so people had all the information they needed to use their medicines safely.

The pharmacy had standard operating procedures (SOPs) for most of the services it provided. And these had been reviewed since the last inspection. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. Team training records were up to date. A member of the team described the protocol for recommending medicines for sale over the counter. Members of the pharmacy team knew what they could and could not do, what they were responsible for and when to seek help. Their roles and responsibilities were described in the SOPs. A team member explained that they would not hand out prescriptions or sell medicines if a pharmacist was not present. And they would refer repeated requests for the same or similar products, such as medicines liable to misuse to a pharmacist.

The pharmacy had a folder of completed risk assessments (RAs) and these included Control of

Substances Hazardous to Health (COSHH) RAs, a health and safety policy and how to make a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) report. The pharmacy's first aid kit and accident book were accessible if needed in an emergency. The pharmacy had risk assessed the impact of COVID-19 upon its services and the people who used it. And screens had been fitted and hand gel and personal protective equipment had been made available. The RP explained audits and their findings which the pharmacy completed. An anti-coagulant audit had been submitted as part of the pharmacy quality scheme (PQS) medicines safety and optimisation. The valproate and antibiotic audits had been completed and the results submitted.

The pharmacy displayed a notice that told people who the RP was, and it kept a record to show which pharmacist was the RP and when. The pharmacy had insurance arrangements in place, including professional indemnity, for the services it provided. It had a controlled drug (CD) register which was kept up to date. And the stock levels recorded in the CD register were checked regularly. A random check of the actual stock of a CD matched the recorded amount in the register. The patient group directions (PGDs) for the travel vaccinations service were kept online. The pharmacy kept records for the supplies of the unlicensed medicines it made and it recorded the emergency supplies it made and the private prescriptions it dispensed. And these generally were in order and complete.

The pharmacy was registered with the Information Commissioner's Office. The notice that told people how their personal information was gathered, used and shared by the pharmacy and its team required reprinting. The pharmacy team tried to make sure people's personal information could not be seen by other people and was disposed of securely. The pharmacy's computer system was password protected and backed up regularly. And members of the team used their own NHS cards. The pharmacy had a safeguarding SOP. And the RP had completed a level 3 safeguarding training course. Members of the pharmacy team knew what to do if they had concerns about the safety of a child or a vulnerable person. The RP was signposted to the NHS safeguarding App.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team works effectively together to manage the workload. Team members are encouraged to undertake ongoing training and keep their knowledge up to date. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

Inspector's evidence

The pharmacy team consisted of the superintendent pharmacist (the RP), a regular locum pharmacist, two full-time and one part-time dispensing assistants, one full-time and one part-time medicines counter assistant and a part-time delivery driver. The pharmacy team members were trained for their roles and the delivery person was disclosure and barring service (DBS) checked. There were two people who could cover the delivery person's absence if needed. And the pharmacy team members could 'double up' and provide additional cover for people taking leave. Further cover could be sourced from a locum agency.

Members of the pharmacy team were allocated protected learning time to undertake training relevant to their roles. They accessed training via the Numark training platform including information on new products and confidence in recommending medicines over the counter. The pharmacy team members worked well together. The RP had completed eLearning to provide the travel clinic medicines via PGDs. Flu vaccination training was seen to have been completed.

People were served quickly, and their prescriptions were supporting the local community processed safely. The RP supervised and oversaw the supply of medicines and advice given by the pharmacy team. The pharmacy team had won an award through the Thames Valley local pharmaceutical committee (TVLPC) for supporting the local community. Members of the pharmacy team had annual appraisals to monitor performance. And they discussed any issues they had during quiet times in the pharmacy and were comfortable about making suggestions on how to improve the pharmacy and its services. There was a whistleblowing policy if anyone wanted to raise concerns.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and suitable for the provision of healthcare. The pharmacy protects people's private information and keeps its medicine safe when it is closed.

Inspector's evidence

The registered pharmacy premises were bright, clean and presented a professional image. The décor and signage of the previous owners of the pharmacy had been replaced. Steps were taken to make sure the pharmacy and its team did not get too hot. The pharmacy had a retail area with a medicines counter, a dispensary and two small rooms acting as office space and where compliance aids were prepared. The basement provided more storage. The pharmacy had two consultation rooms. People could have a private conversation with a team member. The RP used the larger consultation room for services and the delivery person used the second smaller consultation room to organise the delivery service. The dispensary had limited workspace and storage available so the RP had had additional shelving fitted to store prescriptions awaiting collection. Members of the pharmacy team kept the pharmacy's premises clean and tidy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible to people with different needs. And its working practices are safe and effective. It gets its medicines from reputable sources and stores them securely at the right temperature to make sure they are fit for purpose. The pharmacy team takes the right action when medicines have to be returned to the suppliers. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely.

Inspector's evidence

The pharmacy services were displayed on the NHS website and Facebook. The pharmacy did not have an automated door. And its entrance was not level with the outside pavement. This made it harder for some people, such as someone who used a wheelchair, to enter the building. But the pharmacy team members tried to make sure these people could use the pharmacy services so there was a buzzer, and the team members went to the door to fit ramps or to serve people. The pharmacy had a notice that told people when it was open and it had a small seating area for people to use if they wanted to wait. And this area was set away from the counter. Members of the pharmacy team were helpful, and they could understand or speak Urdu, Hindi and Kuki. The pharmacy was near a residential area with some available parking for people with cars in front of the pharmacy.

They took the time to listen to people. So, they could advise and help them. And they signposted people to other service providers such as local ophthalmic clinic or chiropractor or the walk-in centre. The pharmacy provided a delivery service to people who could not attend its premises in person and there was an audit trail for the deliveries it made to show that the right medicine was delivered to the right person. The pharmacy had COVID-19 rapid lateral flow tests that people could use at home. The pharmacy used a disposable system for people who received their medicines in multi-compartment compliance. The pharmacy team checked whether a medicine was suitable to be re-packaged. It provided a brief description of each medicine contained within the compliance aids and patient information leaflets. So, people had the information they needed to make sure they took their medicines safely.

Members of the pharmacy team initialled dispensing labels to show which of them prepared a prescription. And they marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting or if other items needed to be added. They were aware of the valproate pregnancy prevention programme. And they knew that girls or women in the at-risk group who were prescribed a valproate needed to be counselled on its contraindications. The pharmacy had the valproate educational materials it needed. The RP dealt with a CPCS referral during the visit. The consultation and necessary records were completed and a medicine was recommended to relieve the symptoms. The pharmacy had provided seasonal flu vaccinations via PGD to people who had made appointments or walked in and asked. Records including consent were entered onto PharmOutcomes and the person's doctor was informed. There was a folder to contain paper-based information and the SOP.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices within their original manufacturer's packaging. The dispensary was tidy and the pharmacy team checked the expiry dates of medicines and kept records for when it had done a date-check. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. A member of the team demonstrated how the fridge temperatures were monitored. CDs were stored securely in line with safe custody requirements. The pharmacy had procedures for handling the unwanted medicines people returned to it. And these medicines were kept separate from stock in pharmaceutical waste bins. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. And the RP described the actions they took and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy keeps people's private information safe.

Inspector's evidence

The pharmacy had hand sanitisers for people to use and the personal protective equipment its team members needed. The pharmacy had a clean glass measure for use with liquids. The pharmacy team had access to up-to-date reference sources. The pharmacy had refrigerators to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the maximum and minimum temperatures of the refrigerator. The pharmacy collected confidential wastepaper shredding. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members made sure they used their own NHS smartcards.

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.