

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 18 Victoria Street, BURNHAM-ON-SEA,  
Somerset, TA8 1AN

**Pharmacy reference:** 1036289

**Type of pharmacy:** Community

**Date of inspection:** 23/10/2019

## Pharmacy context

This is a community pharmacy located on a parade of shops in Burnham-on-Sea. It serves its local population which is mostly elderly. The pharmacy opens six days a week. It sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccination services and supplies medicines in multi-compartment compliance aids for people to use living in 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
<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	4.1	Good practice	The pharmacy team increase the accessibility of the flu vaccination service to their local patient population.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information well and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

### Inspector's evidence

Processes were in place for identifying and managing risk in the pharmacy. Near misses were recorded electronically and generally reviewed monthly by the pharmacy team. Incidents would be discussed with the members of staff involved and coaching and advice would be given as necessary. But a dispensing assistant was not able to access the Datix system and describe examples of learning from recent errors. Going forward, the pharmacist explained that all staff would be able to access the system to input any errors so that learning opportunities were not missed.

Dispensing errors were all reported electronically to the company's head office and a root cause analysis was carried out. 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 stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for all the dispensary tasks and were reviewed regularly. The SOPs were all held electronically and staff would carry out SOP training online. The pharmacy team explained that they were all aware of their roles and responsibilities.

A complaints procedure was in place within the SOPs and the staff were all aware of the complaints procedure. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract.

An indemnity insurance and public liability certificate from the NPA was held and was valid and in date until June 2020.

Records of controlled drugs (CDs) and patient returned CDs were all seen to be in order. A sample of a random CD was checked for record accuracy and was seen to be correct. The controlled drug balances were generally checked weekly.

The responsible pharmacist record was held electronically and was in order. The responsible pharmacist notice was displayed in pharmacy where patients could see it. The fridge temperatures were recorded daily and was always in the two to eight degrees Celsius range. The private prescription and specials records were retained and were in order. The emergency supply records were retained but some entries omitted the reason for the supply when it was at the request of a patient. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and

records of this were completed appropriately.

The computers were all password protected and the screens were not visible to the public. Staff were required to complete online training for information governance. Patient confidential information was stored securely. Confidential waste was collected and removed by an external company regularly.

The pharmacy team had been trained on safeguarding children and vulnerable adults. Staff could locate contact details for local safeguarding advice, referral and support on request. On questioning, staff were aware of what signs to look out for when identifying potential safeguarding concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

At the time of the inspection there was one pharmacist and one dispensing assistant present in the pharmacy. The staff were observed to be working well together and supporting each other.

Staff performance was monitored and reviewed formally regularly against key performance indicators (KPIs). In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The pharmacy manager reported that the pharmacy team were understaffed at the time of the inspection and that there was a degree of workplace pressure. Despite this, the team were generally managing to keep up to date with their dispensing activity and service provisions. A technician had just been recruited to do 28 hours a week and was starting in November. There remained a vacancy available for a full-time dispensing assistant at the time of the inspection.

The staff reported they were required to complete online training modules when they became available. Staff had recently completed training on a new patient medical record system that was in use at the pharmacy. Staff received adequate time to complete any required training. Staff held huddles on an ad-hoc basis. The company had an annual staff survey which was an opportunity for the staff to feedback any opinion they had about their roles and the company anonymously.

Staff reported they were than happy to raise any concerns they had immediately with the pharmacist or with one another. There was also a whistleblowing policy in place which staff were aware of and were happy to use should they require it. There were targets in place for services but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect people's private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing.

Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out.

The pharmacy had a consultation room that was well soundproofed. Patient confidential information was stored securely. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy generally obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose and maintain audit trails to demonstrate this.

### Inspector's evidence

Access to the pharmacy was step free. Leaflets and posters were available to advertise pharmacy services. There was space for the movement of a wheelchair or pushchair in the store. There was seating available for patients and customers waiting for services.

The pharmacy team had been offering the flu vaccination service since September and had completed around 220 vaccinations at the time of the inspection. Staff explained how this service had increased accessibility to patients who find it difficult to attend limited GP appointments. The patient group direction (PGD) was valid and in date. The pharmacist had completed recent anaphylaxis and resuscitation training.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were not available for use during valproate dispensing to people who may become pregnant during the inspection. The pharmacist agreed to address this. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The pharmacy manager reported that the pharmacy was in the process of complying with the European Falsified Medicines Directive (FMD). The pharmacy team had the appropriate software and were waiting for the scanning equipment at the time of the inspection.

The pharmacy used recognised wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. Specials were ordered via IPS specials. Invoices from these wholesalers were seen.

CD destruction kits were available for the destruction of controlled drugs. Designated bins for storing waste medicines were available for use. There was an excessive amount of patient returned stock awaiting destruction and the pharmacist agreed to address this. A bin for the disposal of hazardous waste medicines was also available for use. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The majority of medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. The following medicines were stored, unlabelled, in amber bottles wrapped around an original container using elastic bands:

Alogliptin 10mg tablets

Amitriptyline 10mg tablets

There were also bottles of citalopram 20mg tablets, furosemide 20mg tablets and carbocisteine 275mg

capsules that had been stored without quantities. The pharmacist agreed to address this. The dispensary shelves had areas of disorganisation; amitriptyline 10mg and amisulpride 50mg tablets, betahistine 8mg and carbimazole 5mg tablets and different strengths of atenolol were stored together, for example.

Date checking was regular and stock was marked if short dated. The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically through the company's intranet and the pharmacist explained that these were actioned appropriately. Records to demonstrate this were kept and included audit trails.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Separate measures were in use for dispensing CDs. Amber medicines bottles were seen to be capped when stored and there was a counting triangle and a capsule counter. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in the pharmacy and temperatures were recorded daily and were seen to be between two to eight degrees Celsius. Designated bins were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

### 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.