

Registered pharmacy inspection report

Pharmacy Name: Heatherside Pharmacy, 6 Heatheridge Arcade,
Heatherside, CAMBERLEY, Surrey, GU15 1AX

Pharmacy reference: 1036413

Type of pharmacy: Community

Date of inspection: 15/09/2020

Pharmacy context

A community pharmacy set on a parade of shops in a residential area of Camberley. The pharmacy is part of a small chain of pharmacies. It opens six days a week. And most people who use it live nearby. The pharmacy sells a range of over-the-counter (OTC) medicines. And it sells some health and beauty products too. The pharmacy dispenses people's prescriptions. And it delivers medicines to people who have difficulty in leaving their homes. The pharmacy provides Medicines Use Reviews (MURs) and the NHS New Medicine Service (NMS). And it also offers winter influenza (flu) vaccinations and blood pressure checks. The pharmacy supplies medicines to people who live in a few nearby care homes. And it provides multi-compartment compliance packs (compliance packs) to help people take their medicines. This inspection took place during the coronavirus (COVID-19) pandemic.

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 generally manages its risks appropriately. And it has written procedures to help make sure its team works safely. The pharmacy keeps most of the records it needs to. And it has adequate insurance to help protect people if things do go wrong. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They review the mistakes they make. So, they can try to stop them happening again. They understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy team had risk assessed the impact of COVID-19 on the pharmacy and its services. And, as a result, some of the pharmacy's services, such as NHS health checks, were suspended. The pharmacy offered to undertake an occupational risk assessment for each team member to help identify and protect those at increased risk in relation to COVID-19. The responsible pharmacist (RP) was aware of the need for community pharmacy employers to report instances of exposure to COVID-19 in the workplace. The pharmacy had standard operating procedures (SOPs) for the services it provided. And these were reviewed and updated centrally by the pharmacy's head office. Members of the pharmacy team were required to read, sign and follow the SOPs relevant to their roles. The pharmacy had received some supplemental guidance from its head office to help its team manage its services safely during the pandemic. The pharmacy had systems to record and review dispensing errors and near misses. Members of the pharmacy team discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they shared any learning from these reviews with each other. So, they could try to stop the same types of mistakes happening again. The pharmacy team reviewed and strengthened its dispensing process following a mistake when aripiprazole was selected instead of atorvastatin.

The pharmacy displayed a notice that identified the RP on duty. The roles and responsibilities of the pharmacy team were described within the SOPs. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products to the RP. The pharmacy had a complaints procedure. But it didn't display information in store to tell people how they could provide feedback. People were asked to take part in a satisfaction survey once a year. And the results of some recent surveys were available online and were mostly positive. The pharmacy team tried to keep people's preferred makes of prescription-medicines in stock when asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy team generally kept the controlled drug (CD) register in order. And the CD running balance was checked at regular intervals. The pharmacy kept a record to show which pharmacist was the RP and when. It also kept records for the supplies of unlicensed medicinal products it made. But it didn't always record when it had received each product. The pharmacy recorded the emergency supplies it made and the private prescriptions it supplied electronically. And while these records were mostly in order, the date of prescribing and the name and address of the prescriber were sometimes entered incorrectly.

The pharmacy had an information governance policy. It stored prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. And it had arrangements to make sure confidential waste was collected and destroyed securely. The pharmacy had a safeguarding procedure. And it had the contacts it needed if a member of the team needed to raise a safeguarding concern. Members of the pharmacy team were required to complete safeguarding training. And they could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough people in its team. Members of the pharmacy team undergo training for the jobs they do. So, they can deliver safe and effective care. They work well together and make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy and its services. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets or incentives.

Inspector's evidence

The pharmacy team consisted of a full-time pharmacy manager (the RP), a part-time pre-registration pharmacy technician trainee, a full-time dispensing assistant, a part-time dispensing assistant, four part-time medicine counter assistants and a part-time delivery driver. The pharmacy had recently recruited a nurse to provide some diagnostic services and advice on minor ailments. The RP, the nurse, the pre-registration pharmacy technician trainee, the dispensing assistants and one of the MCAs were working at the time of the inspection. And two members of the pharmacy's head office team arrived during the inspection. The pharmacy relied upon its team, team members from other branches or head office and locums to cover absences.

The team members worked well together. So, people were served promptly, and their prescriptions were processed safely. The RP supervised and oversaw the supply of medicines and advice given by the team. The pharmacy had a sales of medicines protocol which its team needed to follow. One of the team members described the questions they would ask when making OTC recommendations. They referred requests for treatments for babies, people who were pregnant or breastfeeding, people who were old and people with long-term health conditions to a pharmacist. Members of the pharmacy team needed to undertake accredited training relevant to their roles. Team members could talk to their manager about their development needs. They were encouraged to ask questions and familiarise themselves with new products. They completed online training to make sure their knowledge was up to date. And they could train while they were at work when the pharmacy wasn't busy. The pharmacy held meetings and one-to-one discussions to update its team and share learning from mistakes or concerns.

Members of the pharmacy team weren't under pressure to complete tasks. And they were adequately managing the pharmacy's workload at the time of the inspection. They didn't feel their professional judgement or patient safety were affected by targets or incentives. The pharmacy only provided MURs and NMS consultations when a suitably qualified pharmacist decided it was clinically appropriate to do so and when the workload allowed. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. The pharmacy had a whistleblowing policy in place. And its team members knew who they should raise a concern with if they had one. The team's feedback led to the introduction of a nurse-led diagnostic service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate environment for people to receive healthcare. And its premises are clean and tidy. The pharmacy has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy had a retail area, a counter, a dispensary, a small consulting room and a toilet. The pharmacy's premises were bright, clean, secure and adequately presented. The pharmacy displayed a notice asking people to follow its COVID-19 policy when using it and its services. People tried to socially distance themselves from one another when inside the pharmacy. And they wore face coverings too. The dispensary was narrow, and it had limited workspace and storage available. Its floor was worn in places too. The dispensing worksurfaces could become cluttered when the pharmacy was busy. And some assembled prescriptions, which couldn't be stored on the shelves, were kept in plastic crates on the floor. Members of the pharmacy team and the nurse used the consulting room if people needed to speak to them in private or to deliver some of the pharmacy's services. The consulting room could be locked when not in use. So, its contents could be kept secure. The pharmacy had some sinks. And it had a supply of hot and cold water. The pharmacy's team members were responsible for keeping the pharmacy's premises clean and tidy. They wiped and disinfected the surfaces they and other people touched. The pharmacy had handwash and alcoholic hand sanitiser for people to use. And its team members could wash or sanitise their hands regularly.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can access. Its working practices are safe and effective. And its team is helpful. The pharmacy offers flu vaccinations and keeps records to show that it has given the right vaccine to the right person. It gets its medicines from reputable sources. And it stores most of them appropriately and securely. Members of the pharmacy team generally carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose. The pharmacy team disposes of most people's unwanted medicines properly too.

Inspector's evidence

The pharmacy had step-free access. But it didn't have an automated door. So, the pharmacy team generally left the door open throughout the day. This meant that people with mobility difficulties, such as wheelchair users, could enter the building easily. The pharmacy listed the services it could provide online. Members of the pharmacy team were helpful. They took the time to listen to people. So, they could help and advise them. And they signposted people to another provider if a service wasn't available at the pharmacy.

The team members responsible for making up people's prescriptions used plastic baskets to keep each person's medication separate and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the RP who also initialled the dispensing label. The pharmacy team generally supplied people with patient information leaflets for their medicines. The pharmacy delivered prescriptions to a few people who had difficulty in getting to the pharmacy. And it kept a record to show it had delivered the right medicine to the right person. The pharmacy had procedures to help its team supply medicines in compliance packs to people, including those who lived in care homes, safely. The RP was made aware of the GPhC's position on COVID-19 rapid antibody tests. And he gave an assurance that these wouldn't be provided or sold from the pharmacy. The pharmacy had appropriate resources in place for its flu vaccination service. And people could book a flu vaccination appointment online. The RP was appropriately trained to vaccinate people. And the pharmacy had an up-to-date patient group direction for this service. The pharmacy kept a record of the vaccinations it made. And this included the details of the person vaccinated and their consent, an audit trail of who vaccinated them and the details of the vaccine used. The pharmacy team made sure the sharps bin was kept securely when not in use. But the RP didn't always get another team member to check that the vaccine he selected was the correct one before administering it. The pharmacy team marked some prescriptions to highlight when a pharmacist needed to speak to the person collecting the medication or if other items, such as CDs and refrigerated products, needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy had some valproate educational materials available.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines when it dispensed them and at regular intervals. It recorded when it had done these checks. It marked products which were soon to expire. And it marked containers of liquid medicines with the date they were opened. This helped the team reduce

the chances of it giving people out-of-date medicines by mistake. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it also stored its CDs, which weren't exempt from safe custody requirements, securely. The pharmacy kept a record of the destruction of patient-returned CDs. The pharmacy team needed to keep patient-returned and out-of-date CDs separate from in-date stock. Members of the pharmacy team were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't decommissioning stock at the time of the inspection despite the pharmacy having the appropriate equipment and computer software to do so. The pharmacy team needed to familiarise itself with the company's FMD SOPs and the process before the pharmacy could become compliant. The pharmacy had procedures for handling unwanted medicines people returned to it. And it had plenty of pharmaceutical waste bins. But it didn't have an appropriate bin for the disposal of hazardous waste. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they would take when they received a drug alert. But they didn't always record these actions.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had reviewed the equipment its team needed as a result of the pandemic. It had two plastic screens on its counter. And its team had placed a marking on the floor to help people keep two metres away from the counter. The pharmacy had hand sanitisers for people to use if they wanted to. And it had the personal protective equipment, including face masks, its team members needed when they couldn't socially distance from people or each other. The pharmacy had a range of clean glass measures. And it had equipment for counting loose tablets and capsules too. Members of the pharmacy team made sure the equipment they used to measure, or count, medicines was clean before they used it. The pharmacy recently replaced the monitor its team used to take people's blood pressure. And its team members cleaned and sanitised the monitor's cuff before and after they used it. The pharmacy team had access to up-to-date reference sources. And it could contact the National Pharmacy Association to ask for information and guidance. The pharmacy had two refrigerators to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerators' maximum and minimum temperatures. 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. The pharmacy had a cordless telephone system. So, its team could have confidential conversations with people when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

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.