

# Registered pharmacy inspection report

**Pharmacy Name:** Blackwater Pharmacy, 40 London Road,  
Blackwater, CAMBERLEY, Surrey, GU17 9AA

**Pharmacy reference:** 1036416

**Type of pharmacy:** Community

**Date of inspection:** 06/03/2023

## Pharmacy context

A community pharmacy located in a parade of shops in Camberley, Hampshire. The pharmacy dispenses NHS and private prescriptions for the local population. It sells a range of over-the-counter medicines, and provides health advice. The pharmacy also provides a private minor ailments clinic, an earwax removal service and it dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines at home. They also administer travel vaccines, flu vaccines and offer a local delivery service.

## 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

Overall, the pharmacy's working practices are safe and effective, and it identifies and manages risks. Its team members ensure their tasks are completed safely. Pharmacy team members are clear about their roles and responsibilities. It has adequate insurance to cover its services. And it keeps all of the records required by law. It satisfactorily manages and protects people's confidential information, and it tells people how their private information will be used. Pharmacy team members understand their role in protecting the safety of vulnerable people.

### Inspector's evidence

A near miss log was available in the dispensary and used by the members of the team. The pharmacist explained that the near misses were usually identified by the accredited checking technician when she checked the prescriptions. The errors were then discussed with each team member who made them, and actions would be taken to try and prevent recurrences. The team demonstrated how they separated medicines which had similar packaging or similar names such as prednisolone and perindopril. The pharmacist explained that they tried to use the Phoenix Golden Tote service in an attempt to reduce the risk of errors in the pharmacy, but the team found it to be too time consuming.

There was a workflow in the pharmacy where labelling, dispensing, checking was carried out at different areas of the work benches. Standard Operating Procedures (SOPs) were in place for the dispensing tasks and were available in the dispensary. The team members had all signed the SOPs to say they had been read and understood. Staff roles and responsibilities were described in the SOPs, and they were reviewed every two years or following any significant incidents or changes. There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. A certificate of public liability and professional indemnity insurance was available.

A balance check on the CDs was completed electronically every week by the pharmacist. The responsible pharmacist (RP) record was maintained, and the correct responsible pharmacist notice was displayed in pharmacy. The maximum and minimum fridge temperatures were recorded electronically daily and were in the required temperature range. The private prescription records were completed appropriately. The specials records were complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard clearly. The consultation room was locked during the inspection. There were cordless telephones available for use and confidential wastepaper was shredded regularly by the pharmacy team. The pharmacist and the ACT had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module from the company. Team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding poster on display in the dispensary which included the contact information for all the local safeguarding organisations which the team could refer to quickly if required. The team made records of patients who

regularly tried to buy medicines with abuse potential.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the appropriate qualifications and training to deliver their services safely and effectively. The pharmacy team members work well together, and they are comfortable about providing feedback and raising concerns.

### Inspector's evidence

During the inspection, there was one pharmacist, one ACT, an NVQ Level 2 dispenser and a new medicines counter assistant who was spending a day in the pharmacy but normally worked in the sister branch. Staff were trained using the Buttercups programmes and certificates of completed training for the staff were available. Team members were seen to be working well together and supporting one another. The pharmacist explained that he would normally clinically check most of the prescriptions and the ACT would check them to allow him to carry out services. The pharmacy team received regular training updates from Buttercups and would also be updated regularly by the pharmacist and the superintendent. The dispenser explained that they were provided with protected training time.

The team members explained how they worked well together and we able to speak up and suggest ideas which they could implement. There was a whistleblowing policy for the company which all the members of staff had signed to say they had read and understood. There were no targets in place and the team described how they would never compromise their professional judgement for any financial gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a suitable environment to deliver healthcare services. The pharmacy has kept some of the measures it introduced to help reduce the spread of COVID-19 inside its premises. It keeps its premises clean. And it has a separate space where confidential conversations or services can take place.

### Inspector's evidence

The pharmacy was located on a busy parade of shops by a main road in the Blackwater area of Camberley. It included a retail area, medicine counter, consultation room and a dispensary. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the shop. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

The pharmacy was quite small, but the pharmacist explained that due to their size, they had to be very organised and ensure their workload was planned in advance. Team members explained that they would clean regularly to ensure their environment was hygienic. They had increased the frequency of cleaning since the COVID-19 outbreak and cleaned touch points more regularly. A screen had been installed in front of the dispensary to help protect staff and the public from airborne viruses. The shelves were clean and tidy, and the team cleaned the shelves when they put stock away.

The dispensary was suitably screened to allow for the preparation of prescriptions in private. Conversations in the consultation room could not be overheard clearly and the consultation room included seating, a table and a computer. The consultation room could be locked when not in use. Lighting in the pharmacy was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible to people, and it offers a range of services. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines and stock from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy disposes of waste appropriately.

### Inspector's evidence

Pharmacy services were displayed in the window of the retail shop. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion near the medicines counter. There was step-free access into the shop and seating was available should people require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy and there were also antibacterial wipes available for use.

Team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme (PPP) if they were taking valproates and they had completed a valproate audit. The team had valproate information cards and leaflets available to use when dispensing these medicines.

The pharmacy prepared multi-compartment compliance aids for people who required them. The labels on a sample of compliance aids were seen to have the descriptions of the medicines as well as being signed by the person who dispensed and checked the items. The pharmacist explained that every month, they supplied each patient with the relevant Patient Information Leaflets. The pharmacist stated that they assessed each patient prior to them being given a compliance aid to ensure it suited their needs.

The dispenser delivered the ear microsuction service to people and was trained to ensure she could do this safely. The pharmacist explained that the equipment was regularly calibrated for this service and checked to ensure it is suitable. The dispenser explained that she enjoyed delivering this service.

The pharmacy provided many services through PGDs, and the pharmacist was also an independent prescriber and would prescribe for some minor ailments such as sore throats. The pharmacist explained that he didn't advertise a prescribing service but would offer it to patients if he felt he could help them in this way. He stated that if he prescribed anything, he would always inform the patient's GP to ensure their records were kept up to date. The pharmacy liaised with the local surgery to provide the blood pressure service. He stated that they identified many patients who were not on blood pressure medicines but were on medicines which highlighted an increased risk of having higher blood pressure. The patients were invited into the pharmacy for blood pressure checks and the result communicated to their doctors.

The pharmacy obtained medicinal stock from licensed suppliers. Invoices were seen to verify this. Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being

used for the disposal of medicines returned by patients. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team electronically, and they were actioned appropriately. The team kept an audit trail for the MHRA recalls. The recall notices were printed off in the pharmacy and annotated to show the action taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It ensures its equipment is well-maintained and it keeps the necessary records. The pharmacy uses its equipment in a way that protects people's private information.

### Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml, 25ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF and a BNF for Children. Internet access was also available should the staff require further information sources. Electrical equipment appeared to be in good working order. Equipment used for services is regularly calibrated and records of this were maintained.

### 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.