

Registered pharmacy inspection report

Pharmacy Name: Box pharmacy, 10 High Street, Box, CHIPPENHAM,
Wiltshire, SN13 8NN

Pharmacy reference: 1038700

Type of pharmacy: Community

Date of inspection: 17/10/2023

Pharmacy context

This is a community pharmacy which is based on the high street in the village of Box near Chippenham. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccinations and supplies medicines in multi-compartment compliance packs 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
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 has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They 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, 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 risks. Near miss mistakes were generally recorded and reviewed when they occurred, and the pharmacy manager would discuss the incident with the members of the dispensary team. But there had not been any near miss recording completed recently and the pharmacy team agreed to start doing this again during the inspection. Dispensing incidents were recorded electronically, and this included a root cause analysis as part of the error investigation. Ad-hoc meetings were held by the pharmacy team to look for trends as well as any changes that need to be made to reduce the risk of errors.

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 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 the services provided. The SOPs were due to be reviewed at the time of the inspection. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team encouraged people to submit feedback online. A certificate of public liability and indemnity insurance was displayed and was held and in date until the end of February 2024.

Records of controlled drugs (CD) and patient-returned controlled drugs were kept. The CD balances were checked monthly. A responsible pharmacist (RP) record was kept, and the RP notice was displayed in pharmacy where people could see it. But the time that the pharmacist ceased responsibility was regularly omitted. The fridge temperatures were recorded daily and were within the two to eight degrees celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked regularly and records of this were seen to be completed appropriately. Stock that was short dated was circled in pen. The private prescription records were retained but some entries omitted the prescriber's details. The emergency supply and specials records were retained and were in order.

Confidential waste was separated from general waste and shredded using a cross-cut shredder. An information governance policy (IG) was in place and the healthcare team was required to complete training on programme on IG. Staff had all completed training on the General Data Protection

Regulation (GDPR). There was a container used to store repeat slips that was kept on the medicines counter. It was not fixed to the counter and was potentially accessible to the public. This was removed during the inspection.

There was a safeguarding policy in place at the pharmacy. Staff were aware of the signs to look out for that may indicate safeguarding concerns in vulnerable adults. Local contact details to raise safeguarding concerns were kept in a file in the dispensary. The pharmacist had completed the CPPE level 2 safeguarding package.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members 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

There was one pharmacist and two dispensing assistants present during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles.

The staff reported that they had completed training and had regular updates to their knowledge and understanding of the services and medicinal products provided. The pharmacy team used third party materials, such as pharmacy magazines, as reading material to learn from. There was a trainee technician present during the inspection. She was in the process of completing her NVQL3 qualification. She had regular meetings with her mentor who helped her complete the course and felt well supported. She also had scheduled time to complete her course work. The pharmacy team explained that they had recently been learning about over-the-counter contraceptive products so that they could best advise people about how to use them.

The pharmacy team reported that the pharmacy team would hold ad-hoc meetings if there were significant updates or patient safety issues. The pharmacy team had a 'WhatsApp' group to communicate with each other. Staff explained that they felt comfortable with raising any concerns they had with the superintendent pharmacist. Staff were aware of the whistleblowing procedure on questioning. There were no formalised targets in place at the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean, bright, and generally well maintained. It had a retail area towards the front and a dispensary area towards the rear of the premises. The dispensary area was separated from the retail area by a counter by a plastic barrier to allow for the preparation of prescriptions in private. There was a wall in the dispensary that had plaster peeling from it due to previous water ingress. The pharmacist was in the process of repairing this.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised by generic name and in alphabetical order. There was a consultation room which was well soundproofed and signposted. Patient information was stored securely. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Information about the services provided was detailed in posters and leaflets around the pharmacy. Access to the pharmacy was step free. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users.

The pharmacy team offered the Community Pharmacist Consultation Service (CPCS). As part of this service, the pharmacist explained that he received referrals from NHS 111 for emergency supplies of medicines or for the treatment of minor ailments. The pharmacy team could also receive referrals from GP surgeries. These were generally telephone consultations. The pharmacist reported that the CPCS was popular, and the pharmacy team completed an average of around six or seven consultations per week.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to female patients. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they were aware of these and query if they had effective contraception in place.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Colorama to obtain medicines and medical devices. Specials were ordered via Rokshaw or Alliance specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was not available at the time of the inspection.

Medicines and medical devices were stored in an organised fashion 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 alerts came to the pharmacy electronically and the pharmacy team explained that these were actioned appropriately. The pharmacy team kept audit trails to verify this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. Facilities are used in a way that suitably protects people's confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Amber medicines bottles were capped when stored. A counting triangle and a capsule counter were available for use. 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, including 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 use which was in good working order. The maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store 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.