

Registered pharmacy inspection report

Pharmacy Name: D & M Gompels Pharmacy, 1-1a Bank Street, 55 High Street, MELKSHAM, Wiltshire, SN12 6LE

Pharmacy reference: 1038712

Type of pharmacy: Community

Date of inspection: 16/04/2019

Pharmacy context

This is a community pharmacy located on a high street in Melksham, Wiltshire. 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, supplies medicines in multi-compartment medicine devices for people to use living in their own homes and provides flu and travel vaccination services.

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 team regularly record and learn from near misses and this improves patient safety by reducing the risk of similar incidents occurring in the future.
		1.2	Good practice	The pharmacy team regularly review the safety and quality of pharmacy services.
2. Staff	Good practice	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive protected time to complete it.
		2.4	Good practice	The pharmacy team maintain a clear and embedded culture of openness, honesty and learning.
		2.5	Good practice	The pharmacy team are able to raise concerns and can demonstrate evidence of having done this.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy team offer multiple compliance aids to help patients take their medicines.
5. Equipment and facilities	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 to learn from their 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 improve services. It manages and protects people's confidential information well and it tells people how their private information will be used.

Inspector's evidence

Processes were in place for identifying and managing risks. Near misses had been recorded electronically and these records were demonstrated to the inspector. The pharmacist reviewed these monthly and fed back any learning to the pharmacy team. Near misses were subject to a statistical analysis which allowed staff to identify what were the most common types of errors. Near misses were also attributed to specific staff members which enabled the pharmacist to give targeted feedback and coaching to staff. Based on previous near misses, 'sound alike' or 'look alike' medicines such as amitriptyline and amlodipine had been separated on the dispensary shelf.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). Dispensing errors were recorded electronically and were subject to a robust root cause analysis. Examples of these were demonstrated to the inspector. Dispensing errors were also reported to the superintendent pharmacist.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. Dispensing labels did not contain audit trails of who had dispensed and who had checked a medicine. The inspector proffered advice about this.

Standard operating procedures (SOPs) were in place for all the dispensary tasks. SOPs were reviewed regularly. The pharmacy team were in the process of transitioning to electronic SOPs. On questioning, the pharmacy team were able to explain their roles and responsibilities.

A complaints procedure was in place 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. Based on previous feedback from patients, staff reported that they had stopped putting staples in assembled prescription bags.

An indemnity insurance and public liability certificate from the NPA was displayed and was valid and in date until the end of April 2019. Records of controlled drugs (CD) and patient returned CDs were seen as being kept. The address that a CD was received from was often omitted from the records examined. CD balance checks were carried out monthly.

Date checking was carried out regularly and records were kept to demonstrate this. The fridge temperatures were recorded daily and were always in the two to eight degrees Celsius range.

An electronic responsible pharmacist (RP) record was retained. The responsible pharmacist notice was displayed in a place where people could easily see it. The private prescription, specials and emergency

supply records were kept and were in order. Staff were seen to be following the company information governance policy. Confidential waste was separated and disposed of appropriately. Staff signed confidentiality agreements.

The computer screens were all facing away from the public and access to patient confidential records was password protected. All confidential information and patient sensitive information was filed away in the pharmacy. Staff explained that they were aware what signs to look out for that may indicate safeguarding issues in children and vulnerable adults. Contact details were available for safeguarding referrals, advice and support.

Principle 2 - Staffing ✓ Good practice

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

There was one pharmacist, two accuracy checking technicians, one non-technician accuracy checker, six dispensing assistants and four medicines counter assistants present during the inspection. Staff were seen to be working well together and supporting each other. Staffing levels were seen as being appropriate for the level of service provided during the inspection. Certificates of completed training were displayed on the wall in the dispensary.

Systems were in place to monitor the progress and development of staff on a bi-annual basis. Staff development opportunities would be discussed in these reviews and staff would have the opportunity to give feedback about the place that they work.

Staff received update streams via their personal pharmacy email address. Training evenings were also held for staff and this included customer service oriented training. Staff received some protected time to complete required training. An NVQL3 trainee reported that she felt supported in her training and said that she was progressing well on her course. Staff also gave an example of having recently been updated on the General Data Protection Regulation.

The pharmacy team explained that they were always happy to raise with the pharmacist or superintendent pharmacist any concerns they may have about pharmacy service provision. Staff felt able to exercise their professional judgement in the best interests of their patients and gave an example of having raised a concern regarding the use of multiple antiplatelets in a patient. This was documented on the PMR.

Staff also had the option to raise concerns anonymously via email. A whistleblowing policy was in place and staff were aware of this. There were targets in place for MURs and NMS but the pharmacist explained that he did not feel any pressure to deliver these targets and would never compromise her 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 is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a retail area toward the front and a dispensary area toward the back. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. The pharmacy was clean, tidy and professionally presented. 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 in a generic and alphabetical manner and staff reported that the shelves would be cleaned when the date checking was carried out. Conversations inside the consultation room could not be easily overheard. The consultation room was kept locked when not in use. 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 safely delivered, pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action and maintain audit trails to demonstrate this.

Inspector's evidence

Pharmacy services were displayed on posters and leaflets around the pharmacy. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

A text service was used to notify patients when their medicines were ready. Assembled prescription bags would have barcodes which would be scanned and a text automatically sent to the patient. The software could also be used to target services to patients.

The pharmacy team dispensed MDS trays for 300 domiciliary patients and five care homes. One MDS tray was examined and an audit trail to demonstrate who dispensed and checked the tray was not present and the inspector proffered the appropriate advice. Descriptions were routinely provided for the medicines contained within the MDS trays. Patient information leaflets were not regularly supplied and the inspector also proffered advice about this.

The pharmacy team also supplied medicines in Pivotell medicine dispensing machines to three patients. Pivotell medicine dispensers were also used to help patients with compliance issues. The Pivotell machines would be filled by the pharmacy team and could be programmed with alarms to indicate when the patient should take their medicine.

The pharmacy team had been offering the flu vaccination service since September and had completed around 600 vaccinations. Staff explained how this service had increased accessibility to patients who find it difficult to attend limited GP appointments. 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. The pharmacist reported that he 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 was in the process of complying with the European Falsified Medicines Directive (FMD). The relevant equipment was in place and the pharmacy was using 'SecurMed' software.

Destruction kits for the disposal of controlled drugs were being ordered into the pharmacy. Doop bins were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was also available for use at the time of the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

Medicines were obtained from suppliers such as AAH, Phoenix, Trident and Colorama. Specials were obtained via suppliers such as Quantum specials. Medicines and medical devices were stored 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. Short dated stock was highlighted. MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Audit trails were kept to demonstrate this.

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. Amber medicines bottles were seen to be capped when stored and there were counting triangles and a capsule counter 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 online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources.

There were three fridges which were in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Doop 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.