

# Registered pharmacy inspection report

**Pharmacy Name:** Epicare Health Pharmacy, 123 Commercial Road,  
SWINDON, Wiltshire, SN1 5PL

**Pharmacy reference:** 1038758

**Type of pharmacy:** Community

**Date of inspection:** 07/06/2023

## Pharmacy context

This is a community pharmacy which is based on the high street in Swindon. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides treatment for minor ailments, and provides a range of vaccinations for people.

## 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	1.1	Good practice	The pharmacy team regularly record near misses.
		1.2	Good practice	The pharmacy team regularly review the safety and quality of pharmacy services well.
		1.8	Good practice	The pharmacy team have robust safeguarding procedures in place and can demonstrate having used these to protect people.
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
<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 offered a range of services that increased the accessibility of healthcare to their local 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 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

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. The pharmacy team used barcodes throughout the dispensing process to identify near misses. This also maintained audit trails to show who had dispensed and checked the medicine. The pharmacy demonstrated that that near misses were significantly reduced following the implementation of barcode technology.

Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation. Every month, a review was carried out by the pharmacist looking for trends as well as any changes that need to be made to reduce the risk of errors. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of. These reviews were regularly completed by the pharmacy team and accessible in the dispensary. 'Sound alike' and 'look alike' medicines such as quetiapine and quinine were separated on the dispensary shelves.

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 the services provided and those examined had been reviewed within the past two years. 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 to their head office or online. A certificate of public liability and indemnity insurance was held and was valid and in date until the end of February 2024.

Records of controlled drugs (CD) were kept. 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. 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 four times in a year and records of this were seen to be completed appropriately. Short-dated stock was appropriately highlighted by pharmacy staff. The private prescription, specials and emergency supply

records were retained and were in order.

Confidential waste was collected in confidential waste bins and this was removed by the company for destruction. An information governance policy (IG) was in place and the healthcare team was required to complete an e-learning programme on IG. Staff had all completed a training package on the General Data Protection Regulation (GDPR).

There was safeguarding children and vulnerable adults training which all the members of staff were required to complete. The pharmacist reported that she had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. The pharmacy team could locate local contact details to raise safeguarding concerns or ask for advice about them. The team highlighted examples of where they had put this process into practice.

## 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 were two pharmacists and three dispensing assistants present during the inspection. There was sufficient staff for the services provided 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 or were on a training course. Training certificates for staff were displayed on a wall in the dispensary.

Staff performance was monitored and reviewed formally bi-annually where key performance indicators were discussed. In these reviews, a development plan would be introduced to help further develop and train the members of staff. Staff would also get the opportunity to give feedback about the place that they work.

The staff reported they were required to complete training modules when they became available. Staff received adequate time to complete required training during working hours. There was an apprentice technician present during the inspection. He was completing his NVQL3 training with a university. He had regular, scheduled study sessions on a weekly basis. These training modules were recorded digitally, and his progress could be monitored by the superintendent pharmacist. He was progressing well through his course and had mentoring sessions with both pharmacists at least every two weeks.

Staff meetings to discuss any important business or patient safety updates were held regularly. The superintendent pharmacist held monthly meetings and the pharmacy team were encouraged to learn via presentations that would be convened by one of the pharmacists. The pharmacy team had a 'WhatsApp' group which helped facilitate communication between the team. The pharmacy team felt comfortable to exercise their professional judgement to raise concerns when necessary.

Staff were aware of the whistleblowing policy and felt comfortable to use this if necessary. There were no formalised targets in place at the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises provide a safe and appropriate environment for the provision of pharmacy services. The pharmacy suitably protects people's private information. And it keeps its premises secure and safeguarded from unauthorised access.

### Inspector's evidence

The pharmacy was located on the high street in Swindon. The dispensary was separated from the retail area by a medicines counter to allow for the dispensing of prescriptions in private. The medicines counter was also equipped with plastic barriers and a microphone to help people communicate through them.

There was a dispensary on the ground floor of the pharmacy. There was also a multi-compartment compliance aid dispensing room, a patient waiting room and a large consultation room upstairs. The pharmacy was clean, bright and professionally presented. There was a second, smaller consultation room on the ground floor. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing and the preparation of medicines. 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 consultation rooms were kept locked when not in use and was well soundproofed. Patient information was stored securely.

The ambient temperature in the pharmacy was suitable for the storage of medicines and this was regulated by an air conditioning system. 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 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 she 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. For the emergency supplies, the pharmacist would gain consent to check the summary care record of the patient and ensure that the medicine had previously been prescribed and it was clinically appropriate to make the supply. These were generally telephone consultations. The pharmacist reported that the CPCS was a popular service and the pharmacy team completed an average of around 50 consultations per month. This service increased the accessibility of medicines to patients and meant that it reduced demand on local GP and out of hours services.

The pharmacy team also offered an earwax removal service. Appropriately trained staff carried out this service which was overseen by the pharmacist. The pharmacy team members had completed an accredited training course and demonstrated certificates to verify this. An external company provided the standard operating procedures for the service which were followed by staff. The equipment included a device that could capture images of the inside of the ear. The pharmacy team could refer people back to their GP if the service was not appropriate for them or there were signs of ear infection, for example. This was recorded on a patient medical record system. There were also systems in place that allowed the pharmacy team to connect with ear, nose and throat specialists if they had a query about a particular case. The pharmacy team typically carried out twenty-five ear wax removals per month.

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, Colorama and Bestway to obtain medicines and medical devices. Specials were ordered via Alliance Healthcare or Colorama 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 also available. Waste was collected regularly, and the pharmacy team explained they would contact the contractors if they required more frequent

waste collection.

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 would be marked.

The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records were kept to verify this and these contained audit trails.



## 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. Counting triangles and capsule counters were also available for use. There was a separate counting triangle for cytotoxic medicines. 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 online reference sources were accessible to staff including a BNF, a BNF for Children and a Drug Tariff.

There were two fridges in use which were 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.