

Registered pharmacy inspection report

Pharmacy Name: Nimo Pharmacy, 270 Herbert Avenue, Parkstone,
POOLE, Dorset, BH12 4HY

Pharmacy reference: 1078853

Type of pharmacy: Community

Date of inspection: 07/11/2023

Pharmacy context

An independent pharmacy located on a busy residential road in Poole, Dorset. The pharmacy serves the local population and provides an NHS and private dispensing service. They also supply some medicines in multicompartiment compliance aids and provide a supervised consumption service and a flu vaccination service. The pharmacy also has 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
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 team identifies and manages risks in the pharmacy appropriately. Team members record their mistakes and ensure they learn from them to reduce the likelihood of any recurrences. Team members are clear about their roles and responsibilities and work in a safe and professional way. The pharmacy keeps up-to-date records as required by law. The pharmacy keeps people's private information safe and team members understand their role in protecting the safety of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place which included the roles and responsibilities of the staff. The SOPs were reviewed every two years and the Superintendent was in the process of reviewing all the SOPs and making them electronic. Records of staff reading the SOPs and agreeing to abide by them were available electronically too. The team members were all clear on their roles and responsibilities and would refer to the pharmacist if they were unsure of something. A valid certificate of public liability and professional indemnity insurance was available.

The pharmacy team recorded their near misses regularly and reviewed them each week. The pharmacist described how they had a regular team huddle every day to discuss any near misses they had and any incidents the team need to be aware of. The pharmacist described how most incidents were the result of 'Look Alike, Sound Alike' (LASA) medicines. As a result, the team kept a file with the packages of different LASA medicines which they regularly checked to remind themselves of the medicines involved in LASA mistakes. The pharmacist described an incident where they had similarly packaged paracetamol 500mg and 1000mg tablets. Due to the risks involved in an error of the two strengths, the team had moved the 1000mg tablets to a drawer while the 500mg ones were on the shelf.

The team explained that they had a no-blame culture in the pharmacy and the pharmacists encouraged staff to be comfortable discussing concerns and mistakes. Errors were reported electronically through the same system and the pharmacist would always have a discussion with the affected people to see if they wanted the concerns raised further. There was a complaints procedure in place, and the staff were aware of the processes to follow if they received a complaint.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent different prescriptions being mixed up. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. Electronic records of controlled drugs and patient-returned controlled drugs were complete and accurate. The CD stock was balance checked every month by the pharmacist. The responsible pharmacist record was complete, and the correct responsible pharmacist notice was displayed where people could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the two to eight degrees Celsius range. The private prescription and emergency supply records were completed electronically with all the required information recorded. The specials records had all the required information documented.

The computers were all password protected and the screens were not visible to people waiting in the pharmacy. Confidential information was stored away from people's view and conversations inside the consultation rooms could not be overheard. The consultation rooms were locked when not in use and inaccessible to the public. There were cordless telephones available for use and confidential wastepaper was collected in confidential waste bins which were removed by an appropriate contractor for secure destruction. The pharmacy had completed the Data Security and Protection (DSP) toolkit and had a GDPR policy in place. The pharmacists had completed the level 2 Centre for Postgraduate Pharmacy Education (CPPE) learning module on safeguarding children and vulnerable adults. There was a safeguarding children and vulnerable adults training packages for all the members of staff as part of their induction. A list of the local safeguarding authorities and the local policies was available for the whole team to access if required and team members all had the NHS Safeguarding app on their mobile phones.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. It makes sure that its team members are appropriately trained for the jobs they do. And they complete additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

During the inspection, there were two pharmacists, a husband-and-wife team, one of whom was the Superintendent, one NVQ Level 2 dispenser, two trainees who were completing the combined NPA dispensing course, two trainee medicines counter assistants and one new member of staff in their probation period but who would be put onto the medicines counter course soon. The team had regular training updates where they were kept up to date with relevant healthcare information and had dedicated time to complete this training. Team members were aware of their roles and responsibilities. They were observed dealing with requests appropriately and the medicines counter assistant was observed dealing appropriately with a request for co-codamol. She used an appropriate questioning technique to ascertain the needs of the person requesting it and then counselled them appropriately on the safe use of co-codamol.

The superintendent pharmacist explained that they have a regular locum and usually one pharmacist will concentrate on checking while the other focusses on services. The team appears to manage its workload more effectively and they were supportive of one another. Team members were aware of how to raise concerns and to whom. There was a whistleblowing policy in place. Members of the team explained that they were able and encouraged to raise any concerns or feedback they had to the pharmacists. There were no targets in place for services and the team explained they would never compromise their professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are modern, clean and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use private rooms for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was located in an old medical centre. The medical centre had closed a few years ago and the pharmacy took over the building and expanded their premises. They explained that the expansion and refit had allowed them to have more space and provide more services. The pharmacy was clearly signed from the road so people could find it easily. The pharmacy could be accessed from two entrances, one from the road and one entrance from the back where they had a large car park. These doors were all closed when the pharmacy was closed to ensure the pharmacy was kept secure.

The pharmacy included a retail area, medicines counter and a large dispensary with plenty of dispensing benches and storage areas. The pharmacy was very clean, tidy and organised. There were three consultation rooms in the pharmacy, two were accessible from the shop floor only and one could be accessed from both the shop floor and the dispensary. The latter was used for supervised consumption patients. The consultation rooms were locked when not in use and included a table, seating, a clean sink, computer and plenty of storage space.

There was also a sink available in the dispensary with hot and cold running water 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 were cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines, and this was regulated by an air conditioning system. The lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

The pharmacy had a large staff area and storage space to the back of the pharmacy. The pharmacists explained that this space helped the staff on their breaks as they could be completely separate from the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely. This ensures that the medicines it supplies are fit for purpose. Team members identify people taking high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were clearly displayed on a board at the entrance of the pharmacy, on the pharmacy's website and on posters around the pharmacy area. There was step-free access to the pharmacy with automatic doors. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for people and customers who were waiting in the pharmacy.

The pharmacy had been offering the flu vaccination service since the start of September. They explained that this service was accessible to people as they could walk-in to have it and not necessarily make an appointment. The pharmacy also provided services via Patient Group Directions (PGDs) including emergency hormonal contraception. The PGDs were examined and found to be in order.

The pharmacy provided some medicines in multi-compartment compliance aids. These were seen to be made up appropriately and were labelled to include the descriptions of the medicines inside them. The pharmacy team members all had an awareness of the strengthened warnings and measures to avoid valproate exposure during pregnancy. They were all also aware of the need to dispense valproates in their original packs. Valproate information cards and leaflets were available for use during dispensing for all people in the at-risk group. The team had completed a valproate audit to highlight people who were taking valproates and the pharmacist explained how he had the appropriate counselling conversations with those identified to be at risk. Records of this were recorded on the patient medication record. The pharmacy team also had an awareness of the recent strengthened warnings for under 18s taking isotretinoin.

The pharmacy obtained medicinal stock from licensed wholesalers. Invoices were seen to verify this. There were denaturing kits available for the destruction of controlled drugs. Designated bins for the disposal of waste medicines were available and seen being used for the disposal of returned medicine. They were stored securely. Date checking was carried out in a manner which meant that the whole pharmacy was date-checked four times in a year and records of this were maintained. The team used stickers to highlight short-dated medicines. Opened stock bottles examined during the inspection were seen to have the date of opening written on them. The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinets were secured in accordance with regulations.

MHRA alerts came to the pharmacy electronically and they were actioned appropriately. Recently, the team had dealt with a recall for paracetamol 500mg capsules. All the recall notices were seen to have

been signed and dated appropriately to indicate who had actioned them and when. The team kept an audit trail of all the recall notices they had received and filed them in the dispensary.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

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 counting triangles available as well as capsule counters. Electrical equipment appeared to be in good working order and was PAT checked annually. Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

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.