

Registered pharmacy inspection report

Pharmacy Name: GS Health Ltd, The Pharmacy, Central Street,
LUDGESHALL, Hampshire, SP11 9RA

Pharmacy reference: 1079493

Type of pharmacy: Community

Date of inspection: 02/02/2022

Pharmacy context

This is a community pharmacy that is located adjacent to a GP surgery in Ludgeshall. It serves a mixed local population including army personnel and young families. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines and dispenses NHS prescriptions to its local population. This inspection took place during the COVID-19 pandemic.

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 | 2.4 | Good practice | The pharmacy team maintain a clear and embedded culture of openness, honesty and learning. |
| 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 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 and to learn from these. 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. The pharmacy suspended some of its face-to-face services during the peak of the pandemic. The majority of the pharmacy team were wearing face coverings in the pharmacy. People were encouraged to wear face coverings when attending the pharmacy. There was an infection control standard operating procedure in place. Plastic screens had been fitted to parts of the dispensary counter. Processes were in place for identifying and managing risks. There was a near miss log in the main dispensary and this was used regularly by staff. The pharmacist reviewed this monthly, and this was documented and discussed with the pharmacy team. The pharmacist explained the concept of 'sound-alike' and 'look-alike' medicines and there were stickers detailing examples of these on the dispensary shelf. The pharmacy staff gave an example of different strengths of dabigatran which had clearly separated on the dispensary shelf.

There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded electronically and reported to the superintendent pharmacist. The pharmacy would investigate errors so that they could learn from these and reduce the risk of these occurring in the future. Records of dispensing errors were kept, and these included a root cause analysis to assess why the error had happened.

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 these were reviewed regularly. These were in the process of being 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 had previously gathered feedback using the Community Pharmacy Patient Questionnaires (CPPQ). The pharmacy manager explained that she would explore starting patient questionnaires again to gather feedback from patients and the public. A certificate of public liability and indemnity insurance from NPA was held and was valid and in date until the end of May 2022.

Records of controlled drugs (CD) and patient returned controlled drugs were kept. A stock check on CDs

was carried out monthly. The responsible pharmacist (RP) record was kept and the RP notice was displayed and could be clearly seen by the public. There was one fridge in use and temperatures were recorded daily and were within the appropriate temperature range of two to eight degrees Celsius. Date checking was completed regularly and records were kept to demonstrate this. The private prescription records were kept but some entries omitted the prescriber's name and address details. The specials records were kept and were in order. The pharmacy did not routinely do emergency supplies as there was a GP surgery adjacent to the pharmacy.

An information governance policy was in place. The computer screens in the dispensary were all facing away from the public and were password protected. Confidential waste was collected separate to normal waste and shredded using a cross-cut shredder. People's confidential information was stored securely. The pharmacy team all signed confidentiality agreements and understood their responsibilities around information governance.

The pharmacist had completed a Centre for Pharmacy Postgraduate Education (CPPE) training package on safeguarding children and vulnerable adults. On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. Contact details for local safeguarding advice, referral and support were displayed in the pharmacy.

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, four dispensing assistants and one healthcare assistant present during the inspection. They were seen to be working well with each other and there was enough staff to deal with the workload. The pharmacist explained that staff meetings would take place monthly to discuss any business updates or significant errors.

The staff reported that they kept their knowledge up to date by reading third party materials, such as pharmacy magazines, and would ask the pharmacist if they had any queries. The pharmacy staff completed one 'Alphega' training module each month. She explained that her most recent training module concerned the over-the-counter supply of anti-fungal medicines. The pharmacy staff had time scheduled for training and this was displayed on a log which was kept on a wall in the dispensary. During the COVID-19 pandemic, pharmacy staff reported that they had consulted some online resources from the PSNC and Public Health England. This included learning more details about the virus, how it is transmitted and the significance of testing and tracing.

The pharmacy team reported that they felt comfortable in approaching the pharmacy manager or superintendent pharmacist with any issues regarding service provision. There were no formalised targets in place at the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally 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 had a spacious retail area towards the front and a dispensary area toward the back which was separated from the retail area by a medicines counter to allow for the preparation of prescriptions in private. The pharmacy had older style fixtures and fittings and had not been upgraded in some time. The pharmacy team cleaned the pharmacy work surfaces and contact points regularly. There was a plastic screen on the medicines counter. But this only covered around one third of the medicines counter and did not separate the retail area from the dispensary area.

A significant proportion of counter space was filled with assembled prescriptions because staff said that they did not have enough space in the retrieval area to store these. Some assembled prescriptions were also kept on the floor which could represent a trip hazard to staff. There were drawers which were used to store medicines but some of these were broken and would not close properly. The pharmacy team explained that they had recently had a contractor in who was drawing up plans to expand the dispensary area of the premises. This would alleviate some of the space issues the pharmacy currently has.

There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing. Medicines were stored on the shelves in a generic and alphabetical manner. There was one consultation room that was adequately soundproofed. There was a door to the consultation room which was kept locked during the inspection.

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 makes sure that its services are accessible, effectively managed and safely delivered. It obtains, stores and supplies its pharmaceutical stock appropriately. Where a medicinal product is not fit for purpose, the team takes appropriate action.

Inspector's evidence

Information about the services provided were detailed in posters and leaflets around the pharmacy. A list of services was displayed in the front window of 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.

The pharmacy team had been focusing on the core dispensing services recently and had plans to introduce new services such as treatments for a range of minor ailments. The pharmacist explained that the new medicines service (NMS) was a good way to ensure that people were getting the most out of their medicines. She explained that the list of eligible conditions had been expanded as of September 2021 and gave a recent example of how she had counselled a patient about their inhaler technique. The pharmacy team engaged in approximately ten NMS interactions per week.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. There was a poster in the pharmacy alerting staff to these strengthened warnings. Valproate patient cards and leaflets were available for use during valproate dispensing. The pharmacist reported that they 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.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was also available for use. 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 and Alliance. Specials could be obtained from IPS 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. MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacy manager explained that these were actioned appropriately. Records to demonstrate this were kept. These records contained audit trails to show what action was taken and when.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for dispensing methadone. Amber medicines bottles were capped when stored. A counting triangle was 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 and included 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 and the maximum and minimum temperatures were recorded daily and were seen to always 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. |