

Registered pharmacy inspection report

Pharmacy Name: Poulner Pharmacy, The Surgery, Gorley Road,
Poulner, RINGWOOD, Hampshire, BH24 1SD

Pharmacy reference: 1084775

Type of pharmacy: Community

Date of inspection: 23/08/2023

Pharmacy context

This pharmacy is next to a medical centre in a residential suburb of Ringwood, Hampshire. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also provides a blood pressure service and 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 has satisfactory processes for identifying and managing the risks associated with its services. It has up-to-date written procedures in place that its team members follow. Team members are aware of their roles, and they complete the records required by law. The pharmacy has suitable insurance in place to cover its activities and it keeps people's private information safe. The team knows how it can help protect the safety of vulnerable people.

Inspector's evidence

A near miss record was available in the dispensary and was seen to be used by the team. The pharmacist explained that near misses would be discussed verbally, and the team would highlight changes they could implement to prevent similar mistakes recurring. The team explained that they used the near miss record as a learning tool to improve their pharmacy. Errors were also reported electronically, but since the acquisition of the pharmacy, the team hadn't made an error. There was a workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches.

Standard Operating Procedures (SOPs) were in place for the dispensing tasks. Team members had all signed the SOPs to say they had been read and understood. Staff roles and responsibilities were described in the SOPs, and they were reviewed by the superintendent pharmacist or when there were any significant changes. There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The complaints procedure was detailed in a poster displayed in the pharmacy. The poster explained that any comments, suggestions, or complaints could be forwarded to the staff, the Patient Advisory Liaison Service (PALS) and Independent Complaints Advocacy Service (ICAS). A valid certificate of public liability and professional indemnity insurance was available.

The controlled drug register was maintained, and a balance check was carried out regularly by the pharmacist. Records of this were complete. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in the pharmacy where people could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were within the correct temperature range. The electronic private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately. The computers were all password protected and the screens were not visible to people using the pharmacy. There were cordless telephones available for use and confidential wastepaper was collected in baskets on the workbenches and later placed in confidential waste bags for collection by an appropriately licensed contractor.

The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module as part of their training. All team members were aware of signs to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy which contained all the contact and signposting information together with a flow chart should the team suspect a safeguarding incident.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably trained team members to provide its services. The pharmacy provides its team members with opportunities to upskill themselves and they manage their workload safely and effectively. Team members support each other well and are comfortable providing feedback to one another to improve the quality of the services delivered.

Inspector's evidence

During the inspection, there was one regular pharmacist and three NVQ level 2 dispensers. The staff were seen to be working well together and supporting one another. The pharmacist explained that he regularly updated the team on any changes in the profession and they received training about new products from suppliers. On entry to the pharmacy, the pharmacist was observed training the staff on how to use a blood-glucose measuring device as they were implementing a glucose monitoring service.

One of the dispensers explained that she had expressed an interest in training to become an accuracy checking technician. The pharmacist had raised this with the superintendent, and they were planning on upskilling her to allow more services to be provided from the pharmacy. The team members explained that they were supported in their work and since the new company had bought the pharmacy, the working environment had improved greatly. They stated that they had been able to influence the new processes with the company and have their say in how the pharmacy procedures should be. There were no targets in place, but the team explained that they would never compromise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean and suitably organised for the volume of work that it does. The space is appropriately laid out so that the pharmacy can provide its services effectively while protecting people's privacy. The pharmacy stores its medicines securely and appropriately. The premises are suitably secure when closed.

Inspector's evidence

The pharmacy was located next door to a doctor's surgery. The pharmacy included a large retail area, counter, dispensary with drawer storage, consultation room, stock room and staff area. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy.

The consultation room was fit for purpose and conversations inside could not be overheard. Inside, there were chairs, a table, a computer with the PMR and a clean sink. There was also locked storage. A sink was available in the dispensary providing both cold and hot water. The sink was mainly used to reconstitute liquid medicines. The pharmacist's checking area was near the front counter, enabling them to supervise the sales of medicines. The pharmacist explained that he wanted to move the 'over-the-counter' medicines from the side of the retail area to in front of the medicines counter and was in discussion with the superintendent about this. The 'over-the-counter' medicines were generally secured behind Perspex screens.

There was a grate across the back door which was used when the back door was open to allow air flow into the pharmacy while preventing unauthorised access. The pharmacy had floor heaters which could be used when the weather was cold. Pharmaceutical grade fridges were being used which had built in thermometers for accurate temperature monitoring and control. Appropriate lighting was installed throughout.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides appropriate services to support the health needs of the local community. And those services are suitably accessible to people. The pharmacy delivers its services safely and effectively and its team members make suitable checks to ensure that people taking higher risk medicines can do so safely. They store and manage medicines appropriately. And they take appropriate action following alerts, so that people get medicines and medical devices that are safe to use.

Inspector's evidence

There was a range of leaflets available for people to read about services on offer and general health promotion in the retail area of the pharmacy. There was step-free access in the pharmacy and the team explained that they provided a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should anyone require it when waiting for services.

The pharmacy delivered a hypertension check service where the team members would identify anyone 40 years old or over who hadn't had a recent blood pressure check. The pharmacy would take their blood pressure and report the results to the person's surgery if there was a risk of high blood pressure. The pharmacy also measured the blood pressures of people who had been referred to them by their GP surgery.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. The dispenser explained that they used valproate information cards and leaflets when they dispensed valproates.

The pharmacy obtained medicinal stock from licensed wholesalers. Invoices were seen to verify this. Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available. They were seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. The fridges were in good working order and the stock inside them was stored in an orderly manner. The CD cabinets were appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment to enable its team members to provide its services safely and effectively. It keeps its equipment clean and well maintained.

Inspector's evidence

The pharmacy team had access to paper-based reference materials such as the BNF but also knew how to access them online if needed. Computers were in good working order and password protected.

The pharmacy had several conical measures available, all of which were clean and bore a crown stamp. Counting triangles were available and there was a separate one available which was clearly marked for cytotoxic medicines. All electrical items had been recently PAT tested. The pharmacy had a recommended ambulatory blood pressure monitor available to provide the hypertension case-finding service.

Medicines awaiting collection were not accessible to people. Patient information was not visible from the counter.

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.