

Registered pharmacy inspection report

Pharmacy Name: Springvale Pharmacy, 18 Fraser Road, Kings Worthy, WINCHESTER, Hampshire, SO23 7PJ

Pharmacy reference: 1092591

Type of pharmacy: Community

Date of inspection: 18/09/2020

Pharmacy context

A community pharmacy in the village of Kings Worthy on the outskirts of Winchester. The pharmacy is in a residential area, on a small parade of shops which serve the local community. The pharmacy dispenses prescriptions and sells over-the-counter medicines. It also provides medicines in multi-compartment compliance packs to people. And provides a delivery service for those who need it.

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 satisfactorily identifies and manages the risks associated with the provision of its services. And it has working practices which reduce risks to people's safety during the COVID-19 pandemic. Team members manage people's personal information securely. But they do not keep all of the pharmacy's records in the way that they should. The pharmacy has adequate procedures to learn from its mistakes. But it could be missing opportunities to further improve the safety and quality of its services because it doesn't record all of its near miss mistakes. And it does not routinely reflect on them or review them.

Inspector's evidence

To help reduce the risk of spreading coronavirus, the pharmacy had reviewed its working practices to reduce risk for its team members and the public. Team members wore masks and generally tried to keep more than one metre apart. Staff generally worked at their own workstations such that they faced away from one another or worked in a separate room. In general, only one assistant worked at the medicines counter at any time. The pharmacy had placed a limit on the number of people coming in, where no more than two people should be in at one time. Team members had also applied tape lines to the floor, two metres apart, to show people where to stand when they were waiting to approach the counter. When the pharmacy got busy, people stood outside waiting their turn to come in. The inspector and RP discussed how the pharmacy team could continue to protect people and maintain social distancing in poor weather. The RP described how the pharmacy would maintain its services in the event of closure due to the COVID-19 pandemic. And individual staff risk assessments had been completed for all staff to help identify and minimise the risks of spreading the coronavirus. The RP was reminded of the requirement to report any COVID-19 infections, believed to have been contracted at work, to the relevant authorities.

The pharmacy had procedures for managing risks in the dispensing process. It generally had two people involved in the labelling and assembling of medicines, in addition to the responsible pharmacist (RP)'s accuracy check. Although the team did not record all of its mistakes, the RP discussed them with the team as soon as it made any. He did this to help prevent the same or similar, mistakes from happening again. The inspector and RP discussed the benefits of recording each near miss mistake and also the importance of recording the learnings and actions arising from them. They agreed that records should be kept, and they should show what staff could do differently to help prevent similar mistakes in future. Team members also made each other aware of similarly packaged items and look-alike-sound-alike drugs (LASAs) to help prevent them from picking the wrong item. They had done this with candesartan and losartan tablets and with Qvar and Qvar easi-breathe inhalers.

The team worked under the supervision of the responsible pharmacist (RP). The RP's notice had been placed on display for people to see. The pharmacy had a set of standard operating procedures (SOPs) for team members to follow, which were due for review before the end of the year. But the pharmacy had already made changes to its procedures in respect of the coronavirus. And, as described elsewhere in this report, had introduced additional measures to help reduce the risk of the virus being transmitted in the pharmacy. Any long-term changes were likely to be considered in the next review.

The pharmacy team sought customer feedback through satisfaction surveys and general conversations

with people. Throughout the pandemic, people had given the team positive feedback. And many had sent in thank you cards to express their appreciation for the attention and care they received from the pharmacy team. The customer satisfaction survey from 2019 demonstrated a very high level of customer satisfaction overall. But while the pharmacy had responded to a GPhC inspection conducted one year earlier it had yet to sustain all the changes made and adopt them fully into its day to day practice. Such as the recording and regular review of its near misses.

The pharmacy had a complaints procedure which corresponded with NHS guidelines. A SOP for the full procedure was available for reference. Customer concerns were generally dealt with at the time by the regular pharmacist. Staff could provide details of the local NHS complaints advocacy service and the Patient Advice and Liaison service (PALS) if necessary. The pharmacy had professional indemnity and public liability arrangements so it could provide insurance protection for the pharmacy's services and its customers. Insurance arrangements were in place until 31 August 2021 when they would be renewed for the following year.

The previous inspection found that the pharmacy had not kept all its essential records up to date. The recording of unlicensed medicines had improved since the previous inspection. And all the required information was available for inspection. But further work was required to bring other essential records up to date. This inspection found that RP records showed who the RP was each day. But some pharmacists had not recorded the time at which their responsibilities as RP had ceased. The inspector discussed this with the RP on duty who was also the superintendent, who agreed that he would review the pharmacy's procedures to prompt all pharmacists to complete the record properly. The team was now recording its private prescriptions electronically. But records did not show all the required details such as the prescriber's address. The team had also to update its CD registers following two missed entries. The inspector and RP agreed that the team would attend to these as a priority and ensure that all records were kept in the way required.

The pharmacy's team members understood the need to protect people's confidentiality. They discarded any unused labels and old prescription tokens into a confidential waste bin during the working day and then transferred them to a confidential waste bag for collection and disposal by the company's licensed waste contractor. The pharmacy stored its completed prescriptions in the dispensary where they were out of people's view. The RP had completed appropriate safeguarding training. And had briefed other team members to discuss any concerns with him. The RP could access details for the relevant safeguarding authorities online. Staff had not had any specific safeguarding concerns to report. But felt that they had been of good service to people locally throughout the pandemic by answering their queries, listening to their concerns and signposting when appropriate.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload safely and effectively. And team members work well together. They are comfortable about providing feedback to one another, so that they can maintain the quality of the pharmacy's services. But key members of the team have still to complete the appropriate training which means that the team may not be benefitting from everyone's work as well as it could.

Inspector's evidence

The pharmacy had two trainee dispensers on duty with the responsible pharmacist (RP) during the inspection. Both trainee dispensers had begun their training courses but had not been able to progress their training in recent months. One of the trainees had worked at the pharmacy for approximately five years. And had re-registered on a training course approximately eighteen months ago, after the pharmacist felt that it would be better to restart her training afresh. The inspector and the RP discussed the importance of having staff with the recognised skills and training and agreed that staff should be supported to complete their training within a sensible time frame. Both trainees had been coached by the RP. And had read all the relevant SOPs. And described how they would seek the advice and support of the RP when they needed it. This was a busy pharmacy. The team was up to date with its prescription workload. But it had fallen behind with some of its other tasks, as described elsewhere in this report.

Team members were observed to work effectively together. They were seen assisting each other when required and discussing prescription issues. The daily workload of prescriptions was in hand and customers were attended to promptly. The pharmacy had a small close-knit team and staff could to raise concerns and discuss issues when they arose. The RP was able to make his own professional decisions in the interest of patients. He did not have any specific targets other than to manage the daily workload while keeping his team, and people using the pharmacy, safe.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. They are sufficiently clean and secure. The pharmacy has made some sensible adjustments to help keep people safe during the pandemic.

Inspector's evidence

The pharmacy premises consisted of a small to medium sized retail space. They were clean, tidy and in a reasonable state of repair with access via a single automatic door to the pavement outside. The dispensary layout was suitable for the activities undertaken and provided just about enough space to work safely and effectively. It had a separate area at the rear for preparing multi-compartment compliance aids. This room doubled up as a staff area, but staff facilities were separate from dispensing areas. There was a clear workflow in the dispensary, although work surfaces were well used which left little free space for dispensing, particularly at busy times. Team members described how they would clean down work surfaces regularly and wash or sanitise their hands whenever they changed what they were doing. This included when going out to the counter to serve someone and again when coming back into the dispensary.

The medicines counter was immediately in front of the dispensary. There was a large clear, plastic screen across the front of the counter to help reduce the spread of the coronavirus. There were notices in the window near the entrance advising people of the need to maintain social distancing and to wear a face covering. There was also a notice limiting the number of people in the pharmacy to two at a time. The pharmacy had a consultation room available for confidential conversations, consultations and the provision of services. The consultation room had two entrances. One from the dispensary and one from the retail space. But the room contained boxes of dressings for the local nursing services which limited its use for its intended purpose. The RP was observed moving some of the boxes out of the way when the room was needed for a service. If appropriate the pharmacist could also take people to a quiet area of the retail space if they needed to speak privately. The RP recognised that the consultation room may not provide adequate space for the provision of flu vaccinations. And so, he had secured the use of a larger room in the church next door, from where he hoped to provide the service. The pharmacy also had a small seating area with two seats for waiting customers. Room temperatures were appropriately maintained to keep staff comfortable and were suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. And makes them easily accessible for people. Staff understand the actions to take if any medicines or devices are not safe to use to protect people's health and wellbeing. The pharmacy team gets its medicines and medical devices from appropriate sources. And it stores them properly. Team members make the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy had an automatic door and ramp providing a step-free entrance. This made access easier for wheelchair users and those with a physical disability. It had a sign in its front window advertising the times of opening and services provided. It also had a range of healthcare leaflets on display. The retail area was free of obstructions. So, it was suitable for wheelchair users. In general, the consultation room was also suitable for wheelchair access, but may require tidying before use. The pharmacy also delivered medicines to people who found it difficult to visit the pharmacy. The RP described how demand for deliveries had increased during the pandemic. The team's delivery procedures had an adequate audit trail in place to ensure that the delivery had been made safely.

The pharmacy team used baskets to hold individual prescriptions and medicines during dispensing. It did this to keep prescriptions and their corresponding medicines together. The pharmacy stored its completed prescriptions in alphabetical order. And it removed any uncollected items after two to three months. The team highlighted CD prescriptions with a 28-day expiry date so that they were not supplied after the appropriate date.

The pharmacy provided multi-compartment compliance packs for people who needed them. Team members labelled compliance packs with a description of each medicine, including colour and shape, to help people to identify them. And they included patient information leaflets (PILs) on a regular basis. The labelling directions on compliance packs gave the required advisory information to help people take their medicines properly. The RP gave people advice on a range of matters. And the team was aware of the guidance about pregnancy prevention to be given to people in the at-risk group who took sodium valproate. The pharmacist would give appropriate advice to anyone taking other high-risk medicines. And whenever possible he made checks on people's International Normalised Ratio (INR) before supplying their warfarin.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. The team stored its medicines, appropriately and in their original containers. And stock on the shelves was generally tidy to assist selection of the correct item. The pharmacy team date-checked the pharmacy's stocks regularly. And while it had not kept records of its checks, a random sample of stock checked by the inspector was in date. In general, short-dated stock was identified and highlighted. And the team put its out-of-date and patient returned medicines into dedicated waste containers. The team stored items in a CD cabinet and fridge as appropriate. And it monitored its fridge temperatures daily to ensure that the medication inside was kept within the correct temperature range. The pharmacy had procedures in place for checking and responding to drug recalls and safety alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And, it keeps them clean. The team generally uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. It had equipment for counting tablets and capsules, including a separate tablet triangle for methotrexate. Team members had access to a range of up-to-date reference sources. And they had access to PPE, in the form of face masks and gloves, which were appropriate for use in pharmacies.

The pharmacy had three computer terminals. Two of its computers had a facility for keeping patient medication records (PMRs). And one was used by staff for administration and management purposes. Both PMR computers were in the dispensary and were positioned in a way that meant that staff members using them were facing away from one another. The third computer was in the backroom area. Computers were password protected and their screens could not be viewed by people. Team members generally used their own smart cards when working on PMRs. But one trainee dispenser continued to use the other trainee's smart card after she had left. Team members should use their own smart cards to maintain an accurate audit trail and to ensure that access to patient records is appropriate and secure.

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.