

# Registered pharmacy inspection report

**Pharmacy Name:** Gillingham High Street Pharmacy, High Street,  
GILLINGHAM, Dorset, SP8 4AG

**Pharmacy reference:** 1096881

**Type of pharmacy:** Community

**Date of inspection:** 05/03/2020

## Pharmacy context

This is a community pharmacy located on the high street in the town of Gillingham in Dorset. 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 drug misuse services, provides flu vaccinations and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

## 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	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 are clear about their roles and responsibilities. Pharmacy team members record and review some mistakes that happen and use this information and learning to help avoid future mistakes. But the pharmacy team could do more thorough and detailed investigations when errors happen so that learning opportunities are not missed. 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. The pharmacy maintains the records that it must keep by law.

### Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were regularly recorded and these were displayed in the dispensary. The pharmacy manager reported that these were reviewed monthly and these were documented. Subsequently, a team briefing would be held to communicate any learning from these errors. The pharmacist demonstrated that 'sound alike' and 'look alike' medicines such as amitriptyline and amlodipine had been separated on the dispensary shelf. There was a poster that was displayed in the dispensary that contained a notice about common 'sound alike' and 'look alike' errors. Bendroflumethiazide 2.5mg and 5mg strengths had been highlighted on the dispensary shelves as the pharmacist explained that these were commonly confused.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). The pharmacist demonstrated that previous dispensing errors had been recorded but a recent dispensing error had not been subject to a robust root cause analysis to find out why the error had happened. The pharmacist agreed to address this. Dispensing errors were also reported to the superintendent pharmacist.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. 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 all the dispensary tasks. SOPs had been reviewed within the last two years. On questioning, the members of staff were all able to explain their roles and responsibilities.

A complaints procedure was in place and the staff were all aware of the complaints procedure. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract. Previous CPPQ results were displayed in the pharmacy and were positive.

An indemnity insurance and public liability certificate from the NPA was displayed and was valid and in date until the end of October 2020. Records of controlled drugs (CD) and patient returned CDs were seen as being kept. A sample of a random CD was checked for record accuracy and was seen to be correct. CD balance checks were carried out monthly.

Date checking was carried out regularly and records were kept to demonstrate this. The fridge

temperatures were recorded daily and the temperatures were between two to eight degrees Celsius. A responsible pharmacist (RP) record was kept electronically and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The private prescription, emergency supply and specials records were retained and were in order.

The computers were all password protected and the screens were not visible to the public. Confidential waste was collected separately from normal waste and was shredded using a cross cut shredder. Staff were required to complete training for information governance (IG) and sign confidentiality agreements.

Staff explained that they were aware what signs to look out for that may indicate safeguarding issues in children and vulnerable adults. Contact details were available for safeguarding referrals, advice and support and these were displayed in the dispensary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy staff 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, one dispensing assistant, two medicines counter assistants and one untrained member of staff present during the inspection. The untrained member of staff was a trainee paramedic who was shadowing pharmacy staff as part of her work experience. Staff were seen to be working well together. All staff had either completed or were undertaking appropriate training courses for their roles.

Staff performance was monitored and reviewed formally annually by the pharmacy manager. 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 pharmacy team explained that they had been utilising training packages from 'VirtualOutcomes'. But they were not able to demonstrate any certificates of completed training and the pharmacist agreed to address this going forward. A trainee technician reported that she had been recently learning about what references sources would be used when recommending malaria prophylaxis for travellers.

The pharmacist reported that monthly staff meetings were held monthly to discuss any safety issues in the pharmacy and any learning from near misses or significant errors. The pharmacy team reported that their head office would regularly release news bulletins and updates. A 'WhatsApp' group was also used to quickly pass information between staff.

Staff reported that they felt comfortable to approach the pharmacy manager or superintendent pharmacist with any issues regarding service provision. There were targets in place but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve them.

## 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 private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a large retail area toward the front and a dispensary area toward the back. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. Fixtures and fittings generally appeared dated and had not been upgraded in some time. There was water damage to ceiling tiles in the retail area of the pharmacy. There were some boxes of stock that were stored on the floor in the dispensary which may represent a trip hazard to staff.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner and shelves would be cleaned when date checking was carried out.

The consultation room was small and not very well soundproofed and the pharmacist reported that she managed this by talking quietly. Patient confidential information was stored securely. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

## Principle 4 - Services ✓ Standards met

### Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action.

### Inspector's evidence

Pharmacy services were detailed on leaflets and posters around 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. Large label printing was available for people with sight difficulties. A hearing loop was available for people with hearing difficulties.

The pharmacy team had been offering the flu vaccination service since September and had completed around 300 vaccinations at the time of the inspection. The pharmacist explained that the team had conducted off-site inspections including in a local school and business. The pharmacist had completed recent anaphylaxis and resuscitation training. A patient group direction (PGD) was held for this service and was valid and in date.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during valproate dispensing to all female patients. The shelf where valproate medicines were stored in the dispensary was marked. The pharmacist reported that she 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 and a list of hazardous waste medicines was displayed on the wall in the dispensary. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacy was European Falsified Medicines Directive (FMD) compliant. The relevant equipment, software and procedures were in place. Medicines were obtained from suppliers such as AAH, DE pharmaceuticals, Trident and Alliance. Specials were obtained via suppliers such as Quantum 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 and audit trails were kept to demonstrate this.

## 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 CDs. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles and a capsule counter available for use. The tablet counter had some tablet residue on it at the time of the inspection and staff agreed to address this. 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 online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources. There was one fridge which was in good working order and the maximum and minimum temperatures were recorded daily. Designated bins for storing waste medicines were available for use and there was sufficient storage for 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.