General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Milford Pharmacy, Milford On Sea Hospital, Sea Road, Milford On Sea, LYMINGTON, Hampshire, SO41 0PG

Pharmacy reference: 1099789

Type of pharmacy: Community

Date of inspection: 28/03/2023

Pharmacy context

This pharmacy is located on the site of a hospital providing dialysis in Milford On Sea. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids for those who may have difficulty managing their medicines at home. The pharmacy also provides flu vaccinations and a local delivery service.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 identifies and manages some of the risks associated with its services well. However, it doesn't do enough to regularly review the reasons why it makes errors. The pharmacy has written procedures that its team members follow. But some of them are old and require reviewing. The pharmacy completes all the records it needs to by law. And it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

Standard Operating Procedures (SOPs) were in place for the dispensing tasks and had been recently reviewed by the new superintendent. However, some SOPs appeared to be outdated and they were not held in an organised fashion. All members of the team had signed the SOPs to say they had been read and understood. Staff roles and responsibilities were described in the SOPs. There was a procedure in place for managing risks in the dispensing process, whereby incidents, including near misses, were discussed at the time and recorded electronically. However, the incidents had not been reviewed for over a year.

There was a workflow in the pharmacy where different tasks such as labelling, dispensing and checking were carried out at separate areas of the dispensary. Multi-compartment compliance aids were prepared in a dedicated area of the dispensary. 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 also detailed in a poster displayed on the consultation room door. A valid certificate of public liability and indemnity insurance was available.

The controlled drugs (CD) registers examined were found to be complete, with a balance check carried out sporadically. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in the pharmacy where the public could see it. The maximum and minimum fridge temperatures were recorded daily and were within the correct temperature range. The private prescription records were completed appropriately, and the specials records were complete with the required information documented accurately. The computers were all password protected and the screens were not visible to the public. There were cordless telephones available for use and confidential wastepaper was in a bag before being moved to the hospital for safe storage. A licensed contractor would them collect all the confidential waste and dispose of it appropriately.

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 appropriate safeguarding training. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy, and the contact details for relevant safeguarding authorities were displayed clearly in the dispensary.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy provides training for its team members to carry out their tasks effectively. But they do not have regular training. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable about providing feedback to one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one locum pharmacist, two NVQ level 2 dispensers, one of whom was a locum and two medicines counter assistants. Due to the pharmacy's longer opening hours, there would be two pharmacists working in a day. Certificates of completed training for the staff were on display in the pharmacy. The team explained that they used to have regular training to complete to ensure they stayed up to date, but this had not been provided to them for some time.

The staff were seen to be working well together and supporting one another. The team members explained that their accredited checking technician was on long term sick and so they relied on locum dispensers. However, the regular dispenser worked extra hours to ensure that the jobs in the pharmacy were all complete.

Team members explained that they were open with one another and could learn from each other and discuss mistakes to learn from them. The team members stated they were able to voice their opinions freely within the pharmacy and raise any concerns, but they did not see their superintendent much or hear from them. There was also a whistleblowing policy in place should the staff feel the need to raise any concerns they had if necessary. There were no targets in place and the team members stated that they did not feel pressurised to deliver any services and that they would never compromise professional judgement to do so.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively. The pharmacy has a suitable soundproofed room for private conversations.

Inspector's evidence

The pharmacy was located in a distinct part of the hospital building with its own entrance. The pharmacy had a small retail area, a dispensary and a stock room at the back. The team used the areas well and workflows were clear. Shelves in the dispensary were tidy and medicines were stored in a organised manner.

The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. A signposted consultation room was present in the retail space. This was of a suitable size for its intended purpose. There were two entrances into the consultation room; one from the dispensary and one from the retail space. There was hot and cold running water in the consultation room, two seats and a computer. Conversations in the consultation room could not be overheard.

The dispensary was screened from public view to allow for the preparation of prescriptions in private. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a range of services to support the health needs of the local community. And people can easily access these services. The pharmacy delivers it services safely and effectively. And team members make suitable checks to ensure people taking higher-risk medicines do so safely. They store and manage medicines appropriately. And they take the right action in response to safety alerts, so 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 and in the consultation room. One of the medicines counter assistants created health promotion posters which were eye catching and interesting. One poster on display in the pharmacy window was about sugar consumption and diabetes and was very engaging. There was step-free access into the pharmacy and there was seating available should anyone require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy.

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 had valproate information cards and leaflets which were supplied when the team dispensed valproates. The dispenser stated that they had audited valproate use in the pharmacy and were aware of different people's requirements.

The team organised the preparation of multi-compartment compliance aids into a four-week cycle and maintained audit trails to prepare and deliver them. The compliance aids were prepared and stored in a dedicated area at the back of the pharmacy. The labels on a sample of compliance aids were seen to have accurate descriptions of the medicines as well as being signed by the person who dispensed and checked the items. Every month, the pharmacy supplied each patient with the relevant Patient Information Leaflets.

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 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 and recalls were actioned appropriately by the team. The recall notices were printed off in the pharmacy and annotated to show the action taken. The pharmacy had recently actioned an alert regarding pholcodine products.

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 uses its facilities and equipment to keep people's confidential information safe.

Inspector's evidence

The pharmacy was equipped with a range of current reference sources. The team had access to relevant equipment to provide pharmacy services. This included counting triangles and clean, crown stamped, conical measures for liquid medicines.

The dispensary sink used to reconstitute medicines was clean. Hot and cold running water was available with hand wash present. Medicines requiring cold storage were stored at appropriate temperatures within medical fridges. Computer terminals were positioned in a manner that prevented unauthorised access. There were cordless phones to enable further privacy. The team used their own individual NHS Smart cards to access electronic prescriptions.

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.