

Registered pharmacy inspection report

Pharmacy Name: Poole Bay Pharmacy, Westbourne Medical Centre,
Milburn Road, Westbourne, BOURNEMOUTH, Dorset, BH4 9HJ

Pharmacy reference: 1100725

Type of pharmacy: Community

Date of inspection: 30/10/2023

Pharmacy context

This pharmacy is in the same building as a medical centre in Westbourne, Bournemouth. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also provides an emergency hormonal contraception service, a travel clinic, flu jabs and a 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 team identifies and manages risks in the pharmacy appropriately. Team members record their mistakes and ensure they learn from them to reduce the likelihood of recurrence. Team members are clear about their roles and responsibilities and work in a safe and professional way. The pharmacy keeps up-to-date records as required by law. The pharmacy keeps people's private information safe and team members understand their role in protecting the safety of vulnerable people.

Inspector's evidence

The pharmacy has electronic standard operating procedures (SOPs) in place which include the roles and responsibilities of the staff. The SOPs were reviewed every two years and the Superintendent was in the process of reviewing all the SOPs. He demonstrated how the first ones which had been reviewed were the 'core SOPs' and included responsible pharmacist and controlled drugs processes. The team members were all clear on their roles and responsibilities and would refer to the pharmacist if they were unsure of something. A valid certificate of public liability and professional indemnity insurance was available.

The pharmacy team recorded their near misses electronically and reviewed them each month. The pharmacist described how each member of staff would also be shown their near misses and if there were any patterns or trends, they would find ways to change their work so that they could avoid similar mistakes in the future. The pharmacist explained that they had a no-blame culture in the pharmacy and did everything they could to ensure staff were comfortable to discuss concerns and mistakes. Errors were reported electronically through the same system and the pharmacist would always have a discussion with the affected people to see if they wanted the concerns raised further. The pharmacist explained that the team would always discuss incidents and complaints and would highlight any areas of improvement as a team. There was a complaints procedure in place, and the staff were aware of the processes to follow if they received a complaint.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent different prescriptions being mixed up. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. Electronic records of controlled drugs and patient returned controlled drugs were complete and accurate. The CD stock was balance checked every time a CD was dispensed. If an item had not been dispensed or checked recently, its balance was checked monthly. The responsible pharmacist record was complete, and the correct responsible pharmacist notice was displayed where people could see it. The maximum and minimum fridge temperatures were recorded twice daily and were always in the two to eight degrees Celsius range. The private prescription and emergency supply records were completed electronically with all the required information recorded. The specials records had all the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. The consultation room was locked when not in use and inaccessible to the public. There

were cordless telephones available for use and confidential wastepaper was collected in confidential waste bins which were removed by an appropriate contractor for destruction. The pharmacy had completed the Data Security and Protection (DSP) toolkit and had a GDPR policy in place.

The pharmacists had completed the level 2 Centre for Postgraduate Pharmacy Education (CPPE) learning module on safeguarding children and vulnerable adults. There was a safeguarding children and vulnerable adults e-learning program for all the members of staff as they completed their NPA training. A list of the local safeguarding authorities was available for the whole team to access if required and the pharmacist had the NHS Safeguarding app which she could refer to.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. It makes sure that its team members are appropriately trained for the jobs they do. And they complete additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

During the inspection, there were two pharmacists, one of whom was the Superintendent, one NVQ Level 2 dispenser, two trainees who were completing the combined NPA counter assistant and dispensing course and one fully trained counter assistant. The team had regular training updates where they were kept up to date with relevant healthcare information and had dedicated time to complete this training. During the inspection, one of the trainees was taking her training time to complete part of her course and read some updated SOPs. The team were aware of their roles and responsibilities. Staff were observed dealing with requests appropriately and the medicines counter assistant was observed dealing appropriately with a request for information about when a prescription would be delivered.

The superintendent pharmacist explained that there was a point during the height of the COVID-19 pandemic and in the year after that he was covering most of the pharmacy's hours himself as it was difficult to find locums. However, since then, a regular second pharmacist has been employed and they have a team of regular locums. Since then, the team have been able to manage their workload more effectively.

Team members were aware of how to raise concerns and to whom. There was a whistleblowing policy in place. The team explained that they were able and encouraged to raise any concerns or feedback they had to the superintendent pharmacist. They stated he was understanding and would take on board any concerns, ideas of areas of improvement they would like to see.

There were no targets in place for services and the team explained they would never compromise their professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was located in the same building as a medical centre. The pharmacy had signs on the outside of the surgery building and at the front door so people could find it easily. The pharmacy could be accessed from the surgery's main entrance. There were doors at the back of the pharmacy leading into the reception area and the staff areas of the surgery. These doors were all closed when the pharmacy was closed to ensure the pharmacy was kept secure.

The pharmacy included a small retail area, medicines counter, dispensary with plenty of dispensing benches and storage areas. Despite the small size of the pharmacy and the large dispensing volume, the pharmacy was very clean, tidy and organised. The team explained if the pharmacy was not kept organised, they would not be able to keep the workflow clear due to the size of the pharmacy.

The consultation room allowed for confidential conversations and there was a door to access it from the retail area and another door from the dispensary. It was locked when not in use and included a table, seating, a clean sink, computer and plenty of storage space. There was also a sink available in the dispensary with hot and cold running water to allow for hand washing and the preparation of medicines.

Medicines were stored on the shelves in a generic and alphabetical manner, and the shelves were cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines, and this was regulated by an air conditioning system. The lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. Team members identify people taking high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were clearly displayed on a board at the entrance of the GP surgery and on posters around the pharmacy area. There was step-free access to the pharmacy with automatic doors. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting in the pharmacy.

The pharmacy team had a good relationship with the team in the doctor's surgery. They explained that this was helpful whenever they had queries as they could quickly resolve any issues without impacting the patients too much. The pharmacy team also had access to 'SystmOne' (a computer system used by the surgery) and had a shared care agreement with the surgery regarding its use.

The pharmacy had been offering the flu vaccination since the start of September. They explained that this service freed up appointment times in the surgery and allowed for more accessibility to patients. The pharmacy also provided private services via Patient Group Directions (PGDs) including shingles and travel vaccinations. The PGDs were examined and found to be in order.

The pharmacy team members all had an awareness of the strengthened warnings and measures to avoid valproate exposure during pregnancy. Valproate information cards and leaflets were available for use during dispensing for all people in the at-risk group. The team had completed a valproate audit to highlight people who were taking valproates and the pharmacist explained how he had the appropriate counselling conversations with those identified to be at risk. Records of this were recorded on the patient medication record. The pharmacy team also had an awareness of the recent strengthened warnings for under-18s taking isotretinoin.

The pharmacy obtained medicinal stock from licensed wholesalers. Invoices were seen to verify this. There were denaturing kits available for the destruction of controlled drugs and the Superintendent pharmacist was observed denaturing patient returned controlled drugs appropriately with a witness. Designated bins for the disposal of waste medicines were available and seen being used for the disposal of returned medicines. Date checking was carried out in a manner which meant that the whole pharmacy was date-checked four times in a year and records of this were maintained. The team used stickers to highlight short-dated medicines. Opened stock bottles examined during the inspection were seen to have the date of opening written on them. The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinets were secured in accordance with regulations.

MHRA alerts came to the pharmacy electronically and they were actioned appropriately. Recently, the team had dealt with a recall for paracetamol 500mg capsules. All the recall notices were seen to have been signed and dated appropriately to indicate who had actioned them and when. The team kept an audit trail of all the recall notices they had received and filed them in the dispensary.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml, 25ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were counting triangles available as well as capsule counters. Electrical equipment appeared to be in good working order and was PAT checked annually. The team calibrated their blood pressure monitor every week and kept calibration records.

Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

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.