

# Registered pharmacy inspection report

**Pharmacy Name:** Wallisdown Pharmacy, 337 Wallisdown Road,  
POOLE, Dorset, BH12 5BU

**Pharmacy reference:** 1101302

**Type of pharmacy:** Community

**Date of inspection:** 07/12/2023

## Pharmacy context

This is a community pharmacy located on a parade of shops in the Wallisdown area of Poole. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also dispenses medicines in multi-compartment compliance aids (MDS trays or blister packs) for people who may have difficulty managing their medicines at home. They also provide a local delivery service and a COVID-19 and flu vaccination 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
<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 team identifies and manages risks in the pharmacy satisfactorily. Team members record their mistakes and ensure they learn from them to reduce the likelihood of any recurrences. Team members are clear about their roles and responsibilities and work well together. The pharmacy keeps up-to-date records as they should do. 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 had standard operating procedures (SOPs) in place which included the roles and responsibilities of the staff. The SOPs were reviewed every two years and were last reviewed in December 2022. Records of staff reading the SOPs and agreeing to abide by them were available in the SOP folder. 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 regularly and reviewed them at the end of each week. The pharmacist described how they had a regular huddle weekly to discuss any incidents they needed to be aware of. The team described how they were aware of the 'Look Alike, Sound Alike' (LASA) medicines and would highlight them to try and reduce the number of LASA mistakes they made. The team explained that they had a no-blame culture in the pharmacy and the pharmacists encouraged staff to be comfortable discussing concerns and mistakes. Errors were reported electronically on the Learn from Patient Safety Events (LFPSE) system so they were maintained in one place and could be reviewed with ease. 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.

Records of controlled drugs (CDs) and patient-returned controlled drugs were complete and accurate. The CD stock was balance checked regularly by the pharmacist. The responsible pharmacist record was complete, and the correct responsible pharmacist notice was displayed in the pharmacy where people could see it. The maximum and minimum fridge temperatures were recorded daily and were within range. The private prescription and emergency supply records were completed 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 people waiting in the pharmacy. Confidential information was stored away from people's view and conversations inside the consultation rooms could not be overheard. The consultation rooms were 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 secure destruction. The pharmacy had completed the Data Security and Protection (DSP) toolkit and had a GDPR policy in place. The pharmacists and the accredited checking technicians 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 training packages for all the members of staff as part of their training. A list of the local safeguarding authorities and the local policies was available for the whole team to access if required.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough trained staff to manage its workload safely. It makes sure that its team members are completing appropriate training for the jobs they do. They can use their professional judgement to decide whether it is safe to deliver a service.

### Inspector's evidence

During the inspection, there were two pharmacists, one of whom was running the vaccination clinic and one who was dealing with prescriptions, one ACT and two NVQ Level 2 dispensers. There was also a member of staff on the medicines counter and one volunteer for the vaccination clinic. The team had regular training updates where they were kept up to date with relevant healthcare information through Virtual Outcomes and they used Buttercups for their accredited training. The team had dedicated time to complete their training. Team members were aware of their roles and responsibilities. They were observed dealing with requests appropriately and the medicines counter assistant was observed dealing appropriately with a request for Fybogel. She used an appropriate questioning technique to ascertain the needs of the person requesting it and then counselled them appropriately on its use.

One of the dispensers was running one-to-one meetings with the staff to discuss any issues in the pharmacy and any changes they would like to see. She explained that the pharmacists were supportive of this and found that it was an opportunity for everyone to feel like they had a role in making the pharmacy better and improving the services. The team also held a quarterly meeting to discuss anything together.

The team appeared to be managing its workload effectively and they were supportive of one another. Team members were aware of how to raise concerns and to whom. There was a whistleblowing policy in place and displayed in the staff areas of the pharmacy. Members of the team explained that they were able and encouraged to raise any concerns or feedback they had to the pharmacists. There were no targets in place for services and the team explained they would never compromise their professional judgement for business gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy was located on a parade of shops and was clearly signed from the road so people could find it easily. The pharmacy could be accessed from the road and there was free parking in front of the premises and in side roads around it. The doors were all locked when the pharmacy was closed to ensure the pharmacy was kept secure.

The pharmacy included a retail area, medicines counter and a dispensary with plenty of dispensing space and storage areas. The pharmacy was clean, tidy and well organised with good use of a colour coded system for organising the workload throughout the week.

There were two consultation rooms in the pharmacy which were accessible from the shop floor. The consultation rooms could be locked and included chairs, a table, computers with access to Pharmoutcomes, a clean sink with hot water, health promotion information and equipment for services. Sharps were all stored securely. 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. The pharmacy also had a staff area and storage space to the back of the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services in an effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely. This ensures 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 at the entrance of the pharmacy and on posters around the pharmacy area. There was a health promotion area at the front of the pharmacy with leaflets providing information about relevant topical and seasonal health topics. There was step-free access to the pharmacy. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for people who were waiting in the pharmacy.

The pharmacy had been offering the flu and COVID-19 vaccination service since the start of September. The pharmacy also provided services via Patient Group Directions (PGDs) including emergency hormonal contraception. The PGDs were examined and found to be in order. The pharmacy provided some medicines in multi-compartment compliance aids. These were seen to be made up appropriately and were labelled to include the descriptions of the medicines inside them. The compliance aids were colour coded by the team to assist in their preparation and delivery. The pharmacy team members all had an awareness of the strengthened warnings and measures to avoid valproate exposure during pregnancy. They were all also aware of the need to dispense valproates in their original packs. 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. Designated bins for the disposal of waste medicines were available and seen being used for the disposal of returned medicine. They were stored securely. 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 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 the update about sodium valproates being dispensed in original packs. 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. The measures were separated to highlight which ones were to be used with methadone liquid and which ones were not to be used with methadone. 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 pharmacy would get a new blood pressure monitor annually to ensure that it was suitable for purpose.

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.