

# Registered pharmacy inspection report

**Pharmacy Name:** Colden Pharmacy, 19 Spring Lane, Colden Common,  
WINCHESTER, Hampshire, SO21 1SD

**Pharmacy reference:** 1102126

**Type of pharmacy:** Community

**Date of inspection:** 09/06/2023

## Pharmacy context

This is a community pharmacy located in a semi-rural village outside Winchester. The pharmacy is open six days a week and dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. It also offers the New Medicine Service (NMS), local deliveries and seasonal flu vaccinations.

## 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 suitable written procedures in place to help ensure that its team members work safely. It adequately identifies and manages the risks associated with its services and team members respond appropriately when mistakes happen. And they take suitable action to prevent mistakes in the future. The pharmacy has insurance to cover its services. And it completes the records it needs to by law. The pharmacy team knows how to protect the safety of vulnerable people. And it protects people's confidential information properly.

### Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs). The SOPs provided guidance for the team to carry out tasks correctly and staff had signed them to verify that they had been read. The SOPs had been updated recently and were reviewed every two years by the Superintendent pharmacist. Team members knew their roles and responsibilities and they had designated tasks which they were observed completing. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

Staff routinely recorded their near miss mistakes and there were meaningful comments which led to appropriate insights into the cause of mistakes. The near miss mistakes were reviewed every month and discussions were held with the team. In response, staff explained that the way they stored some medicines had been changed and higher-risk medicines had been highlighted as well as separated, including drugs with similar sounding names. This helped staff to minimise the risk of future mistakes. The RP explained that there had been no incidents or complaints recently. The pharmacy had a complaints policy and their process to handle incidents was suitable. A certificate of public liability and professional indemnity insurance was available.

The pharmacy's records were compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. The RP record, records about emergency supplies, supplies of unlicensed medicines and records verifying that fridge temperatures had remained within the required range had all been appropriately completed.

Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail area. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions. The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. They could recognise signs of safeguarding concerns and knew who to refer to in such an event. The Responsible Pharmacist (RP) and technician had been trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). The team displayed the safeguarding policy in the dispensary and held a list of the local safeguarding contacts in the pharmacy which they could refer to if required.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff with the right skills to manage its workload. The team is sufficiently supported, and team members keep their knowledge up to date. The team are able to provide feedback so that they can improve the quality of the pharmacy's services.

### Inspector's evidence

During the inspection, the pharmacy team included the RP who was the regular pharmacist and superintendent, a registered technician and two trained dispensing assistants. The technician had been recently recruited by the pharmacist and there was a current advert out for another dispenser. Team members had set jobs and roles but were trained to cover each other. They were observed to work well together.

The pharmacy was up to date with the workload and had enough staff to manage its volume of dispensing. The pharmacy's team members knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions were asked before selling medicines or products. The staff were also provided with resources for ongoing training through the various online learning platforms and certificates of completed training were available in the dispensary. Team members were given time to complete training at work and they could also do some in their own time if they wished.

The staff said that they liked working at the pharmacy, they felt supported by the pharmacist and felt confident to raise concerns. Regular team meetings took place and the team's individual performance was monitored and fed back. The pharmacy team explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. They are bright, tidy and organised. And they are sufficiently clean and secure.

### Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room and a staff bathroom. 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. The pharmacy's retail space was spacious and professional in appearance. The pharmacy was well ventilated, clean and tidy. The team explained that they cleaned the pharmacy between themselves every day. The shelves were cleaned when the date checking was carried out.

The dispensary was of a good size for the workload and had enough space to carry out dispensing tasks safely. There were designated workstations for different activities to take place and a room dedicated to the preparation of multi-compartment compliance aids. The consultation room was present in the retail space and could be accessed from the dispensary. It was of a suitable size for its intended purpose, included a table and chairs, locked storage, access to water and the consultation room itself could be locked when not in use.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and it makes them accessible for people. The pharmacy gets its medicines and medical devices from appropriate sources. And it makes the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing. The pharmacy stores its medicines properly.

### Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and an up-to-date health promotion in the retail area of the pharmacy and in the consultation room. There was step-free access into the pharmacy and the team explained that they provided a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services.

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 on valproates and had completed several audits regarding this. The pharmacist explained that they use valproate information cards and leaflets every time they dispense valproates. The dispensers explained that if they handed out a prescription for a high-risk medicine such as warfarin, lithium or insulin, they would check the patient's awareness and would ask for counselling from the pharmacist if necessary. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. Multi-compartment compliance aids included accurate descriptions of all the tablets inside.

The pharmacy obtained medicinal stock from various licensed wholesalers. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire with coloured stickers. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste and a list of hazardous waste medicines was available in the SOPs. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and expired, patient-returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls. The recall notices were printed off in the pharmacy and annotated to show the action taken.

## 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 pharmacy uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy's equipment and facilities included current versions of reference sources, a range of clean, standardised conical measures for liquid medicines, counting triangles, a legally compliant CD cabinet and an appropriately operating pharmacy fridge. The latter could be locked.

The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Computer terminals were positioned in a manner that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and staff used their own NHS smart cards.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.