

Registered pharmacy inspection report

Pharmacy Name: Sparcells Pharmacy, Midwinter Close, Peatmoor,
SWINDON, Wiltshire, SN5 5AN

Pharmacy reference: 1105905

Type of pharmacy: Community

Date of inspection: 21/02/2024

Pharmacy context

This is a community pharmacy which is in the Peatmoor area of Swindon. It serves its local population which is mixed in age range and background. The pharmacy opens five days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides treatment for a range of minor ailments, and supplies medicines in multi-compartment compliance packs for people to use living in their own homes.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not identify and manage risk appropriately. The pharmacy team do not routinely record near miss mistakes.
		1.2	Standard not met	The pharmacy team did not have adequate processes in place to monitor the safety and quality of their services.
		1.6	Standard not met	The pharmacy team do not keep and adequately maintain all of the records necessary for the safe provision of pharmacy services.
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 not all met

Summary findings

The pharmacy does not have satisfactory written procedures for its services to help make sure the team works safely. Pharmacy team members do not have up-to-date procedures in place to record and review mistakes when they happen. Pharmacy team members are clear about their roles and responsibilities. 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.

Inspector's evidence

The pharmacy did not have adequate processes for identifying and managing risks. The pharmacy team had no up-to-date procedures in place to record near miss mistakes or dispensing errors. The pharmacy manager reported that near miss mistakes were recorded and reviewed when they occurred, and the pharmacist would discuss the incident with the members of the dispensary team. But no examples of these had been recorded since July 2023. The pharmacist explained how 'sound alike' and 'look alike' medicines such as hydralazine and hydroxyzine had been separated on the dispensary shelves. The pharmacist reported that he kept dispensing error reports at home rather than in the pharmacy, and so these could not be seen during the inspection.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. 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 kept in the pharmacy, but some of them were many years out of date and may not reflect current practice in the pharmacy. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team encouraged people to submit feedback online. There was also an electronic device used to gather feedback from people that was found in the retail area of the pharmacy. A certificate of public liability and indemnity insurance was displayed and was valid and in date until the end of May 2024.

Records of controlled drugs (CD) and patient-returned controlled drugs were kept. The CD balances were checked at least every two months. A responsible pharmacist (RP) record was kept, and the RP notice was displayed in pharmacy where people could see it. The RP record sometimes omitted the time that the pharmacist ceased responsibility. There were two fridges that were used to store medicines, but no records could be found showing that they were regularly temperature checked. The pharmacist reported that pharmaceutical stock was date checked every six weeks, but there were no records kept showing this. A private prescription records book was retained, but a significant proportion of entries had the incorrect prescriber recorded. The pharmacist could not locate the specials records during the inspection. The emergency supply records were kept and were in order.

Confidential waste was separated from general waste and disposed of regularly. But there was patient

confidential information in the general waste bin. This was removed during the inspection. An information governance policy (IG) was in place. Staff were aware of the signs to look out for that may indicate safeguarding concerns in vulnerable adults. Local contact details to raise safeguarding concerns were not immediately available in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members 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 and two dispensing assistants present during the inspection. The staff were observed to be working well together and providing support to one another when required. All staff had completed appropriate training courses for their roles or were currently on a training course.

The staff reported that they had completed training online and had regular updates to their knowledge and understanding of the services and medicinal products provided. The pharmacy team had recently completed training on the conditions treated using the new Pharmacy First service. They reported that this had made them more confident when identifying these common conditions and giving advice about their treatment. The pharmacist explained that he had also completed training to use an otoscope to diagnose minor ear infections. The pharmacist regularly shadowed nurse practitioners and doctors from a nearby GP surgery to build on his knowledge and competence.

The pharmacy manager reported that the pharmacy team would hold meetings every Monday morning and advise all staff of any patient safety issues. Staff explained that they felt comfortable with raising any concerns they had with the pharmacy manager. There were no formalised targets in place at the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects people's private information. The pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a retail area toward the front and a dispensary area toward the back separated by a medicines counter to allow for the preparation of prescriptions in private. The pharmacy was clean, bright, and presented in a professional manner. There was a sink available in the dispensary with running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical order. There were bags of assembled prescriptions that were stored on the floor in the dispensary which may increase the risk of trip hazards to pharmacy staff.

There was one consultation in use which was well soundproofed. Confidential patient information was stored securely. The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy generally obtains, stores, and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Information about the services provided was detailed on posters around the pharmacy. There was also a list of services displayed in the pharmacy window. Access to the pharmacy was step free. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users. Large label printing was available for people with sight difficulties.

The pharmacy team offered the Community Pharmacist Consultation Service (CPCS). As part of this service, the pharmacist explained that he received referrals from NHS 111 for emergency supplies of medicines or for the treatment of minor ailments. The pharmacy team could also receive referrals from GP surgeries.

The pharmacy team offered treatment for a range of seven common conditions. This included treatment for sinusitis, sore throat, impetigo, and urinary tract infections. People could access this service by requesting treatment from the pharmacy team or by being referred by NHS 111 and GP practices. The pharmacist had completed the appropriate training to provide the service and had access to the necessary equipment. The pharmacy team completed an average of six of these consultations per day.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing. The pharmacist reported that he 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. The team were also aware of the new regulations requiring valproate medicines to be supplied in original packs.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare, Sigma and Bestway to obtain medicines and medical devices. Specials were ordered via SWS specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for patient returned and out-of-date medicines. A bin for the disposal of hazardous waste was also available.

Most medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. There were some medicines, such as pregabalin 75mg capsules, glimepiride 4mg tablets and quetiapine 200mg tablets that were stored in containers with no batch number and expiry date displayed on them. Pharmaceutical stock was subject to date checks, but these were not documented. The fridges appeared to be in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacy team explained that these were actioned appropriately. But the pharmacy team did not keep audit trails to verify this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was one 100ml crown stamped measure available for use. The pharmacist explained that more measures of different sizes had been ordered. Amber medicines bottles were capped when stored. Counting triangles were available for use. 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. The pharmacy team could access references sources such as the BNF and BNF for Children online or on their mobile devices.

There were two fridges in use which appeared to be in good working order. But the maximum and minimum temperatures were not recorded regularly. Designated bins for storing waste medicines were available for use and there was enough space to store 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.