

Registered pharmacy inspection report

Pharmacy Name: Avicenna Pharmacy, Unit 4 Bearwood Centre, King John Avenue, BOURNEMOUTH, BH11 9TF

Pharmacy reference: 1111107

Type of pharmacy: Community

Date of inspection: 06/07/2022

Pharmacy context

A pharmacy located next door to a medical centre in a residential area of Bournemouth. 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 (MDS trays or blister packs) for those who may have difficulty managing their medicines at home and they provide flu vaccines. The pharmacy also provides a local 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's working practices are safe and effective. Team members keep people's information safe, and they help to protect vulnerable people. The pharmacy also keeps the records it needs to by law, and it records its mistakes. The mistakes are reviewed regularly to learn from them and to prevent them from happening again.

Inspector's evidence

A near miss log was displayed in the dispensary and was used regularly by the pharmacy team. The near misses would be discussed verbally with each team member, highlighting their own errors and any changes they could make. The accuracy checking technician (ACT) described how the near misses were also recorded on Pharmapod. At the end of each month, the team would review the near misses and identify any trends which may need addressing to prevent similar incident recurring. The ACT explained that the team maintained a 'Look Alike Sound Alike' (LASA) list where they highlighted medicines where packaging and names were similar. Using the LASA list and near miss trends, they had placed gabapentin and pregabalin in red baskets on the shelves to try and prevent the two medicines being mixed up. The pharmacy also regularly received updates from their head office informing them of the trends in mistakes that had happened across the company and what they can do to prevent these mistakes happening.

There was a workflow in the pharmacy where labelling, dispensing, checking were all carried out at different areas of the work benches. Multi-compartment compliance aids were prepared in a dedicated room in the pharmacy to prevent distractions.

Standard Operating Procedures (SOPs) were in place for the dispensing tasks and were available in the dispensary. The team members had all signed the SOPs to say they had been read and understood. Staff roles and responsibilities were described in the SOPs, and they were reviewed regularly. 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 detailed in a poster displayed in the pharmacy. A certificate of public liability and indemnity insurance from the NPA was available.

A sample of methadone 5mg tablets was checked for balance accuracy against the Controlled Drug (CD) register and was seen to be correct. The balance check was carried out weekly and records of this were complete. The pharmacy kept an electronic CD register. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in pharmacy. The maximum and minimum fridge temperatures were recorded electronically daily and were in the required temperature range. The electronic private prescription records were completed appropriately. 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. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential wastepaper was shredded by the team regularly throughout the day. The pharmacist and ACT 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 a safeguarding training module from the company. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding poster on display in the dispensary which included the contact information for all the local safeguarding organisations which the team could refer to quickly if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. It makes sure its team members are appropriately trained for the jobs they do. They complete regular additional training to help them keep their knowledge up to date.

Inspector's evidence

During the inspection, there was one regular locum pharmacist, one ACT, two dispensers, one of whom was in training and one trainee medicines counter assistant. The staff were seen to be working well together and supporting one another. The pharmacist and ACT were observed to be coaching the members of staff who were in training.

The pharmacy team received training updates electronically from the company's head office. These came to the team via the company's intranet for each member of staff. Recently, the team had completed training on seasonal hayfever. Team members explained that they could also complete additional training as they wished, and they were all provided with protected training time.

They also explained how they worked well together and were able to speak up and suggest ideas which they could implement. There was a whistleblowing policy for the company which all the members of staff had signed to say they had read and understood. There were some targets in place but the team described how they would never compromise their professional judgement for any financial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy, and suitable for the provision of its services. The pharmacy has made suitable adjustments to its premises to help protect people from viruses. 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 next to a medical centre in a residential area of Bournemouth. It included a large retail area, medicine counter, dispensary and two consultation rooms, one of which was used to prepare multi-compartment compliance aids. The pharmacy was bright and clean with a large window across the front to allow in lots of natural light. 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. During the inspection, one member of the team was cleaning and explained that they would clean regularly to ensure their environment was hygienic. The team had increased the frequency of cleaning since the COVID-19 outbreak and cleaned touch points more regularly. A screen had been installed in front of the dispensary to help protect staff and the public from airborne viruses. There was enough space for the staff to socially distance if required. The shelves were clean, and the dispenser explained that they cleaned the shelves when they put stock away.

The dispensary was suitably screened to allow for the preparation of prescriptions in private. Conversations in the consultation room could not be overheard clearly and the consultation room included seating, a table and a computer. The consultation room could be locked. 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 delivers its services in a safe and effective manner, and people with a range of needs can access them. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. 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 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 general health promotion in the retail area of the pharmacy and in the consultation room. There was step-free access into the pharmacy and an electric sliding door. The team provided a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should someone require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy which team members were observed using and there were also antibacterial wipes available for use.

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. They had completed an audit of their people taking valproates to identify who would be at risk and who required further counselling. Those identified were counselled appropriately and were kept in regular contact to ensure they were aware of the risks and had effective contraception in place. The ACT demonstrated how the team would place the dispensing label away from the warning card on the valproate packs.

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 labels on a sample of compliance aids were seen to have the descriptions of the medicines as well as being signed by the person who dispensed and checked the items. The dispenser explained that every month, they supply each patient with the relevant Patient Information Leaflets.

The pharmacy team carried out the Community Pharmacy Consultation Service (CPCS) alongside the surgery next door. However, the pharmacy team noticed that they were receiving referrals quite casually as though they were to triage the patients. As a result, the ACT had a meeting with the surgery to explain how the service worked to ensure that referrals were processed appropriately with the documentation completed correctly.

The pharmacy obtained medicinal stock from the AAH and Alliance. Invoices were seen to verify this. Date checking would be carried out every three months 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 and seen being used for the disposal of medicines returned by patients. The fridges were in good working order and the stock inside them was stored in an orderly manner. The CD cabinet was appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts

came to the team from their head office, 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 it needs for the delivery of its services. It looks after this equipment to ensure it works and remains accurate.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Some were marked for use with methadone liquid only. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. 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 inside the consultation could not be overheard. Electrical equipment appeared to be in good working order.

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.