

Registered pharmacy inspection report

Pharmacy Name: Revel Pharmacy, Barr Lane, Broad Street, Brinklow, RUGBY, Warwickshire, CV23 0LU

Pharmacy reference: 1112426

Type of pharmacy: Community

Date of inspection: 17/07/2024

Pharmacy context

This community pharmacy is situated in a medical centre in a rural area of Brinklow, Warwickshire. Its main activity is dispensing NHS prescriptions and it sells a small range of over-the-counter medicines. It offers the NHS Pharmacy First Service, New Medicine Service (NMS) and seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance packs to a handful of people who need assistance in taking their medicines safely.

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	4.2	Good practice	The pharmacy manages higher-risk medicines well to ensure people are provided with appropriate advice to take these medicines safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy has safe and effective working practices. It identifies and manages the risks associated with its services well. And it keeps the records it needs to by law, to show that medicines are supplied safely and lawfully. Team members routinely record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's private information securely and it has procedures to safeguard vulnerable people.

Inspector's evidence

The pharmacy had current standard operating procedures (SOPs) and these were available in the pharmacy. However, the Superintendent pharmacist (SI) explained that they had recently updated the SOPs and team members were in the process of reading them. The correct Responsible Pharmacist (RP) notice was displayed and team members understood their roles and responsibilities and were clear on the tasks they could not undertake in the absence of a pharmacist.

The pharmacy had systems to record mistakes made during the dispensing process. Mistakes that were spotted before the medicines were handed out (near misses) were routinely recorded and reviewed. Team members explained some of the actions they had taken to minimise picking errors and to mitigate the chances of such events reoccurring. These included separating medicines with similar names, strengths, or packaging. The pharmacy had recently reviewed an incident involving an incorrect supply of an inhaler. The incident was recorded and reviewed to identify learning points. The SI said that all dispensing incidents were reported to the Learn from Patient Safety Events (LFPSE) service.

Records about RP, controlled drugs (CDs), specials and private prescriptions were kept in line with requirements. CD running balances were audited at regular intervals. Random CD balance checks of several CDs undertaken during the inspection were correct. A separate register was used to record patient-returned CDs. The pharmacy had current professional indemnity and public liability insurance in place.

The pharmacy had a complaints procedure and any issues that could not be resolved by team members were escalated to the SI. All team members had completed mandatory General Data Protection Regulation training and they were using their own NHS smartcards to access electronic prescriptions. Confidential waste was kept separate from other waste and shredded in the pharmacy. No person-identifiable information was visible to people visiting the pharmacy. Access to the pharmacy's computer was password protected. The pharmacy was registered with Information Commissioner's Office (ICO) and it had recently completed the NHS Digital Data Security and Protection Toolkit self-assessment to demonstrate it was practising good data security and that personal information was handled correctly.

There were SOPs about safeguarding vulnerable adults and children. The SI and the second pharmacist had completed Level 2 safeguarding training. The rest of the team had completed Level 1 safeguarding training. A chaperone policy was displayed in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's staffing levels are sufficient to manage its current workload safely. Its team members are well supported and can provide feedback or raise concerns with senior leadership to help improve pharmacy's services.

Inspector's evidence

At the time of the inspection, the SI was on duty supported by a second regular pharmacist, three trained dispensers and an apprentice. The SI was a qualified pharmacist independent prescriber and worked regularly as RP at the pharmacy. However, the pharmacy did not currently offer any prescribing services. The pharmacy also employed a further two part-time dispensers who were not on duty at the time of the inspection. The team was managing the workload efficiently during the inspection and people visiting the pharmacy were acknowledged promptly.

Team members were working well together and appeared to share a good rapport with people from the local community visiting the pharmacy. The team was well supported with mandatory training such as health and safety, conflict resolution, equality & diversity, and infection control. Records of completed training were available in the pharmacy. The SI completed performance reviews with team members and on-going feedback to team members was given at regular intervals. The pharmacy had protected learning time for its team members to complete mandatory training.

A whistleblowing policy was available and a team member said that the SI encouraged an open and honest culture in the pharmacy. Another team member said that they were very well supported by the SI and the pharmacist. And felt comfortable about raising concerns to help improve pharmacy's services. There were no specific targets or incentives set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for providing healthcare services and it has a consultation room to enable people to have a private conversation with team member if needed. And they are kept secure.

Inspector's evidence

The pharmacy was in a good state of repair and its entrance was step free to enable people with mobility challenges access the premises with ease. Its retail area was sufficiently spacious and there was some seating available for people waiting for services.

There was enough space in the dispensary to undertake dispensing activities and store medicines safely. However, the SI said that the team was in the process of reorganising the dispensary and hence it was somewhat cluttered in places. There was appropriate lighting throughout and the ambient temperatures were suitable for storing medicines safely. A signposted consultation room was available for services and to enable people to have confidential discussions if needed. The premises could be secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy supplies medicines safely and people with different needs can access its services. Team members take extra care when supplying higher-risk medicines to ensure people take these medicines safely and effectively. The pharmacy obtains its medicines from reputable sources and its team members take the right action in response to safety alerts and recalls so that people get medicines and medical devices that are fit for purpose.

Inspector's evidence

The pharmacy's opening hours and the services it offered were displayed in the pharmacy. Team members used local knowledge to signpost people to other healthcare providers where appropriate. A range of posters and leaflets were suitably displayed providing information on various healthcare topics.

The dispensing service was well managed. Team members worked on designated workstations and used baskets during the dispensing process to minimise the chances of prescriptions getting mixed up. 'Owing notes' were issued to people when prescriptions could not be completed when first dispensed. The pharmacy had good hand-out procedures. It issued slips to inform people about safe storage of medicines, any medicines that were long term out-of-stock and to bring unwanted medicines back to the pharmacy for safe disposal. The SI said that the pharmacy had experienced significant shortages of some medicines and where possible the surgery was informed so people could be prescribed alternatives where appropriate.

The pharmacy was delivering the NHS Pharmacy First service and team members had all completed relevant training to deliver the service safely. All relevant documentation and patient group directions were available in the pharmacy. The SI said that the service was well-received and the uptake had been moderate so far.

A handful of people were supplied with medicines in multi-compartment compliance packs. Records were kept for each person so that any changes in the medication regime could be documented, monitored, and queried where appropriate. Team members labelled the compliance packs with a description of each medicine to help people or their carers identify medicines correctly. Patient information leaflets were routinely supplied and any interventions made by team members were recorded on the patient's medication record (PMR).

The pharmacy managed higher-risk medicines well. A separate SOP was in place to govern the dispensing and hand-out of insulin. There was a notice displayed in the pharmacy reminding people on warfarin to bring their yellow cards so that the current INR levels could be recorded on the person's PMR. The pharmacy had one person being supplied with lithium. And records of their blood test results were recorded on the PMR. People receiving methotrexate were provided additional advice to remind them of the weekly dosage, to avoid taking folic acid on the same day, and not to take non-steroidal anti-inflammatory medicines due to renal toxicity. Completed prescriptions for schedule 3 CDs such as pregabalin, tramadol, and gabapentin were stored separately so that these were handed out by the pharmacist and appropriate advice was reinforced such as to avoid driving and alcohol intake. Prescriptions for CDs that did not require secure storage such as diazepam were marked with

stickers to ensure these were not handed out beyond their 28-day validity period. Team members were aware of the guidance about pregnancy prevention to be given to people in the at-risk group who took sodium valproate and about dispensing valproate-containing medicines in their original packs.

The pharmacy obtained its medicines from licensed wholesalers. Temperature-sensitive medicines were stored in a medical fridge and temperatures were recorded daily. Records showed that temperatures had remained within the required range of between 2 and 8 degrees Celsius. All CDs requiring secure storage were stored in line with requirements. Date expired CDs and patient-returned controlled drugs were marked and stored separately in the CD cabinet. Denaturing kits were available to dispose of waste CDs safely. The pharmacy had date-checking procedures for stock medicines and short-dated medicines were marked for removal at an appropriate time. No date-expired medicines were found amongst in-date stock when checked during the inspection. Waste medicines were stored in designated bins ahead of collection by a specialist waste contractor.

The pharmacy received information about safety alerts and medicine recalls via email. Team members could explain how these were dealt with. Records of previously actioned alerts were kept and available in the pharmacy.

Principle 5 - Equipment and facilities Standards met




Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And its team members use the equipment and facilities in a way that protects people's privacy and dignity.

Inspector's evidence

Team members had access to current reference sources. The pharmacy had calibrated measures available and equipment for counting tablets and capsules was clean. Medicine containers were capped to prevent cross-contamination. People's confidential information on the pharmacy's computer system was stored securely and team members had access to cordless phone so they could converse in private if necessary. All other 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.