

Registered pharmacy inspection report

Pharmacy Name: Wellbeing Pharmacy, Richmond Surgery, Richmond Close, FLEET, Hampshire, GU52 7US

Pharmacy reference: 1119591

Type of pharmacy: Community

Date of inspection: 19/10/2022

Pharmacy context

This pharmacy is located inside a GP surgery in Fleet. It 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 for those who may have difficulty managing their medicines at home. The pharmacy also provides a blood pressure testing services and 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 manages its risks well. Team members record their errors and review them to identify the cause so that they can make appropriate changes to help stop similar mistakes from happening again. The pharmacy has suitable written procedures in place to help ensure that its team members work safely. The pharmacy has insurance to cover its services. Team members know how to protect people's private information and know how to protect the safety of vulnerable people. And they generally respond well to feedback.

Inspector's evidence

Standard Operating Procedures (SOPs) were in place for the dispensing tasks and had been recently updated. Team members had all signed the SOPs to say they had been read and understood. Staff roles and responsibilities were described in the SOPs which were reviewed every two years by the superintendent pharmacist, or when there were any significant changes.

A near miss log was available in the dispensary and was seen to be used by the team. The pharmacist explained that due to the installation of a new system for patient medication records, the team has seen a significant reduction in the number of near misses and mistakes they make. She explained that the new scanning system for the dispensing process meant that the computers would not generate labels if the dispenser picked and scanned items which did not match the prescription. The pharmacist explained that near misses were discussed verbally with each team member, highlighting their own errors and changes they could make and then they would be written up on the near miss log. The pharmacist explained that the new system was introduced following a few incidents to reduce the likelihood of them recurring.

There was a workflow in the pharmacy where different tasks such as labelling, dispensing and checking were carried out at separate areas of the dispensary. The pharmacist explained that staff would remove themselves from the dispensary to pack prescription bags to ensure that they did not make any bagging errors. They would either go to the consultation room to do this or a quiet area of the pharmacy which was dedicated to prescription bagging. Multi-compartment compliance aids were prepared in a separate dedicated area of the dispensary. 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 also detailed in a poster displayed in the pharmacy. The pharmacist described a complaint the pharmacy recently had about a prescription not being ready on time. The person who raised the complaint was not satisfied with how the pharmacy had dealt with the issue and so the pharmacist referred the complainant to the superintendent pharmacist who dealt with the incident. A valid certificate of public liability and indemnity insurance was on display in the pharmacy.

The controlled drug register was maintained, and a balance check was carried out every week by the pharmacist and recorded. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in the pharmacy where the public could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were within the correct temperature range. The private prescription records were completed appropriately, and 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. There were cordless telephones available for use and confidential wastepaper was collected in baskets on the workbenches and later shredded.

The pharmacist and technician 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 appropriate safeguarding training. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy, and they were able to obtain the contact details for relevant safeguarding authorities online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload safely and effectively. And team members work well together. They are comfortable about providing feedback to one another, so that they can maintain the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one regular pharmacist, one foundation year trainee pharmacist and two dispensers, both of whom were in the process of completing the NVQ 2 training. There was a further pharmacist who worked in the afternoons and evening, one NVQ 3 registered technician, one trainee technician, an NVQ 2 dispenser and one trainee dispenser. The staff were seen to be working well together and supporting one another. Team members explained that they were open with one another and could learn from each other and discuss mistakes without embarrassment.

The foundation year pharmacist explained that she had regular training with 'PreRegRoom' and attended monthly training days based on different clinical topics in preparation for the foundation year assessment. The pharmacist explained that she often held meetings for the team where they would discuss any professional updates and things they need to be aware of. But most of the time, the team would update one another using Whatsapp.

The team members stated they were able to voice their opinions freely within the pharmacy and raise any concerns. There was also a whistleblowing link on the company's intranet homepage which they all had access to and could use if necessary. There were no targets in place and the pharmacist stated that she did not feel pressurised to deliver any services and that she would never compromise her professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. They are sufficiently clean and secure. But they would benefit from having more space for the team to work in. The pharmacy uses its facilities well to protect people's privacy.

Inspector's evidence

The pharmacy was in the same building as a doctor's surgery and although the pharmacy was small for the number of items dispensed, the space was clean, tidy and professional in appearance. The premises consisted of a small retail space with a narrow walkway into the dispensary. The dispensary was slightly bigger than the retail space with four distinct workstations for labelling, dispensing and accuracy checking. The dispensary had a door which connected it with the surgery. The door was generally kept closed. The team used the areas well and workflows were clear. 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 had installed a Perspex screen by the medicines counter to help prevent the movement of airborne viruses.

A signposted consultation room was present in the retail space. This was of a suitable size for its intended purpose, and it could be locked. There were two entrances into the consultation room, one from the dispensary and one from the retail space. The door from the retail space was kept locked when the consultation room was not in use. The pharmacy team was observed using the consultation room appropriately and taking people in there for private conversations. Conversations in the consultation room could not be overheard.

The dispensary was screened from public view to allow for the preparation of prescriptions in private. 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 provides its services safely. Team members make 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 team gets its medicines and medical devices from suitable sources. And it stores them appropriately.

Inspector's evidence

There was a range of leaflets available for people to read about services on offer and general health promotion in the retail area of the pharmacy. There was step-free access in the pharmacy from the surgery, or a small step to access the pharmacy directly from the surgery car park. The pharmacy provided a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was seating available should anyone require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy.

The new pharmacy computer system allowed the team to track prescriptions around the pharmacy and to know which stage each prescription was at. Any messages or notes could also be placed on the records so that the messages were passed on from the clinical checking stage right through to the accuracy checking stage. Audit trails on the system meant that it was easy to identify who had changed anything or left messages. Once a prescription was prepared, QR codes were generated on the labels which when scanned, would bring up all the prescription details. The labels would change once a prescription had been fully checked and was ready to be delivered to highlight that the prescription didn't need any further input prior to being handed out. The system also highlighted prescriptions for high-risk medicines, fridge items and CDs. This included schedule 4 CDs which, once dispensed, were generally stored along with the other dispensed prescriptions. But because they were highlighted staff could identify them more easily. This helped to ensure that they were not handed out after their 28-day expiry.

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 taking valproates. The pharmacist had valproate information cards and leaflets which were supplied when the team dispensed valproates. She stated that they had audited valproate use in the pharmacy and were aware of different people's requirements. 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 accurate descriptions of the medicines as well as being signed by the person who dispensed and checked the items. Every month, they supplied each patient with the relevant Patient Information Leaflets.

The pharmacy obtained medicinal stock from licensed wholesalers. Invoices were seen to verify this. The pharmacy team had a system to check the stock levels of medicines in other branches and either request or send medicines as required to ensure their stock levels were appropriate. Date checking was carried out regularly 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. They were seen being used for the

disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. 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 CDs for destruction were segregated from the rest of the stock. MHRA alerts and recalls were actioned appropriately by the team. 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. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy was equipped with a range of current reference sources. The team had access to relevant equipment to provide pharmacy services. This included counting triangles and clean, crown stamped, conical measures for liquid medicines.

The dispensary sink used to reconstitute medicines was clean. Hot and cold running water was available with hand wash present. Medicines requiring cold storage were stored at appropriate temperatures within medical fridges.

Computer terminals were positioned in a manner that prevented unauthorised access. There were cordless phones to enable further privacy. The team used their own individual NHS Smart cards to access electronic prescriptions.

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.