

# Registered pharmacy inspection report

**Pharmacy Name:** New Milton Pharmacy, 48 Station Road, NEW MILTON, Hampshire, BH25 6JX

**Pharmacy reference:** 1122010

**Type of pharmacy:** Community

**Date of inspection:** 06/12/2022

## Pharmacy context

This pharmacy is located on the high street in New Milton. 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 flu vaccinations 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
<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 identifies and manages the risks associated with its services well. It has satisfactory written procedures that its team members consistently follow. And it completes all the records it needs to by law. And it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

### Inspector's evidence

Standard Operating Procedures (SOPs) were in place for the dispensing tasks and were regularly updated, with the last update being in May 2022. Team members had all signed the SOPs to say they had been read and understood. Staff roles and responsibilities were described in the SOPs. There was a procedure in place for managing risks in the dispensing process, whereby all incidents, including near misses, were discussed at the time and recorded. The pharmacist explained that the team had a policy whereby four people were involved in the dispensing process prior to the item going to the pharmacist for checking. This ensured that there were very few near misses.

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. Multi-compartment compliance aids were prepared in a dedicated area at the back 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. A valid certificate of public liability and indemnity insurance was on display in the pharmacy.

The controlled drugs (CD) registers examined were found to be complete, with a balance check carried out every week. 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 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 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 Level 1 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 adequately trains its team members for the tasks they carry out. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable about providing feedback to one another, so that they can improve the quality of the pharmacy's services.

### Inspector's evidence

During the inspection, there was one regular pharmacist, two NVQ level 3 trainees, four NVQ level 2 dispensers, one trainee dispenser and two medicines counter assistants. Due to the pharmacy's longer opening hours, there would be two pharmacists working in a day. Certificates of completed training for the staff were on display in the pharmacy. One of the pharmacy's directors would lead the training and appraisals and would regularly send out emails to each member of staff which they could read to update their knowledge.

The staff were seen to be working well together and supporting one another. Two dispensers were observed effectively counselling a customer requesting a product for eczema. Team members explained that they were open with one another and could learn from each other and discuss mistakes to learn from them.

The team members stated they were able to voice their opinions freely within the pharmacy and raise any concerns. There was also a whistleblowing policy in place should the staff feel the need to raise any concerns they had if necessary. There were no targets in place and the team members stated that they did not feel pressurised to deliver any services and that they would never compromise professional judgement to do so.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively. But the pharmacy doesn't keep its dispensary shelves sufficiently tidy and organised. The pharmacy has a suitable soundproofed room for private conversations.

### Inspector's evidence

The pharmacy premises consisted of a bright open retail space with a raised dispensary at the end. The dispensary had distinct workstations for labelling, dispensing and accuracy checking. Since the last inspection, the pharmacy has extended the premises at the back and had created a large storeroom and extra dispensing areas where they kept the multi-compartment compliance aids. The team used the areas well and workflows were clear. However, shelves in the main dispensary were very untidy and medicines were stored in a disorganised manner. The team explained that they were aware of the risks this posed and had started to organise medicines in baskets on the shelves. The pharmacist demonstrated the area where topical medicines were kept and how this had been organised into baskets. He explained how it had helped them reduce picking errors and they were in the process of doing this to all their medicines.

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 Perspex screens by the medicines counter to help prevent the spread 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. Team members were observed using the consultation room appropriately and taking people in there for private conversations and services. 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 a range of services to support the needs of the local community. And people can easily access these services. The pharmacy delivers its services safely and effectively. And team members make suitable checks to ensure people taking higher risk medicines do so safely. They store and manage medicines appropriately. And they take the right action in response to safety alerts, so people get medicines and medical devices that are safe to use.

### 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 and in the consultation room. There was step-free access into the pharmacy and there was seating available should anyone require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy.

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. He stated that they had audited valproate use in the pharmacy and were aware of different people's requirements and they were planning on auditing the valproate use again soon due to the emphasis from the MHRA on the safe use of valproates.

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 compliance aids were prepared and stored in a dedicated area at the back of the pharmacy. 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, the pharmacy supplied each patient with the relevant Patient Information Leaflets.

The pharmacy obtained medicinal stock from licensed wholesalers. Invoices were seen to verify this. 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 fridges were 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 appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use

### 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.