

Registered pharmacy inspection report

Pharmacy Name: Well, 77 Cheap Street, SHERBORNE, Dorset, DT9
3BA

Pharmacy reference: 1123805

Type of pharmacy: Community

Date of inspection: 07/01/2020

Pharmacy context

This is a community pharmacy located on a parade of shops in the town of Sherborne in Dorset. It serves its local population which is mostly elderly. The pharmacy opens six days a week. It sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccination services and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

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	Good practice	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy team increase the accessibility of the flu vaccination service to their local population.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid future mistakes. 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

Processes were in place for identifying and managing risk in the pharmacy. Near misses were recorded electronically and reviewed monthly by the pharmacist. Incidents would be discussed with the members of staff involved and coaching and advice would be given as necessary. Due to recent errors, the pharmacy team were highlighting gabapentin and pregabalin prescriptions to ensure that these two medicines were not mixed up at the dispensing stage.

Dispensing errors were all reported electronically to the company's head office and a root cause analysis was carried out. 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 in place for all the dispensary tasks and were reviewed regularly. The SOPs were all held electronically and staff would carry out SOP training online. The pharmacy team explained that they were all aware of their roles and responsibilities.

A complaints procedure was in place within the SOPs and the staff were all aware of the complaints procedure. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract. An indemnity insurance and public liability certificate from the NPA was held and was valid and in date until June 2020.

Records of controlled drugs (CDs) and patient returned CDs were all seen to be in order. The address that a CD was received from was sometimes omitted from the records. A sample of a random CD was checked for record accuracy and was seen to be correct. The controlled drug balances were checked weekly. Patient returned and expired CDs were separated from regular CD stock and labelled appropriately.

A responsible pharmacist record was held and was in order. The responsible pharmacist notice was displayed in pharmacy where patients could see it. The fridge temperatures were recorded daily and was always in the two to eight degrees Celsius range. The private prescription and specials records were retained and were in order. The emergency supply records were retained but some entries omitted the directions of the medicine that had been supplied. Date checking was carried out regularly and records to demonstrate this were held electronically.

The computers were all password protected and the screens were not visible to the public. Staff were required to complete online training for information governance. Patient confidential information was stored securely. Confidential waste was collected and removed by an external company regularly. The consultation room was not lockable and contained a smartcard which was removed during the inspection. The consultation room window was partially transparent which may mean that privacy is not always maintained. The pharmacist agreed to address this.

The pharmacy team had been trained on safeguarding children and vulnerable adults. But staff could not readily locate contact details for local safeguarding advice, referral and support on request. The pharmacist agreed to address this. On questioning, staff were aware of what signs to look out for when identifying potential safeguarding concerns.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy staff 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

At the time of the inspection there was one pharmacist and three dispensing assistants present in the pharmacy. The staff were observed to be working well together and supporting each other. There were sufficient staff for the services provided during the inspection.

Staff performance was monitored and reviewed formally regularly against key performance indicators (KPIs). In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The staff reported they were required to complete online training modules when they became available. The pharmacy team gave an example of having completed a CPPE module on children's oral health and reported that this had increased their understanding around this topic. The pharmacy team had also completed training on the European Falsified Medicines Directive (FMD) and this helped them understand how this will be implemented in the pharmacy.

Staff received adequate time to complete any required training. Monthly meetings were held to discuss any significant errors and the learning from these. The pharmacist reported that the team would receive updates from head office frequently using their 'Merlin' system. The company had an annual staff survey which was an opportunity for the staff to feedback any opinion they had about their roles and the company anonymously.

Staff reported they were than happy to raise any concerns they had immediately with the pharmacist or with one another. There was also a whistleblowing policy in place which staff were aware of and were happy to use should they require it. There were targets in place for services but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. Fixtures and fittings were modern and the pharmacy was presented in a professional manner. The pharmacist reported that the pharmacy suffered from water ingress from below the pharmacy into the dispensary periodically. This had been reported to the Well superintendent's office accordingly and was included in the pharmacist's annual risk review.

There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing. There were handwashing facilities in the consultation room but these did not work at the time of the inspection. Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out.

The pharmacy had a consultation room that was well soundproofed. The consultation room window was partially transparent which may mean that privacy is not always maintained. Patient confidential information was stored securely. The ambient temperature was suitable for the storage of medicines and 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 obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

Inspector's evidence

Access to the pharmacy was step free. Leaflets and posters were available to advertise pharmacy services. There was space for the movement of a wheelchair or pushchair in the store. There was seating available for patients and customers waiting for services.

The pharmacy team had been offering the flu vaccination service since September and had completed around 430 vaccinations at the time of the inspection. Staff explained how this service had increased accessibility to patients who find it difficult to attend limited GP appointments. The patient group direction (PGD) was valid and in date. The pharmacist had completed recent anaphylaxis and resuscitation training.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to people who may become pregnant during the inspection. The pharmacy team reported that they 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 pharmacy manager reported that the pharmacy was in the process of complying with the European Falsified Medicines Directive (FMD). The pharmacy team had the appropriate software and staff training. The pharmacy used recognised wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. Specials were ordered via IPS specials. Invoices from these wholesalers were seen.

CD destruction kits were available for the destruction of controlled drugs. Designated bins for storing waste medicines were available for use. There was an excessive amount of patient returned stock awaiting destruction and the pharmacist agreed to address this. A bin for the disposal of hazardous waste medicines was not available for use at the time of the inspection. Waste collection was regular and the team explained that they would contact the contractors if they required more frequent waste collection.

Medicines and medical devices were stored within their original manufacturer's packaging. Staff reported that pharmaceutical stock was subject to date checks and these were documented. Short dated stock was marked with stickers. But a bottle of erythromycin 125mg/5ml granules for oral suspension was found on the dispensary shelf that had been expired since the end of December 2019.

The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA

alerts came to the pharmacy electronically through the company's intranet and the pharmacist explained that these were actioned appropriately. Records to demonstrate this were kept and included audit trails.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Separate measures were in use for dispensing CDs. Amber medicines bottles were seen to be capped when stored and there was a counting triangle and a capsule counter. 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.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in the pharmacy and temperatures were recorded daily and were seen to be between two to eight degrees Celsius. Designated bins were available for use and there was sufficient storage for 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.