

Registered pharmacy inspection report

Pharmacy Name: Ringwood Pharmacy, 43A Southampton Road,
Ringwood, Hampshire, BH24 1HE

Pharmacy reference: 9010477

Type of pharmacy: Internet / distance selling

Date of inspection: 12/04/2023

Pharmacy context

The pharmacy is located on a parade of shops in Ringwood town centre in Hampshire. The pharmacy is closed to the public for most services, but it delivers medicines. The pharmacy operates five days a week. The pharmacy dispenses NHS prescriptions and provides multi-compartment compliance aids to local care homes and to patients to use in their own homes. The pharmacy also provides flu vaccines.

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 appropriately manages its risks and has procedures in place to ensure that its team members work safely. They know what they can and cannot do and what they have responsibility for. The pharmacy regularly reviews the safety of its services and team members understand how to protect vulnerable people. They keep the records they need to by law, and they keep people's private information safe and secure.

Inspector's evidence

The pharmacy had up-to-date Standard Operating Procedures (SOPs) in place for all the tasks they carried out. Staff roles and responsibilities were described in the SOPs and the team members demonstrated a clear understanding of their roles and worked within the scope of their role. The SOPs had all been reviewed in the last year, and the Superintendent demonstrated how he was preparing new SOPs which would be maintained electronically and updated 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. There was also an opportunity for members of the public to give feedback electronically on the pharmacy's website (www.ringwoodpharmacy.com). There was a valid certificate of professional indemnity and public liability insurance available.

Near misses and errors were reported electronically on the pharmacy's computer system. The incidents were reviewed every fortnight and the team held a meeting to discuss all the incidents and any actions they could take to prevent them from recurring. The team held a list of 'Look Alike, Sound Alike' (LASA) medicines and would highlight all prescriptions where LASA medicines had been prescribed to ensure they took extra care with them.

There was a clear workflow in the pharmacy where labelling, dispensing, checking were carried out at different areas of the dispensary. There were dedicated areas for the preparation of multi-compartment compliance aids and for care home medicines.

The pharmacy maintained all the required records electronically. The responsible pharmacist notice was on display in the pharmacy and the records of the responsible pharmacist were maintained electronically. The private prescription register and the fridge temperatures were kept electronically. Records of controlled drugs and patient returned controlled drugs were all seen to be completed and maintained electronically.

The pharmacy had an information governance policy in place. The staff were all aware of how to protect people's information. There was a designated container in the consultation room which the team used to dispose of confidential waste. This was removed regularly by a licensed contractor. The computers were all password protected and the screens were not visible to the public. There were cordless telephones available for use and staff all had their own NHS Smart Card.

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 a safeguarding training module. 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 which

contained all the contact and signposting information should the team suspect a safeguarding incident. There was also a safeguarding poster on display in the dispensary for the team members to refer to when required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably qualified members of staff. The team members keep their skills and knowledge up to date so that they can deliver safe and effective care. They are able to raise concerns and make changes to the services provided and their professional judgement is not compromised.

Inspector's evidence

During the inspection, there was one regular pharmacist who was the Superintendent, five NVQ Level 2 dispensers and two drivers. The members of staff had all completed appropriate training. The pharmacist explained that they had become very busy in recent years and so he had recruited more members for the team and felt that at the moment, he had a good staffing level. Members of staff were observed completing tasks independently and consulting with one another on queries. The pharmacist explained that he encouraged them to talk to one another and ask questions about their work. The staff completed regular online training on Virtual Outcomes to ensure they were kept up to date with any professional changes and their knowledge of clinical subjects was maintained. The Superintendent explained that the new pharmacy supervisor planned the staff training and ensured it was relevant and interesting for the team. The pharmacist also attended regular local training sessions to keep his skills and knowledge updated.

The Superintendent explained that he encouraged an open environment where staff were able to voice their concerns and opinions as well as make suggestions to how they could improve the services being provided from the pharmacy. There was a whistleblowing policy in place which all the members of staff had signed to say they read and understood. There were no targets in place, and the team explained that they would never compromise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment from which to run its services. The premises are clean and secure.

Inspector's evidence

The pharmacy building was located in Ringwood town centre and there was free parking on the road outside or paid parking across the main road in a large car park. The pharmacy was in a retail unit and was signed as being a pharmacy. There was a small reception area which the pharmacist said that people sometimes used to drop off their prescriptions so that the pharmacy would deliver them later. The pharmacy had a large main dispensary and a further dispensary in the back. There was also a consultation room. People who visited the pharmacy for advanced services could use the consultation room for private conversations which could not be overheard.

The pharmacy was organised and well maintained. Due to the increase in items, the pharmacist was looking at ways to increase the space in the pharmacy to ensure they could continue to deliver services safely.

The team members reported that they cleaned the pharmacy regularly and there was a cleaning rota on display in the pharmacy. The team had increased the frequency of cleaning, especially on touch points, since the COVID-19 outbreak. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning unit. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. There was a fire exit at the back of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services easily accessible to people who use its services. It makes regular deliveries so that people get their medicines on time. 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

The pharmacy's website displayed the GPhC logo and registration number as well as the details of the Superintendent and the pharmacy's address. People had their prescriptions delivered to their homes by the pharmacy's drivers if they were local, or via City Sprint if appropriate. Deliveries were signed for, and the pharmacy could access the signatures electronically and track all the deliveries.

The pharmacist stated that people were usually counselled over the phone, or occasionally via email. If people were taking high-risk medicines, they would be counselled over the phone and there would be subsequent follow-up phone calls. 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 pharmacy had completed an audit on valproates and although they did not have any affected patients, the team explained that they use valproate information cards and leaflets when they dispense valproates. Team members explained that when dispensing valproates, they pulled up the safety information card on the boxes and ensured the dispensing label was placed behind it. The team organised the preparation of multi-compartment compliance aids and care home medicines into a four-week cycle and maintained audit trails to prepare and deliver them. The labels on the compliance aids had the descriptions of the medicines on them and were signed by the person who dispensed and checked the items. Each patient was supplied with the relevant Patient Information Leaflets for the compliance aids.

The pharmacy obtained medicinal stock from multiple 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 and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste.

The pharmacy had three large medical fridges and one smaller fridge. They were all 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 regularly, and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for pholcodine. 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 the facilities it needs to provide its services safely. And its team makes sure the equipment it uses is clean.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. 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.