

Registered pharmacy inspection report

Pharmacy Name: Fair Oak Village Pharmacy, 35-37 Summerlands Road, Fair Oak, Eastleigh, Hampshire, SO50 7AU

Pharmacy reference: 9010713

Type of pharmacy: Community

Date of inspection: 08/05/2019

Pharmacy context

An independently owned community pharmacy in the village of Fair Oak in Eastleigh. The pharmacy provides essential NHS services and multi-compartment compliance aids to approximately 100 people. Other services include Medicines Use Reviews (MUR)s, the New Medicine Service (NMS), blood pressure checks, Emergency Hormonal Contraception (EHC) and seasonal flu vaccinations. The pharmacy also provides travel vaccinations and anti-malarials and a supervised consumption service for substance misuse clients.

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

In general, the pharmacy's working practices are safe and effective. Its team members understand their roles and responsibilities and keep people's information safe. The pharmacy logs any mistakes it makes during the dispensing process. It learns from these and takes action to avoid problems being repeated. But, it could do more to reflect on what had gone wrong and the team could follow some of its procedures more closely.

Inspector's evidence

The pharmacy had procedures for managing risks in the dispensing process. All incidents, including near misses, were discussed at the time and recorded. All incidents including concerns raised by the public were generally discussed with the individual involved, as soon as they came to light. The matter would then generally be discussed within the team to find ways to support each other and to prevent a reoccurrence. However, in recent months near miss records had not been fully completed nor subject to regular review.

Staff were aware of look alike and sound alike drugs (LASAs) and had separated some packs of drugs beginning with the letter 'A' to reduce the chance of the wrong one being selected. Coloured stickers were used to remind staff that additional counselling was required or to highlight that the prescription might include a CD or a fridge item.

Staff worked under the supervision of the responsible pharmacist (RP) whose sign was displayed for the public to see. There was a set of standard operating procedures (SOPs) for staff to follow. Staff had read and signed SOPs relevant to their roles.

The pharmacy had a documented complaints procedure in place. Details of the local NHS complaints advocacy service and PALs were available in a leaflet available on request. However, customer concerns were generally dealt with at the time by one of the regular pharmacists or dispensary manager (NVQ3 trained dispenser). In addition, the pharmacy had professional indemnity and public liability arrangements in place, so, they could provide insurance protection for staff and customers.

Staff were aware of the need to protect patient confidentiality. Confidential records were stored away from customer areas. Waste labels and electronic prescription tokens were discarded into a designated confidential waste container for shredding. Confidentiality training had been completed by all staff. Record keeping as required in law (under standard 1.6) was not inspected.

The pharmacist on duty had completed level 2 CPPE training. Remaining staff had been briefed and had completed dementia friends training. Contact details for the relevant safeguarding authorities were available online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload safely and effectively and team members work well together.

Inspector's evidence

There was an adequate number of qualified and skilled staff on hand to manage the immediate workload. The pharmacy was running with a locum pharmacist, A dispensary manager (trained to NVQ3 level although not yet registered), two dispensers and a medicines counter assistant (MCA).

At the time of the inspection the working atmosphere was busy, with all staff fully occupied attending to customers and their allocated tasks. The MCA managed the shop floor and counter with the support of the pharmacist and dispensers when needed. Staff were observed to have a good working relationship. Dispensing staff were observed to consult one another regularly and it was clear that there were regular discussions within the team who were heard providing each other with updates on the progress of prescriptions and a range of other queries.

Prescriptions were processed in a timely manner and customers were served promptly. The RP was observed, accuracy checking prescriptions, assisting staff and counselling patients. The MCA was observed consulting the RP and dispenser when necessary.

The pharmacist tried to complete MURs with patients whom he felt would benefit. Whilst he was expected to complete MURs when he could, he said that he could make his own decisions as to when it was appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for the services provided.

Inspector's evidence

The pharmacy was bright and airy with a spacious shop floor. The shop floor was uncluttered with enough space for wheelchair users to move around and had a seating area for waiting customers. The pharmacy stocked a range of baby care, health care, cosmetics and personal care items.

The chemist counter consisted of two distinct units. It ran along the width of the pharmacy with the dispensary behind. There was a further small counter area where the pharmacist could hand out prescriptions discretely. Pharmacy medicines were stocked on shelving behind the counter.

There were two dispensing benches one on either side of the dispensary. The front bench area was used for accuracy checking and attending to walk-in and urgent prescriptions. The checking area was immediately behind the counter. This put the pharmacist in a position to intervene and assist with queries and sales.

The pharmacy was clean with clean work surfaces, sinks, floors and shelves. Staff cleaned the shelves when they were date checking and kept records. Staff were seen to clear surfaces as they worked. Prescriptions were bagged and stored promptly after checking.

The pharmacy had a general storage area and fire door to the rear. The rear storage area had an additional dispensing bench. Multi-compartment compliance aid dispensing was done here or on an area of bench in the main dispensary. There was also additional shelving here for storing prescriptions.

There were two consultation rooms available. One for pharmacist use and the other was rented out for private services such as sight and hearing tests, chiropodists, counselling and so on.

The dispensary was generally tidy and organised and there appeared to be sufficient work surface for the overall workload. Completed prescriptions were stored in the dispensary in such a way that patient details were not visible to patients and the public. The pharmacy was adequately lit and ventilated with temperature control systems in place. The pharmacy had a professional, clean, modern appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services safely and effectively and makes its services available to everyone. Staff give people the advice and support they need to help them use their medicines safely and properly.

Inspector's evidence

The pharmacy had an automatic door and step free access. There was sufficient space between the aisles to allow wheelchair users to have free movement around the premises. The consultation room was also wide enough for wheelchair access. A selection of services was advertised at the front window and there was a range of information leaflets available for customer selection.

SOPs had been signed as read and understood by staff. A sample of SOPs was checked regarding the assembly labelling and accuracy checking process. Observation of staff performing these activities indicated that, in general, procedures were being followed. For example, there was a clear audit trail of the dispensing process as per the SOP.

The dispensary had a clear work flow. It had designated areas for dispensing and checking prescriptions. Non-urgent items and baskets with incomplete prescriptions were set aside to await completion.

Standards relating to medicines and medical devices were not inspected during this inspection (Standards 4.3 and 4.4). But stock was seen to have been stored in a tidy organised fashion.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services.

Inspector's evidence

The pharmacy had the equipment and facilities it needed. Equipment was clean and appropriately maintained. Tablet and capsule counting trays and measuring equipment were clean. Measures were BS standard and clean. There was a separate counting triangle for cytotoxic tablets to prevent cross contamination with other tablets. Dispensing bottles were capped when in storage to prevent contamination with dust and debris.

The pharmacist had access to a range of online resources such as EMC and the NHS website. The pharmacy also had hard copies of the most recent BNF, BNF for children and the Drug Tariff.

The pharmacy had three computers which appeared to be sufficient for the workload. All computers were password protected and were out of view of patients and the public. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was shredded regularly.

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.