

Registered pharmacy inspection report

Pharmacy Name: No 8 Pharmacy, 16a High Street, Bedworth,
Warwickshire, CV12 8NF

Pharmacy reference: 9011264

Type of pharmacy: Community

Date of inspection: 23/02/2022

Pharmacy context

This is an independently-owned community pharmacy situated in a parade of shops in Bedworth, Warwickshire. It is open extended hours seven days a week. It dispenses NHS prescriptions, sells a range of over-the-counter medicines, offers a seasonal influenza vaccination service and it supplies medicines in multi-compartment compliance packs to a significant number of people who need assistance in managing their medicines at home. The pharmacy provides a substance misuse treatment service, and it offers a prescription delivery service. This inspection was undertaken during the Covid-19 pandemic.

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	2.2	Good practice	Members of the pharmacy team are well supported with on-going training to keep their skills and knowledge up to date.
3. Premises	Standards met	3.1	Good practice	The pharmacy's layout supports safe ways of working. Its team members keep it very well-organised, clean and tidy. It has taken additional steps to help protect staff and people using the pharmacy during the Covid-19 pandemic.
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy's services are well-organised and provided by well-trained staff. People have good access to care and advice from pharmacists.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy manages risks well to help ensure its services are delivered safely and effectively. It has procedures in place for the services it offers. And it keeps the records it needs to by law, to show that medicines are supplied safely and legally. Members of the pharmacy team record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's private information securely and its team members know how to protect vulnerable people.

Inspector's evidence

A range of current standard operating procedures (SOPs) were available in the pharmacy and these had been read and signed by team members. The superintendent pharmacist (SI) explained the procedure members of the pharmacy team would follow to record and report dispensing mistakes. Dispensing mistakes which were identified before the medicine was handed to a person (near misses) were routinely recorded and reviewed. A report of near misses, incidents and complaints was generated and discussed during team meetings. The pharmacy used a standardised safety form from a pharmacy representative organisation to report dispensing incidents, and these were submitted to the company's Medical Safety Officer for further analysis and learning points. The pharmacy's stock medicines were very well organised and similar sounding names or packaging had been identified and well separated to minimise the chances of picking errors during the dispensing process.

The pharmacy had considered risks to its team members and people using the pharmacy during the Covid-19 pandemic. A range of posters providing information about the pandemic had been displayed by the entrance of the pharmacy and a Perspex screen had been fitted along the medicines counter to minimise the risk of Covid-19 transmission. A Covid-19 business continuity plan was in place and individual risk assessments for team members had been completed and were available in the pharmacy. Members of the pharmacy team had access to personal protective equipment (PPE) and were seen wearing face masks throughout the inspection.

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. Records about the RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were kept in line with requirements. The pharmacy dispensed very few private prescriptions, and these were mainly generated from local doctors. Running balances of CDs were kept and audited regularly.

A current certificate of professional indemnity insurance was on display in the pharmacy. A complaints procedure and the pharmacy's privacy policy were displayed in the public area and members of the pharmacy team were familiar with the complaints procedure. The pharmacy was registered with the Information Commissioner's Office and a current registration certificate was displayed in the dispensary. A shredder was available to destroy confidential waste on site and the pharmacy's computer were password protected. Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. Prescriptions awaiting collection were stored appropriately and people's personal details were not visible to the public.

A safeguarding policy and contact details for local agencies to escalate any safeguarding concerns were available in the pharmacy. The three pharmacists present during the inspection had all completed Level 2 safeguarding training. Members of the pharmacy team knew what to do or who they would make

aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to deliver its services safely and effectively. Members of the pharmacy team work well together and are supportive of each other. And they have access to training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, a regular locum pharmacist, the business director and the SI were present. All of whom were pharmacists. This meant there was very good availability of pharmacists to provide care to people. They were supported by two trained medicine counter assistants, a trainee dispenser checker, an overseas-qualified pharmacist, a qualified dispenser and two trainee dispensers. The overseas-qualified pharmacist had recently joined the pharmacy and she was in the process of completing her probation period. The SI was aware of the need to enrol her on an accredited training course upon successful completion of the probation period.

Members of the pharmacy team were well supported with on-going training. They were given some time during working hours to help complete their training. And each team member had a training folder and records of recently completed training were available in the pharmacy.

A whistleblowing policy was available, and members of the pharmacy team said that they were comfortable making suggestions about how to improve the pharmacy and its services. And commented that they could contact the SI directly to discuss any concerns they might have. The team members appeared to work very well together. The pharmacy didn't incentivise its services or set targets for its team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a good environment to deliver its services from. The premises are clean, secure, and fitted to a good standard. People visiting the pharmacy can have a confidential conversation with a team member in a private area if required. Members of the pharmacy team have considered risks posed by the Covid-19 pandemic and they have implemented measures to help keep members of the public safe.

Inspector's evidence

The pharmacy had relocated into brand new premises a few months before the Covid-19 pandemic. The premises were bright, fitted to a very good standard and they were spacious. The entrance to the pharmacy was at street level and it was step free. The public area of the pharmacy was clean, tidy and it was clear of slip or trip hazards. And it was sufficiently spacious to enable people visiting the pharmacy to socially distance themselves safely. There was seating available for people waiting for services.

The dispensary was clean, spacious, and very well organised. There was ample space to work and store medicines safely. The workflow in the dispensary was well organised, calm and a separate area was used to assemble multi-compartment compliance packs. The sink for preparing liquid medicines was clean and there was a supply of hot and cold running water. There was good lighting throughout the premises and the room temperatures were suitable for storing medicines safely. The pharmacy had two private signposted consultation rooms. The rooms were sufficiently spacious and kept clean.

Members of the pharmacy team had access to very good facilities including personal lockers, a clean kitchenette, staff room and hygiene facilities. The hygiene and handwashing facilities were kept clean. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people over extended hours. And people have good access to care and advice from pharmacists. The pharmacy's services are well-organised and are provided by well-trained staff and are delivered safely. Stock medicines are obtained from reputable sources and members of the pharmacy team take the right action in response to safety alerts, so that people get medicines that are safe to use.

Inspector's evidence

The pharmacy offered a range of services which were well advertised throughout the premises. Team members could speak to people in several languages including Punjabi and Gujarati. And they used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. The pharmacy undertook approximately 40 prescription deliveries each day. And the SI said that the demand for the service had doubled since the Covid-19 pandemic. The pharmacy's delivery driver kept a record for all deliveries of medicines. Signatures were currently not being obtained from recipients to minimise the risk of infection. The pharmacy supplied Covid-19 rapid lateral flow tests that people could use at home. Team members were required to test themselves at regular intervals to make sure they were infection free.

Baskets were used during the dispensing process to prioritise workload and minimise the risk of medicines getting mixed up. 'Owing slips' were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed. Dispensed multi-compartment compliance packs seen had been labelled with a description of the medicines contained within the pack to help people or their carers identify the medication. And patient information leaflets were routinely supplied so that people had information readily available to help them take their medicines safely. Members of the pharmacy kept a clear record of any changes to people's medication regime to avoid mistakes happening.

A range of healthcare leaflets were well displayed in the pharmacy and team members had prepared an impressive display raising awareness about diabetes and the symptoms to look out for. Members of the pharmacy team highlighted prescriptions when a pharmacist needed to speak to the person about their medication on hand-out or if other items such as fridge items or CDs needed to be added. And they were aware about the additional counselling to be provided to people in the at-risk group who were prescribed valproate. The pharmacy had valproate information leaflets if needed.

The pharmacy ordered its stock medicines from licensed wholesalers and they were stored tidily in their original containers. No extemporaneous dispensing was carried. Pharmacy-only medicines were stored securely, and they were restricted from self-selection. Stock medicines were date checked at regular intervals and short-dated medicines were marked for removal at an appropriate time. Stock medicines were randomly checked during the inspection and no date-expired medicines were found amongst the in-date stock on the shelves. Medicines requiring cold storage were kept in a well-organised refrigerator and these were stored between 2 and 8 degrees Celsius. The maximum and minimum temperatures were recorded daily, and records showed that the temperatures had been maintained within the required range. All CDs were stored tidily and in line with requirements. The pharmacy had denaturing kits available to dispose of waste CDs safely. Members of the pharmacy team knew that prescriptions

for CDs not requiring secure storage such as tramadol and pregabalin had a 28-day validity period. The pharmacy had a process to deal with safety alerts and medicine recalls to make sure the medicines it supplied were fit for purpose. Records about these and the action taken by team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely and effectively. And it maintains its facilities and equipment well.

Inspector's evidence

The pharmacy's computer screens were not visible from the public areas of the pharmacy and its patient medication records were password protected. Private information was stored securely, and confidential waste was appropriately managed. Members of the pharmacy team had access to up-to-date reference sources. All electrical equipment appeared to be in good working order. There was a range of clean calibrated glass measures for measuring liquid medicines. Medicine containers were capped to prevent contamination. Hand sanitising gel was available in the dispensary for team members, and it was also available for people visiting the pharmacy.

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.