

Registered pharmacy inspection report

Pharmacy Name: Well, 22 Station Road, Swanage, BH19 1AE

Pharmacy reference: 9011299

Type of pharmacy: Community

Date of inspection: 15/06/2021

Pharmacy context

This is a community pharmacy located on a parade of shops in Swanage. It serves its local population which is mostly elderly and includes some tourists in the summer months. 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	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	4.1	Good practice	The pharmacy team increase the accessibility of the flu vaccine 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. It has made suitable adjustments to some of these procedures to help minimise the spread of coronavirus during the pandemic. 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 well 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

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. The pharmacy suspended some of its face-to-face services during the peak of the pandemic. Staff were wearing face masks in the pharmacy. People were encouraged to wear face masks when attending the pharmacy. There were stickers on the floor to help people maintain social distancing in the retail area of the pharmacy.

Processes were in place for identifying and managing risk in the pharmacy. Near misses were recorded electronically and generally reviewed monthly by the pharmacy team. Incidents would be discussed with the members of staff involved and coaching and advice would be given as necessary. But the pharmacist was not able to access the Datix system and describe examples of learning from recent errors. Going forward, the pharmacist explained that all staff would be able to access the system to input any errors so that learning opportunities were not missed.

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. Team members used stackable containers to hold dispensed medicines to prevent them 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 pharmacist reported that some of these had been modified in response to the COVID-19 pandemic. The SOPs were all held electronically and pharmacy 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 this. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS terms of service. An indemnity insurance and public liability certificate from the NPA was held and was valid and in date until 30 June 2021.

Records of controlled drugs (CDs) and patient returned CDs were kept electronically and were all seen to be in order. The controlled drug balances were checked weekly. The responsible pharmacist record

was held electronically and was in order. The responsible pharmacist notice was displayed in pharmacy where people could see it. The fridge temperatures were recorded daily, and the temperatures recorded were within the two to eight degrees Celsius range. Some recent fridge temperatures had been omitted and the pharmacist agreed to address this. The private prescription records often omitted the date on the prescription. The specials records were retained but details such as the patient's name and address were often omitted. The emergency supply records were retained but some entries omitted the reason for the supply when it was at the request of a patient. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and records of this were completed 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 pharmacy team had been trained on safeguarding children and vulnerable adults. Staff could locate contact details for local safeguarding advice, referral and support on request. On questioning, staff were aware of what signs to look out for when identifying potential safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

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 one dispensing assistant present in the pharmacy. The staff were observed to be working well together and supporting each other. The pharmacist reported that the pharmacy was occasionally short staffed due to problems recruiting staff. A new pharmacy manager was due to start imminently, and staffing levels were going to be reviewed. The pharmacy staff were generally able to keep up to date with their dispensing activity although there were occasional delays.

The staff reported they were required to complete online training modules when they became available. The pharmacist gave an example of having completed a CPPE module on consultation skills and he reported that this had increased their understanding around this topic. The pharmacy team reported that they did not always get time to complete training during work hours due to staff shortages.

Monthly meetings were held to discuss any significant errors and the learning from these. The pharmacist reported that the team would receive regular updates from head office via their intranet 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 superintendent's office. 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 provides a safe and appropriate environment for the provision of pharmacy services. It has made suitable adjustments to its premises to help protect people during the pandemic. The pharmacy team protect people's private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy team had moved into a newly refurbished premises as of January 2020. It 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. There were plastic screens across the medicines counter to mitigate the risk of COVID-19 transmission. Staff reported that they cleaned the pharmacy regularly and that this cleaning had become more frequent in response to the COVID-19 pandemic.

There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing. 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. People's 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 generally obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose and maintains audit trails to demonstrate this.

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. There was a stair lift to allow disabled access to the consultation room. Approximately 60% of the prescription items in this pharmacy were dispensed at a central hub in Stoke-on-Trent. The pharmacist reported that this meant that he could focus more on services and giving advice to patients.

The pharmacy team had been previously offered the flu vaccination service between September 2020 to March 2021 had completed around 400 vaccinations during this time. Staff explained how this service had increased accessibility to patients who find it difficult to attend limited GP appointments. The pharmacist explained that he had to complete a flu vaccination refresher course in order to comply with the specifications of the patient group direction (PGD). The pharmacist had also 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. The pharmacist reported that he would check that 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 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. A bin for the disposal of hazardous waste medicines was not available for use at the time of the inspection and the pharmacist agreed to address this. Waste collection was regular, and the team explained they would contact the contractors if they required more frequent waste collection.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridges were 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. Amber medicines bottles were seen to be capped when stored and there was a counting triangle available for use. 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. Hand sanitiser was available around the pharmacy.

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 were three fridges in the pharmacy and temperatures were generally recorded daily and were seen to be between two to eight degrees Celsius. Designated medicine waste 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.