

# Registered pharmacy inspection report

**Pharmacy Name:** Magna Pharmacy, Unit 2 Whitney Crescent,  
Haywood Village, Weston-super-Mare, Somerset, BS24 8ES

**Pharmacy reference:** 9011424

**Type of pharmacy:** Community

**Date of inspection:** 21/04/2021

## Pharmacy context

This is a community pharmacy located in a newly built residential area in Weston-super-Mare. It serves its local population which mainly consists of young families. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment compliance packs 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 had procedures in place to record and review mistakes when they 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

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 facemasks in the pharmacy. People were encouraged to wear face masks when attending the pharmacy. Processes were in place for identifying and managing risks. There was a near miss log in the main dispensary but there was no recent near misses recorded. The pharmacist reported that this was because the pharmacy business was relatively new and the pharmacy was not currently very busy. The near miss logs would be reviewed regularly and any learning points would be analysed and discussed. The pharmacist explained the concept of 'sound alike' and 'look alike' medicines.

There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded electronically and reported to the superintendent pharmacist. The pharmacy would investigate errors so that they could learn from these and reduce the risk of these occurring in the future.

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 the services provided and these were reviewed regularly. New SOPs were being implemented in the pharmacy at the time of the inspection. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The contractual requirement to carry out a Community Pharmacy Patient Questionnaire (CPPQ) had been waived due to COVID-19 pandemic. However, staff said that they always encouraged patients to provide feedback. There was some evidence of good patient feedback on Google reviews. A certificate of public liability and indemnity insurance from the NPA was displayed in the dispensary and was valid and in date until the end of March 2022.

Records of controlled drugs (CD) and patient returned controlled drugs were kept. The CD balance was checked weekly. The responsible pharmacist (RP) record was retained. The RP notice was displayed and could be clearly seen by the public. The RP notice was initially incorrect at the start of the inspection

but this was promptly corrected by the pharmacist. There was one fridge in use and temperatures were recorded daily and were within the appropriate temperature range of two to eight degrees Celsius. Date checking was completed regularly and records were kept to demonstrate this. The private prescription and specials records were kept and were in order. The emergency supply records were not regularly kept and the pharmacist agreed to address this.

The computer screens in the dispensary were all facing away from the public and were password protected. Confidential waste was collected separate to normal waste and disposed of appropriately. People's confidential information was stored securely.

The pharmacist had completed a Centre for Pharmacy Postgraduate Education (CPPE) training package on safeguarding children and vulnerable adults. On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. Contact details for local safeguarding advice, referral and support were not readily available in the pharmacy and the pharmacist reported that he would address this.

## 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

There was one pharmacist and one dispensing assistant present during the inspection. They were seen to be working well with each other. The pharmacist reported that staff meetings would take place on an ad-hoc to discuss any business updates or significant errors. The pharmacy team was small and so staff were always chatting and sharing ideas.

The staff reported that they kept their knowledge up to date by reading third party materials, such as pharmacy magazines, and would ask the pharmacist if they had any queries. The pharmacy team were in the process of completing a Centre for Pharmacy Postgraduate Education (CPPE) package on antimicrobial resistance. Staff received some time to complete any required training. During the COVID-19 pandemic, pharmacy staff reported that they had utilised online resources from the PSNC and Public Health England. This included learning more details about the virus, how its spread and the significance of testing and tracing.

Staff reported that they felt comfortable to approach the pharmacy manager or superintendent pharmacist with any issues regarding service provision. There were no formalised targets in place at the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy 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 premises had been opened in November 2020. It was clean, bright and had a professional appearance. It had a retail area toward the front and a spacious dispensary area toward the back. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. There was a plastic screen separating the retail area from the dispensary.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were generally organised in a generic and alphabetical manner. The consultation room was well soundproofed and was presented in a professional manner. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

## Principle 4 - Services ✓ Standards met

### Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action. 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

Pharmacy services were detailed in posters and leaflets around the pharmacy. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

The pharmacy team dispensed multi-compartment compliance packs for 5 patients in their own homes. Audit trails were kept to indicate where each compliance pack was in the dispensing process. One compliance pack was examined and an audit trail to demonstrate who dispensed and checked the compliance pack was incomplete. The pharmacist explained that audit trails were usually completed. Descriptions were routinely provided for the medicines contained within the compliance pack. Patient information leaflets (PILs) were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were not available for use during valproate dispensing and the pharmacist agreed to address this. The pharmacist reported that she 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.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was not available for use during the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection. Medicines were obtained from suppliers such as AAH and Alliance. Specials could be obtained from a variety of suppliers.

Medicines and medical devices were stored 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 fridge was in good working order and the stock inside was stored in an orderly manner. MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacy manager explained that these were actioned appropriately. Records to demonstrate this were kept.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Amber medicines bottles were capped when stored. A counting triangle and capsule counter were not present during the inspection but the pharmacist confirmed that he would order these. 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 use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

Designed bins for storing waste medicines 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
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.