

# Registered pharmacy inspection report

**Pharmacy Name:** Chippenham Pharmacy and Health Clinic, 12a

Cavalier Court, Bumpers Farm Estate, Chippenham, Wiltshire, SN14  
6LH

**Pharmacy reference:** 9011920

**Type of pharmacy:** Community

**Date of inspection:** 11/01/2023

## Pharmacy context

This is a distance selling pharmacy that is located on an industrial estate in Chippenham. The pharmacy dispenses and delivers NHS prescriptions. People can also attend the pharmacy for a variety of services such as ear wax removal, blood pressure checks and travel vaccinations. The pharmacy operates five days a week and serves a population which is mixed in age range and background.

## 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	1.8	Good practice	The pharmacy team were good at identifying potential safeguarding concerns and could provide examples of this.
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy offered a wide range of services that increased the accessibility of healthcare to their local population.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They 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

Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. Examples of near miss error logs were seen from previous months and were kept in the dispensary. Dispensing incidents were to be recorded electronically and this would include a root cause analysis as part of the error investigation. Every month, a review was completed looking for trends as well as any changes that need to be made to reduce the risk of errors. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of. These reviews were regularly completed by the pharmacist and accessible in the dispensary.

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. Prescriptions were marked with quad stamps to indicate that they had been clinically assessed, accuracy checked, dispensed and handed out.

Standard operating procedures (SOPs) were in place for the services provided and the superintendent pharmacist planned to regularly review these. 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. There were details about how to raise a concern or give feedback to the pharmacy team on the pharmacy website. The pharmacy team encouraged people to submit feedback online. A certificate of public liability and indemnity insurance was held and was valid and in date.

There were systems in place to record the stock and supply controlled drugs (CDs), but the pharmacy had no CDs at the time of the inspection. A responsible pharmacist (RP) record was kept and the RP notice was displayed in pharmacy where people could see it. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. 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 seen to be completed appropriately. Short-dated stock had the date of expiry marked with highlighter pen. The private prescription records were retained and were in order. The pharmacy had not dispensed any special medicines or provided any emergency supplies at the time of the inspection.

Confidential waste was separated from general waste and disposed of appropriately. An information

governance policy (IG) was in place and the pharmacy team was required to complete training on IG. Staff also signed confidentiality agreements.

The pharmacist had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. Local contact details to raise safeguarding concerns or ask for advice about them were clearly displayed in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members 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 three dispensing assistants present during the inspection. There was sufficient staff for the services provided during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles or were on a training course.

Staff performance was monitored and reviewed formally annually where key performance indicators were discussed. In these reviews, a development plan would be introduced to help further develop and train the members of staff. Staff would also get the opportunity to give feedback about the place that they work.

The staff reported they were required to complete training modules when they became available. Staff received adequate time to complete required training and a training schedule was kept for each staff member. The pharmacy team used an accredited external company to teach staff about earwax removal, for example. The pharmacy team had access to third party materials, such as pharmacy magazines, to help keep their knowledge refreshed about new medicinal products.

Staff meetings to discuss any important business or patient safety updates were held on a regular basis. The pharmacist kept an agenda and minutes for each meeting, so that staff that could not attend could keep up to date. The pharmacy superintendent regularly released updates which were read and actioned by the pharmacy team. The pharmacy team had a 'WhatsApp' group so they could easily communicate with each other. A whiteboard was used in the dispensary to communicate important information to staff between shifts.

The pharmacy team were comfortable to raise any concerns to the superintendent pharmacist if necessary. There were targets in place but the team explained that they did not feel pressurised to deliver the targets and would never compromise their professional judgement to do so.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises provide a safe and appropriate environment for the provision of pharmacy services. The pharmacy suitably protects people's private information. And it keeps its premises secure and safeguarded from unauthorised access.

### Inspector's evidence

The pharmacy was based in a building on an industrial estate. There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. There were three consultation rooms which were spacious, clean and presented a professional image. They were well soundproofed.

Medicines were organised in a generic and alphabetical manner. Patient confidential information was stored securely. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures 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.

### Inspector's evidence

Information about the services provided was detailed in posters and leaflets around the pharmacy. Access to the pharmacy was step free. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users.

The pharmacy team offered the Community Pharmacist Consultation Service (CPCS). As part of this service, the pharmacist explained that she received referrals from NHS 111 for emergency supplies of medicines or for the treatment of minor ailments. The pharmacy team could also receive referrals from GP surgeries. For the emergency supplies, the pharmacist would gain consent to check the summary care record of the patient and ensure that the medicine had previously been prescribed and it was clinically appropriate to make the supply. These were generally telephone consultations. The pharmacist reported that the CPCS was a popular service and the pharmacy team completed up to 30 consultations a day at its peak. This service increased the accessibility of medicines to patients and meant that it reduced demand on local GP and out of hours services.

The pharmacy team had been participating in the hypertension case-finding service. This was aimed at identifying people with high blood pressure who were over 40 years old. The pharmacy had completed around 50 blood pressure checks at the time of the inspection. If the patient's initial blood pressure reading was elevated, they would be offered 24-hour ambulatory blood pressure monitoring (ABPM). The pharmacy had access to an ambulatory blood pressure monitor.

The pharmacy team also offered an earwax removal service. An NVQL2 dispensing assistant carried out this service which was overseen by the pharmacist. The pharmacy team member had completed an accredited training course and demonstrated certificates to verify this. An external company provided the standard operating procedures for the service which were followed by staff. The equipment included a device that could capture images of the inside of the ear. The pharmacy team could refer people back to their GP if the service was not appropriate for them or there were signs of ear infection, for example. This was recorded on a patient medical record system. There were also systems in place that allowed the pharmacy team to connect with ear, nose and throat specialists if they had a query about a particular case. The pharmacy team typically carried out six to eight earwax removals per week.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to female patients. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they were aware of these and query if they had effective contraception in place.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Bestway to obtain

medicines and medical devices. Specials were ordered via Rokshaw specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was also available. Waste was collected regularly, and the pharmacy 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 would be marked.

The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records were kept to verify this and these contained audit trails.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. Facilities are used in a way that suitably protects people's 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. Counting triangles were also 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. Up-to-date online reference sources were accessible to staff including a BNF, a BNF for Children and a Drug Tariff.

There were two fridges in use which were in good working order. The maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store 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.