

# Registered pharmacy inspection report

**Pharmacy Name:** Alcombe Pharmacy, 37-41 Alcombe Road,  
Minehead, Somerset, TA24 6BA

**Pharmacy reference:** 9011948

**Type of pharmacy:** Community

**Date of inspection:** 24/01/2023

## Pharmacy context

This independent pharmacy is located in Minehead, Devon. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team gives advice to people about minor illnesses and long-term conditions. The pharmacy offers services including flu vaccinations, a minor ailments scheme, the NHS New Medicine Service (NMS) and the Community Pharmacy Consultation Service (CPCS). It provides services to drug misusers, including a needle exchange service. And it participates in an NHS blood pressure testing service. The pharmacy supplies medicines in multi-compartment compliance aids to people living in their own homes. And it provides services to several care 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 takes appropriate steps to identify and manage its risks. Team members generally record any mistakes they make and review them to identify the cause. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has appropriate written procedures in place to help ensure that its team members work safely. The pharmacy responds appropriately when it receives feedback. It has the required insurance in place to cover its services. And it keeps all the records required by law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy was an established business that had recently relocated from a nearby premises. The pharmacy had processes in place to identify, manage and reduce its risks. It had standard operating procedures (SOPs) which reflected the way the team worked. Each team member had signed paper copies of the SOPs to demonstrate that they had read and understood them. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Team members had clear lines of accountabilities and were clear on their job role. The pharmacy had risk assessments in place to cover its activities. And it had a written business continuity plan.

Pharmacy team members generally recorded any mistakes they made which were picked up during the final accuracy check, known as near misses, on a paper log. The responsible pharmacist (RP) reviewed the errors regularly. The RP could not locate the logs and reviews during the inspection. But the logs were located after the inspection and a copy was sent to the inspector. When errors occurred, the pharmacy team discussed them and made changes to prevent them from happening again. Some medicines that had similar sounding names and strengths were separated on the shelves.

The pharmacy reported any mistakes that reached the patient on a national reporting database. The pharmacy team analysed these incidents in much more detail to understand why they had happened.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. There was information for people displayed in the retail area about how to provide the pharmacy with feedback. Any complaints were dealt with promptly by the RP and passed to the superintendent pharmacist (SI) if needed. The pharmacy team also reviewed any online feedback and responded accordingly. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the RP each day. But some entries did not contain the time the pharmacist ceased the RP role. The correct RP notice was prominently displayed. Controlled drug (CD) registers were in order. Balance checks were completed regularly and any discrepancies were promptly rectified. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Appropriate records of private prescriptions and emergency supplies were maintained on the patient medication record (PMR). The RP demonstrated that unusually high quantities of medicines prescribed privately were queried with the prescriber. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were annotated with the details of the supply. They were stored for the required length of

time.

All team members completed yearly training on information governance and the general data protection regulations. Patient data and confidential waste were dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the retail area. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed PMR.

All team members were trained to an appropriate level on safeguarding. The RP and the pharmacy technician had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the referral of concerns were available online. Team members were aware of signs of concerns requiring escalation.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload. They receive time in work to complete training for their roles and keep their skills up to date. Team members are confident to suggest and make changes to the way they work to improve their services. The team communicates effectively. And they work well together to deliver the pharmacy's services.

### Inspector's evidence

On the day of the inspection, the RP was the full-time employed pharmacist. The pharmacy also employed three full-time dispensers and three medicines counter assistants (MCAs). Two of the MCA had recently been registered on an accredited dispenser's course and were waiting for the learning materials to arrive. The RP felt that the pharmacy currently had plenty of staff to manage the workload. Dispensing and other services were up to date.

Those team members who had completed training courses kept copies of their certificates in the pharmacy. All team members had completed approved training courses. And their certificates were displayed prominently in the pharmacy. Team members undertook regular training during working hours. Certificates of completion were stored in a folder.

The superintendent pharmacist (SI) did not set targets in the pharmacy. The RP felt empowered to use his professional judgement to make decisions. The pharmacy team were seen to give appropriate advice to people in the pharmacy. They ensured they gave people all the required information when selling pharmacy medicines to ensure they were used safely.

The team worked well together. Team members felt confident to make ideas and suggestion to improve how they worked. They had yearly appraisals and were given the opportunity to give feedback to the SI. There was a clear culture of honesty and openness. The pharmacy had a whistleblowing policy in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy is adequately secured to prevent unauthorised access.

### Inspector's evidence

The pharmacy was located in Alcombe, a suburb of Minehead, Somerset. It had opened in September 2022 following a move from a smaller premises nearby. The pharmacy had a small carpark at the front. A spacious and well-presented retail area led back to the dispensary. The dispensary was large and well organised. There were dedicated areas for labelling, dispensing and checking prescriptions on the main workbench. There was a second workbench at the side of the pharmacy which was dedicated to the preparation of multi-compartment compliance aids. To the rear of the pharmacy was an office, a small stock room and staff facilities.

The pharmacy had two large consultation rooms, however only one was currently in use. This room was well equipped, although the sink had not yet been plumbed in. The windows of the consultation room were obscured with frosted glass to provide privacy. No confidential information was stored in the consultation room.

The dispensary was well-equipped with modern fixtures and fittings. Team members cleaned the pharmacy regularly. The healthcare counter had clear Perspex screens fitted to protect team members from COVID-19. Hand sanitiser was available throughout the pharmacy.

Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy team make sure that people with different needs can access its various services. The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. Team members take steps to identify people prescribed high-risk medicines to ensure that they are given additional information. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had step-free access and was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed. Team members explained that if a person requested a service not offered by the pharmacy at the time, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

The pharmacy had a clear flow to ensure prescriptions were dispensed safely. Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and accuracy check prescriptions. Team members initialled the labels of medicines when they dispensed and checked them.

Coloured stickers were used to highlight prescriptions containing fridge items and CDs in schedules 2 and 3. The RP described that he checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. The RP did not routinely make records of significant interventions made.

The pharmacy offered a range of additional services including flu vaccinations. The regular pharmacist had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The signed patient group direction was available. The pharmacy had run a busy COVID-19 vaccination service from a nearby church hall. The service was coming to an end for the current season. But it had been well organised and well-utilised by the local population.

The pharmacy had a health promotion zone and provided advice to people on living healthy lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) and received regular referrals, mainly from NHS111. The pharmacy also received a large number of referrals from the local GP practice to measure people's blood pressure. The pharmacy had appropriate equipment including ambulatory blood pressure monitors. The RP referred people to the appropriate provider if the results were found to be high.

The RP was aware the risks associated with people becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). He had discussed the risks with women who were prescribed valproate medicines. But records were not always made of these conversations. The pharmacy team took care not to apply labels over the warning cards on the boxes of valproate products when dispensing. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of

original containers to highlight the risks of pregnancy to people receiving prescriptions for valproate.

Multi-compartment compliance aids were prepared by the pharmacy for people living in their own homes. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid was clearly labelled. Team members signed to show who had dispensed and checked the compliance aid. And they wrote a description of the tablets included so that they could be easily identified. Patient information leaflets (PILs) were supplied each month. Medicines prescribed to be taken 'when required' were dispensed in boxes. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the checking process.

The pharmacy dispensed medication to the residents of several care homes. Some received the medicines in boxes whilst others preferred them to be dispensed into compliance aids. The care homes ordered their own medicines and sent a copy to the pharmacy. This allowed orders to be reconciled with prescriptions received. Any anomalies were queried promptly.

The dispensary stock was generally arranged alphabetically on shelves. It was well organised. Date checking was undertaken regularly and records were kept. The pharmacy had recently had a stock take and any expired medicines were removed. Spot checks revealed no date-expired medicines or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. The pharmacy was experiencing shortages of some medicines including liquid antibiotics. They placed orders several times throughout the day and tried to keep people informed of the estimated date that owing medicines would be available. Stock was obtained from reputable sources. Records of recalls and alerts were retained on the pharmacy's email account.

CDs were stored in accordance with legal requirements in an approved cabinet. A denaturing kit was on order so that the small number of CDs awaiting destruction could be processed. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The delivery driver described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate. Medicines were handed to the people and were not posted through the letterbox. Patient returned medication was dealt with appropriately.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. The pharmacy uses its equipment in a way that protects people's private information.

### Inspector's evidence

The pharmacy had up-to-date written reference resources available including the British National Formulary (BNF). Team members had access to the internet to support them in obtaining current information. The pharmacy's computer system was password protected. And information displayed on computer monitors was suitably protected from unauthorised view.

The pharmacy had clean equipment available for counting and measuring medicines. It highlighted equipment for measuring and counting higher-risk medicines. This helped to reduce any risk of cross contamination. A range of consumables and equipment to support the services provided by the pharmacy was available within the consultation room. Electrical equipment was visibly free of wear and tear and in good working order.

### 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.