

# Registered pharmacy inspection report

**Pharmacy Name:** Minerva Clinical Services, Unit 3, The Old Station House, Camp Road, Heyford Park, Bicester, Oxfordshire, OX25 5BZ

**Pharmacy reference:** 9011995

**Type of pharmacy:** Community

**Date of inspection:** 16/03/2023

## Pharmacy context

The pharmacy is in the village of Heyford Park near Bicester in Oxfordshire. There is significant housing development and a growing population. The pharmacy dispenses NHS and private prescriptions and provides health advice. Services at the time of the visit include new medicines service (NMS) and supplying medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. The pharmacy opened on 3 January 2023.

## 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's working practices are safe and effective. Members of the team follow clearly written instructions to help them make sure they work safely. The pharmacy reviews the risks involved in providing its services. Pharmacy team members record and discuss their mistakes, so they learn from them and help avoid the same mistakes happening again. The pharmacy has business continuity arrangements in place so it can deal with an emergency and still be able to provide its services. And it keeps the records it needs to show that medicines are supplied safely and legally. Members of the team make sure they protect people's private information, and they know what to do if they have concerns about the welfare of vulnerable people.

### Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. Members of the pharmacy team discussed the mistakes they made to learn from them and reduce the chances of them happening again. They recorded their mistakes and what they had learnt. The responsible pharmacist (RP) prepared a monthly patient safety review. Members of the team described finding a trend in the near miss records showing that the quantity of medicine being dispensed was incorrect. So, they had agreed to circle the quantity of the medicine on the container to show it had been checked. The RP explained that medicines which were similar in some way, such as atenolol and allopurinol, were generally separated from each other in the dispensary. The shelves were labelled to alert the team to similar medicines. Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication. They referred to prescriptions when labelling and picking products. And they initialled the dispensing labels to identify who had dispensed and checked each medicine. They highlighted high-risk medicines such as controlled drugs (CDs) with warning stickers and gave people warning cards, so they had all the information they needed to take their medicine safely. Assembled prescriptions were not handed out until they were clinically, and accuracy checked by the responsible pharmacist (RP).

The pharmacy had standard operating procedures (SOPs) for most of the services it provided. And these were being developed and reviewed to reflect current practice. The most recent SOPs related to general data protection regulation (GDPR). Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. They knew what they could and could not do, what they were responsible for and when they might seek help. Their roles and responsibilities were described in the SOPs. A team member explained that they would not hand out prescriptions or sell medicines if a pharmacist was not present. And they would refer repeated requests for the same or similar medicines which were liable to misuse to a pharmacist. The pharmacy had a complaints procedure detailed on the practice leaflet. It had received positive feedback from people online.

The pharmacy had risk-assessed the potential impact of COVID-19 on its services and the people who used it. Members of the team could wear fluid resistant face masks to help reduce the risk of infection associated with the virus. And they applied hand sanitising gel when they needed to. People visiting the

pharmacy were offered personal protective equipment such as masks if they wanted to protect themselves against infection. The RP was in the process of compiling risk assessments for the services and related activities undertaken by the pharmacy. These included producing a business continuity plan, an information technology (IT) system failure, team training and suitability of work patterns of the team members, buildings and facilities, OTC sales and safeguarding.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. It kept a record to show which pharmacist was the RP and when and displayed a notice that told people who the RP was. The pharmacy maintained a controlled drug (CD) register and it kept records for the supplies of the unlicensed medicinal products it made. The pharmacy recorded the supplies it made via private prescriptions electronically. The RP recorded interventions on the patient medication record (PMR). The pharmacy's records were in order.

The pharmacy was registered with the Information Commissioner's Office. It displayed a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. Its team tried to make sure people's personal information could not be seen by other people and was disposed of securely. The pharmacy computer system was password protected. The pharmacy had a safeguarding SOP. And the RP had completed a level 3 safeguarding training course. 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. A safeguarding information poster was displayed and the team were signposted to the NHS safeguarding App.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members are suitably trained and manage the workload safely. They understand their roles and responsibilities. They are encouraged to complete training and develop their knowledge. Members of the team are comfortable about making suggestions to improve services. And they know how to raise concerns.

### Inspector's evidence

The pharmacy team consisted of the RP, two full-time and one part-time accredited dispensing assistants, who were also accredited as medicines counter assistants and a delivery driver. The pharmacy relied upon its team to cover absences. There was a cleaner who was disclosure and barring service checked. Members of the pharmacy team had completed accredited training relevant to their roles. And their training certificates were seen. They worked well together. So, people were served quickly, and their prescriptions were processed safely.

The RP supervised the pharmacy team and oversaw the supply of medicines and advice given by the pharmacy team. A member of the team explained the protocol for selling medicines over the counter (OTC). And when they should refer requests to a pharmacist. And the questions they would ask to make sure they were handing prescriptions out to the right person. The pharmacy team members completed training topics on e-Learning for Healthcare hub and were planning to undertake the pharmacy quality scheme (PQS) training. They studied in the pharmacy when it was quiet. The inspector signposted the RP to the GPhC Knowledge Hub.

The RP was due to start the team members appraisals to monitor performance and training needs. There was a daily team meeting to discuss any issues and feedback from the people who used the pharmacy. Feedback was also discussed with the pharmacy directors. The pharmacy team were comfortable about making suggestions on how to improve the pharmacy and its services. And they had suggested altering the dispensary layout to improve workflow as the pharmacy became busier. They knew who they should raise a concern with if they had one.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are bright, clean and present a professional image. The pharmacy is suitable for the provision of healthcare. It is secured when it is closed to protect people's private information and keep the pharmacy's medicines safe.

### Inspector's evidence

The registered pharmacy premises were bright, clean and secure. And steps were taken to make sure the pharmacy and its team did not get too hot. The pharmacy had a large retail area, a medicines counter, a large dispensary, consultation room and team members kitchen facility. The pharmacy's consultation room was signposted, and people could have a private conversation with a team member. A poster displayed details of a room which people could use as a 'safe space'. There were also consultation rooms for use by the members of the Alchester Medical Group to provide services (regulated by the Care Quality Commission (CQC)). The dispensary had extensive workspace and its workbenches were clean and tidy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages its services appropriately so its working practices are safe and effective. It makes its services easily accessible to people with different needs. It obtains its medicines from reputable sources and the pharmacy's team members make sure they store medicines securely at the right temperature. They keep records of checks they make to show medicines are fit for purpose and safe to use. They know what to do if any medicines or devices need to be returned to the suppliers.

### Inspector's evidence

The pharmacy's entrance was level with the outside pavement. This made it easier for people who found it difficult to climb stairs, or used a wheelchair, to enter the building. But the pharmacy team tried to make sure these people could use the pharmacy services. The pharmacy had a notice that told people when it was open and there was information about services the pharmacy offered. The pharmacy had seating for people to use if they wanted to wait. Members of the pharmacy team were helpful. They took the time to listen to people. So, they could advise and help them. And they signposted people to another provider if a service was not available at the pharmacy. All the planned services were not fully operational yet as the pharmacy had only opened in early January 2023.

The pharmacy had installed a collection point vending machine outside its perimeter so people could collect their medication outside the opening hours once it was operational. And the pharmacy was planning to offer a delivery service to people who could not attend its premises in person. An audit trail for the deliveries would show that the right medicine was delivered to the right person. The pharmacy was preparing to commence supplying medicines in disposable multi-compartment compliance aids. The RP explained that high-risk medicines would be supplied separately if possible. The pharmacy computer system could fill in a description on the labelling so people could identify each tablet or capsule packaged in the compliance aid. Patient information leaflets (PILs) would be supplied so people had all the information they needed to take their medicines safely. The pharmacy team would order the prescriptions to help people, if needed.

Members of the pharmacy team who dispensed and checked prescriptions, initialled the dispensing labels identifying who prepared a prescription. They marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting or if other items needed to be added. They gave out warning cards for high-risk medicines such as methotrexate. The RP was aware of the valproate pregnancy prevention programme. And he knew that girls or women in the at-risk group who were prescribed a valproate needed to be counselled on its contraindications and given valproate printed information. The RP had completed the PQS declaration and placed a list of sepsis symptoms near the medicines counter for the team to refer to if people asked. The pharmacy sales protocol was displayed to ensure people were able to give the team as much information as possible when purchasing OTC medicines. The RP had completed new medicines consultations and the follow up conversations to help people get the most out of newly prescribed medicines.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It mostly kept its

medicines and medical devices in their original manufacturer's packaging. But the dispensary was well organised and very tidy. The pharmacy team checked the expiry dates of medicines and it recorded when it had done a date-check. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it stored its CDs securely in line with safe custody requirements. The pharmacy had procedures for handling the unwanted medicines people returned to it. And these medicines were kept separate from stock in pharmaceutical waste bins. There was a bin for recycling inhalers. It had a procedure for dealing with alerts and recalls about medicines and medical devices. And the RP described the actions they took and demonstrated what records they kept when the pharmacy received a concern about a product.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

### Inspector's evidence

The pharmacy had its own defibrillator. Adrenaline injection devices for use in anaphylaxis were in date. The pharmacy had hand sanitisers for people to use if they wanted to. And it had the personal protective equipment for its team members or people visiting the pharmacy to use if needed. The pharmacy had a few glass measures for use with liquids, and some were used only with certain liquids. The pharmacy team had access to up-to-date reference sources. The pharmacy had two refrigerators to store pharmaceutical stock requiring refrigeration. And its team regularly checked the maximum and minimum temperatures of the refrigerator. The pharmacy collected confidential wastepaper to be disposed of appropriately. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members made sure they used their own NHS smartcards.

### 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.