

# Registered pharmacy inspection report

**Pharmacy Name:** North Camp Pharmacy, 39-41 Camp Road,  
Farnborough, Hampshire, GU14 6EN

**Pharmacy reference:** 9012000

**Type of pharmacy:** Community

**Date of inspection:** 18/08/2023

## Pharmacy context

This pharmacy is located on a busy street in the suburb of North Camp, Farnborough. It provides NHS services and also dispenses some medicines in multi-compartment compliance aids for people who have difficulty taking their medications. The pharmacy also provides a delivery service for people who may need it.

## 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 suitable processes for identifying and managing the risks associated with its services. It has written procedures in place that the team members follow. Team members are aware of their roles, and they complete the records required by law. The pharmacy has suitable insurance in place to cover its activities and it keeps people's private information safe. The team knows how it can help protect the safety of vulnerable people.

### Inspector's evidence

Upon entry to the pharmacy, the correct responsible pharmacist (RP) notice was clearly displayed. On the day of the inspection, a locum pharmacist was the RP. The pharmacy had Standard Operating Procedures (SOPs) located in a folder in the dispensary. However, the SOPs had not been signed by all members of staff and needed reviewing. The superintendent gave assurances that the SOPs would be reviewed once the pharmacy refit had been completed.

There was a workflow in the pharmacy where labelling, dispensing, checking and the preparation of multi-compartment compliance aids were all carried out at different areas of the work benches. Multi-compartment compliance aids were prepared in a room at the back of the building to reduce distractions. The pharmacy had appropriate indemnity insurance with a certificate on display in the pharmacy.

The pharmacy had a robust and thorough procedure for dealing with near misses and dispensing errors. These were recorded and investigated in detail. Recently, a person had accidentally been given out-of-date medication. The pharmacy had completed a root cause analysis into the error and how it could have occurred. They also documented the error fully and wrote a letter apologising and informing them of the investigation that they had completed. The pharmacy also recorded errors using the Learn From Patient Safety Events (LFPSE) service and kept records of this. The pharmacy had a complaints procedure in place.

The RP log was largely filled in, but some sign out times were missing. Controlled drug (CD) records were in order and CD balance checks were completed regularly. A balance check of a CD showed that the quantity matched what was recorded. Private prescription records were kept electronically and were mostly in order. Some records were missing the prescriber's details. The pharmacy's records for unlicensed 'specials' were generally filled in with some dates missing on some records. Records for emergency supplies were not filled out completely and were often missing details regarding the nature of the emergency and reason for the supply.

The pharmacy handled its confidential waste appropriately. The staff explained that confidential waste was shredded as soon as it was no longer needed to reduce the risk of anyone's personal information being compromised. The computers were all password protected and the screens were not visible to the public. There were cordless telephones available for use. Staff had completed appropriate safeguarding training and knew what to do if they had a safeguarding concern. The pharmacist had completed the Centre of Pharmacy Postgraduate Education (CPPE) Level 2 Safeguarding children and vulnerable adults programme.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy generally has enough staff to manage its workload. Staff are appropriately trained and know what their role involves. Team members support each other well and are comfortable providing feedback to one another to improve the quality of the services delivered. The pharmacy does not set its team any targets.

### Inspector's evidence

During the inspection, there was the RP who was a locum pharmacist and a counter assistant working. The RP explained that they did have a dispenser, but they had to go home due to illness. This meant that there was an increased workload on the pharmacist and counter assistant. However, during the inspection they were observed to be working efficiently and safely so that people did not have to wait long in the pharmacy.

Staff had received appropriate training, the counter assistant confirmed that she was enrolled on an accredited course and was about halfway through completing it. The pharmacy also contained a training folder which had information about new medicines and services. The counter assistant knew what could and could not be done in the absence of a pharmacist. The counter assistant explained that she had no issues raising any concerns that she had with the RP or superintendent pharmacist. The counter assistant confirmed that staff were not set any targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, tidy and modern. There is plenty of space in the pharmacy and dispensary and the facilities are new and contemporary in appearance. The pharmacy has several consultations rooms where conversations could be had in private. The premises are kept secure from unauthorised access.

### Inspector's evidence

The pharmacy had recently been expanded into the premises next door to the original site. This was to allow for a bigger space and more services to be provided. The overall look was very modern and clean.

The shop area of the pharmacy was clean and tidy and had plenty of space. It also contained a seating area for people who wanted to wait for prescriptions or services. There was some minor building work going on during the inspection, but this did not affect the service being provided. The dispensary area was very large and had plenty of space for prescriptions to be assembled. The pharmacy also contained a dispensing robot, but this did not appear to be in use during the inspection. A collection robot was present in the pharmacy on an unregistered area of the premises. This was not yet in use but the pharmacist explained that when the refit was completed, they would be using it to allow people to collect some medicines without having to wait.

The pharmacy had four consultation rooms for conversations to be had in private. One was located at the front of the pharmacy by the retail area and the other three were at the rear of the pharmacy past the waiting area and they all included examination beds. These were unlocked during the inspection but contained no confidential information. The rooms were kept clean and tidy. There was also a public disabled toilet by the consultation rooms.

The staff areas of the pharmacy were clean and tidy and had a sink with access to hot and cold running water. The sink area where liquid medicines were prepared was also clean. The pharmacy was kept secure from unauthorised access. The lighting and temperature of the pharmacy and dispensary were adequate.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides appropriate services to support the health needs of the local community. And those services are suitably accessible to people. The pharmacy delivers its services safely and effectively and team members make suitable checks to ensure that people taking higher-risk medicines can do so safely. They mostly store and manage medicines appropriately. And they take appropriate action following alerts, so that people get medicines and medical devices that are safe to use.

### Inspector's evidence

The pharmacy has step-free access via an automatic door at its entrance. The interior also contained rails and ramps for patients to access the consultation rooms at the back of building. The pharmacy made minor adjustments to its services to help make them more accessible, such as offering large print labels for people with impaired vision. The pharmacy also highlighted prescription bags to indicate ones which contain CDs.

The pharmacy was aware of the risks of sodium valproate for people who could become pregnant. They had completed several clinical audits previously on valproate and did not have any people in the at-risk group taking it.

The pharmacy provided some medicines in multi-compartment compliance aids to patients who had difficulty taking their medications. These compliance aids included all the necessary warning labels and instructions as well as descriptions of the tablets in them, including the shape, colour and any markings on the tablets. The compliance aids were also supplied with patient information leaflets (PILs). The pharmacy provided a delivery service. Staff would print an extra bag label to be attached to the delivery bag. The driver obtained signatures from people on the additional bag label. The labels were then brought back to the pharmacy and recorded to ensure that there was an audit trail of delivery. There was an extra label used for CDs and fridge items. These were also highlighted.

Fridge temperatures were recorded electronically and were all in range. During the inspection, the maximum temperature for the fridge was high but this was reset and then showed a temperature within the accepted range. The pharmacy largely stores CDs appropriately. They were stored in a cabinet bolted to the wall. However, some expired CDs did need destroying. The CD cabinet contained some dispensed prescriptions that were more than 28 days old, so the prescription had expired. The staff knew to check these prescriptions, and that they could not give the out if they had expired.

Several expired medicines were found during a check of the dispensary shelves. Opened bottles of liquid medicines were also found without a date of opening recorded. There were several boxes of medicines on the shelves with missing batch numbers. This could lead to people receiving medicine that had expired and no longer fit for purpose. Expiry date checking records were kept and recorded electronically. The pharmacist gave assurances that these processes were being looked at and would be reviewed.

The pharmacy obtained medicines from licensed wholesalers. Invoices were seen to verify this. The pharmacy had a system in place to deal with safety alerts and recalls. These were received by email to

the pharmacy and logged on an Excel spreadsheet.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment to provide its services. And the equipment is mostly in good working order. The pharmacy takes steps to ensure that the equipment protects people's confidentiality.

### Inspector's evidence

The pharmacy had access to the internet so it could access any online resources it needed to. Computers were password protected and faced away from public view to protect people's confidentiality. The pharmacy's team members were observed using their own smartcards. The pharmacy had cordless phones so that conversations could be held in private. The pharmacy had a contract for servicing of its electrical equipment including the dispensing robot.

The pharmacy had a range of measuring cylinders, but these were all plastic apart from one small measuring cylinder which was glass and crown stamped. The glass measure did contain some limescale. It was advised to use glass measures for preparation of liquid medicines as these were more accurate. The pharmacy also had triangles for counting tablets, but these were in need of cleaning.

### 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.