

Registered pharmacy inspection report

Pharmacy Name: Verwood Pharmacy, Bank Court, 10 Manor Road,
Verwood, Dorset, BH31 6DW

Pharmacy reference: 9012138

Type of pharmacy: Community

Date of inspection: 18/04/2024

Pharmacy context

This is a community pharmacy located in Verwood, Dorset. It serves its local population and is open six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides smoking cessation services, flu vaccinations and supplies medicines in multi-compartment compliance aids for people to use while 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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	3.1	Good practice	The pharmacy is presented extremely well and is modern in appearance. The overall presentation is bright, airy and spacious.
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy's working practices are safe and effective, and it identifies and manages risks well. It regularly reviews its procedures and makes sure they reflect current practice. And its team members ensure their tasks are completed safely. Pharmacy team members are clear about their roles and responsibilities. It has adequate insurance to cover its services. And it keeps all of the records required by law. It manages and protects people's confidential information, and it tells people how their private information will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

There were electronic Standard Operating Procedures (SOPs) in place to tell team members how to carry out their tasks. The team members had confirmed that they had read and understood them. Staff roles and responsibilities were described in the SOPs, and they were reviewed regularly by the superintendent pharmacist. The team members demonstrated a clear understanding of their roles and worked within the scope of their role. There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint.

The pharmacy team members recorded near misses on the PharmSmart electronic near miss log and these were analysed at the end of each month. The outcome from the review was shared with the whole team who would discuss them and implement any changes to prevent recurrences. The pharmacy manager explained that the team did not have many incidents since the team changed their processes to ensure the labels and the boxes were all scanned during the dispensing process. This highlighted any incorrect products are selected for dispensing. The team held a list of 'Look Alike, Sound Alike' (LASA) medicines and would highlight all prescriptions where LASA medicines had been prescribed to ensure they took extra care with them.

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 at the back of the dispensary to help avoid any distractions. The complaints procedure was detailed in a leaflet available in the pharmacy. The leaflet explained that any comments, suggestions, or complaints could be forwarded to the staff, the Patient Advisory Liaison Service (PALS) and Independent Complaints Advocacy Service (ICAS). A valid certificate of public liability and professional indemnity insurance was available.

The controlled drug register was maintained electronically, and a balance check was carried out every month. Records of this were complete. The responsible pharmacist record was maintained, and the correct responsible pharmacist notice was displayed in the pharmacy where people could see it. The maximum and minimum fridge temperatures were recorded daily and were in the correct temperature range. The electronic private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to people waiting in the pharmacy. There were cordless telephones available for use and confidential wastepaper was collected

in blue bags and later destroyed appropriately. The pharmacist and the technicians had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy which contained all the contact and signposting information should the team suspect a safeguarding incident. There was also a safeguarding poster on display in the dispensary for the team members to refer to when required.

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, and they are comfortable about providing feedback and raising concerns. All team members are involved in improving pharmacy services.

Inspector's evidence

During the inspection, there was one regular pharmacist who was also the Superintendent, three registered NVQ Level 3 pharmacy technician, three trainee technicians and two dispensers who had all completed the NVQ Level 2 dispensing training. The team used the training programmes from Buttercups for their accredited training. The Superintendent pharmacist stated that he felt he had a good staffing level for the number of prescriptions they dispensed and that the staff were competent for the tasks they completed and worked well to keep the level of service up to date.

The team members completed regular online training using CPPE, eLfh (e-Learning for Health) and other trusted websites to ensure they were kept up to date with any professional changes and their knowledge of clinical subjects was maintained. The pharmacists also attended regular training sessions to keep their practical skills, such as vaccination training, up to date. The Superintendent explained that he would also regularly coach the members of staff on different topics to ensure they were kept up to date.

Team members explained that they worked in an environment where they could have input into their work, their opinions were considered by the management team, and they were able to make changes to the way worked where it was appropriate. There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood. There were no targets in place, and the team members explained that they would never compromise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a very professional, safe and secure environment for people to receive NHS and private healthcare services. It provides a bright and well-thought-out space from which to deliver these services. The pharmacy has large, modern and functional consultation rooms where services can be provided in private. The pharmacy is secured to prevent unauthorised access.

Inspector's evidence

The pharmacy building was located in the centre of Verwood and there were many free car parks nearby. The pharmacy included a retail area and medicine counter, large dispensary, four consultation rooms, a room for stock storage and the preparation of some medicines and a staff area coming off the main dispensary. The pharmacy also had a de-registered space where they kept a prescription collection point which people could use to collect some prescriptions. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy and there was a small gate to prevent people coming into the dispensary.

The pharmacy had recently opened, and all the fixtures and fittings were new. The pharmacy was well-presented and bright and airy. There was plenty of space for the team to work and for people who were waiting in the pharmacy. The consultation rooms were signposted as being available for private conversations. The consultation rooms were soundproofed and were well equipped with various pieces of equipment to allow for a range of services. One consultation room included an examination bed. The consultation rooms were organised and well maintained. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

The team members reported that they cleaned the pharmacy regularly and there was a cleaning rota on display in the pharmacy. The ambient temperature was suitable for the storage of medicines and was regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. There was a fire exit at the back of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people and advertises its services appropriately. The pharmacy offers a range of services, and it uses technology to assist with service delivery. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines and stock from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy disposes of waste appropriately.

Inspector's evidence

There was a range of leaflets available to people about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy. There was step-free access into the pharmacy and the team explained that they provided a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should anyone require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy.

The pharmacy used the Healthera app to allow patients to order their prescriptions from the surgery. The app would notify patients when their medicines were due and would also inform the pharmacy of this and the progress being with the prescription generation. The app also gave general advice about medicines and some health conditions.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. The pharmacy had completed an audit on valproates and although they did not have any people in that group, they explained that they use valproate information cards and leaflets when they dispense valproates. Team members explained that when dispensing valproates, they pulled up the safety information card on the boxes and ensured the dispensing label was placed behind it. They were also aware of the requirements to dispense only original packs. The team organised the preparation of multi-compartment compliance aids into a four-week cycle and maintained audit trails to prepare and deliver them. The labels on a sample of compliance aids were seen to have the descriptions of the medicines as well as being signed by the person who dispensed and checked the items. The team supplied each patient with the relevant Patient Information Leaflets every month.

The pharmacy team offered the blood pressure case finder service and the staff explained how they would identify people who might benefit from the service. One of the dispensers described situations where they found people with cases of high blood pressure and how they referred them for medical help appropriately. The pharmacy provided the Pharmacy First service and explained that while there was some interest, it was difficult to engage GPs to use the systems appropriately. The pharmacy also hired one of the consultation rooms one day a week for a nurse to run an ear syringing clinic.

The pharmacy obtained medicinal stock from the various licensed wholesalers. Invoices were seen to verify this. Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the

disposal of hazardous waste. The fridges were in good working order and the stock inside them was stored in an orderly manner. The CD cabinets were appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team electronically and they were actioned appropriately. The team kept an audit trail for the MHRA recalls which were printed off in the pharmacy and annotated to show any action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It ensures its equipment is modern and well-maintained and it keeps the necessary records. The pharmacy uses its equipment in a way that protects people's private information.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations inside the consultation could not be overheard. Electrical equipment appeared to be in good working order.

Staff were observed to be using their own NHS Smart Cards to access patient records and they did not share cards to ensure an appropriate data protection trail was maintained.

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.