

# Registered pharmacy inspection report

**Pharmacy Name:** Heathcote Pharmacy, Unit 3, Lower Heathcote Square, Vickers Way, Warwick, CV34 7BR

**Pharmacy reference:** 9012155

**Type of pharmacy:** Community

**Date of inspection:** 19/01/2024

## Pharmacy context

This is a recently registered independent community pharmacy situated in a large residential estate in Warwick, Warwickshire. It sells a range of over-the-counter medicines, dispenses prescriptions, and it administers seasonal flu vaccinations. The pharmacy also dispenses medicines in multi-compartment compliance packs for one person who needs assistance in managing their medication at home.

## 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 systems to help ensure risks associated with its services are identified and managed. It keeps the records it needs to by law, and it has processes to protect people's confidential information. Team members record and review their mistakes so that they can learn and improve from these events. And they understand how they can help and protect vulnerable people.

### Inspector's evidence

The superintendent pharmacist (SI) was the responsible pharmacist (RP) on duty on the day of the visit. The pharmacy was quiet and he was the only member of the team working at the time. The SI was managing his workload comfortably and he was able to incorporate a mental break between labelling, dispensing, and checking prescriptions. The pharmacy had a range of current standard operating procedures (SOPs), and these had been signed by the team members. The correct RP notice was displayed in the pharmacy.

The pharmacy had systems to record and review dispensing mistakes. Mistakes that were spotted before the medicine was handed to a person (near misses) were discussed with team members. However, there was limited evidence of team members reflecting on how a mistake had occurred and how to prevent similar events from happening again. The SI said that most dispensing incidents involved incorrect quantities and the pharmacy's patient medication record (PMR) system had a unique barcode validation process which was useful in prompting team members when an incorrect medicine had been scanned. Team members had highlighted and separated medicines with similar names, such as quinine and quetiapine to prevent picking errors. The pharmacy had a procedure for recording, reporting, and reviewing dispensing mistakes that had reached people. The SI said that records of these were submitted to the National Reporting and Learning Service (NRLS).

Records about RP, controlled drugs (CDs) and private prescriptions were kept in line with requirements. CD running balances were audited monthly and a random CD balance check was correct. A separate register was used to record patient-returned CDs and these were recorded on receipt to ensure a robust audit trail. A current professional liability and public indemnity insurance certificate was available in the pharmacy.

The pharmacy had a complaints procedure which was advertised in the pharmacy. People visiting the pharmacy could also scan the QR code and comment on the quality of services received from the pharmacy. The SI said that since opening the pharmacy, the local population have been very appreciative of the opening hours and positive testimonials have been reported on the website.

The pharmacy had written procedures about protecting people's confidential information and the SI used his own NHS smartcard to access electronic prescriptions. People's confidential information was stored securely and confidential waste was shredded in the pharmacy. The computer terminals were password protected and completed prescriptions were stored out of the reach and sight of the public and no person-identifiable information was visible to people visiting the pharmacy.

The pharmacy had procedures about safeguarding vulnerable people and the RP had completed Level 3 safeguarding training and he understood what signs to look for and how to escalate concerns. A

chaperone policy was displayed in both consultation rooms.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Members of the pharmacy team have the appropriate skills and qualifications to deliver the pharmacy's services. And they can manage their current workload safely.

### Inspector's evidence

At the time of the visit, the SI was the only team member present in the pharmacy. The pharmacy also employed one qualified dispenser on a zero-hours contract, a full-time apprentice, and a part-time trainee medicine counter assistant, none of whom were present at the time of the visit. The SI said that the dispensing workload was currently manageable but staffing levels would be reviewed if the pharmacy got busier. A whistleblowing policy was available and there was evidence to show that team members had read and signed the policy. There were no targets or incentives set for team members.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and it is suitable for the provision of healthcare services. It has consultation rooms, so people visiting the pharmacy can receive services and speak to team members in private.

### Inspector's evidence

The pharmacy was spacious, clean, and fitted to a good standard. It projected a professional image. The retail area of the pharmacy was free from any obstructions and there was seating available for people waiting for services. The dispensary had enough space to store medicines safely, and it was kept tidy. Two private, signposted consultation rooms were available for services and to enable people to have a private conversation with a team member if required. The rooms were clean and spacious. The sinks in the dispensary and in the consultation rooms were clean and each had a supply of hot and cold running water. Room temperatures in the pharmacy were controllable, and levels of ventilation and lighting were suitable for the activities undertaken. The premises were secured against unauthorised access when closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy supplies medicines safely and people with diverse needs can access its services. It gets its medicines from licensed wholesalers and team members take the right action in response to safety alerts and medicine recalls so that people get medicines and medical devices that are fit for purpose.

### Inspector's evidence

The pharmacy's entrance was step-free to help assist people with mobility difficulties. Its opening hours and the services it offered were advertised by the entrance. A range of leaflets and healthcare posters were suitably displayed in the retail area of the pharmacy. The SI used his local knowledge to signpost people to other providers where appropriate.

The SI used baskets during the dispensing process to minimise the chances of prescriptions getting mixed up and to prioritise his dispensing workload. 'Owing' notes were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed. The workflow in the dispensary was well-organised. The SI signed dispensing labels at the dispensing and checking stages to keep an audit trail. Designated areas of the dispensary were used for dispensing and checking prescriptions. Stickers were used to highlight prescriptions that needed CDs or fridge lines to be added when handing out these prescriptions. The SI was aware of the recently introduced requirement to supply original packs of valproate-containing medicines. And the risks involved in supplying these medicines to people in the at-risk group and the requirements for a Pregnancy Prevention Programme.

Stock medicines were sourced from several licensed wholesalers. No extemporaneous dispensing was carried out. Medicines were organised tidily on the shelves. Pharmacy-only medicines were restricted from self-selection and the pharmacy did not sell Phenergan liquid or codeine linctus over the counter. Stock medicines were date checked at regular intervals and no date-expired medicines were found amongst in-date stock. Liquid medicines with limited stability were marked with opening dates to ensure they were fit for purpose when supplied to people. The pharmacy had a medical fridge to store temperature-sensitive medicines. The fridge temperatures were monitored and recorded daily. The records showed that the temperatures had remained within the required range of 2 and 8 degrees Celsius. All CDs were stored correctly in the CD cabinet. Access to the CD keys was managed appropriately. The pharmacy had denaturing kits available to dispose of waste CDs safely. The SI said that prescriptions for CDs not requiring secure storage were marked to minimise the chances of these being inadvertently supplied beyond their expiry date.

The pharmacy had a process to deal with safety alerts and medicine recalls to make sure that the medicines it supplied to people were fit for purpose. Records about these and the action taken by team members were kept, providing an audit trail.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. Equipment is suitably maintained and team members use the equipment in a way that protects people's privacy and dignity.

### Inspector's evidence

Team members had access to the internet and current reference sources. A range of calibrated measures were available for measuring liquid medicines. Equipment for counting loose tablets and capsules was available and it was kept clean. Medicine containers were capped to prevent contamination. All electrical equipment was in good working order. The pharmacy had cordless phones, so team members could converse in private where appropriate.

### 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.