

Registered pharmacy inspection report

Pharmacy Name: Octapharm Ltd., Havant Health Centre, Elmleigh Road, Civic Centre Road, HAVANT, Hampshire, PO9 2AZ

Pharmacy reference: 1031746

Type of pharmacy: Community

Date of inspection: 10/05/2023

Pharmacy context

This is a pharmacy located in a large health centre located in Havant. The health centre includes doctors' surgeries and dental surgeries. The pharmacy is open five days a week and it dispenses NHS prescriptions and provides a New Medicine Service.

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	N/A	N/A	N/A
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

The pharmacy identifies and manages risks appropriately. It has up-to-date written procedures that the pharmacy team follows. And it completes all the records it needs to by law. And it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

Standard Operating Procedures (SOPs) were in place for the dispensing tasks in paper form. Staff roles and responsibilities were described in the SOPs, and they were reviewed every two years by the superintendent pharmacist or if there were any significant changes. The team members had all signed the SOPs to say they had read and understood them. They demonstrated a clear understanding of their roles and worked within the scope of their role.

The pharmacist explained that she would discuss any mistakes found when checking with the member of staff involved and ask them to reflect on why it had occurred. The pharmacy team members recorded near misses on a near miss log and these were analysed at the end of each month. The pharmacist explained that the team did not have many incidents and most involved 'Look Alike, Sound Alike' (LASA) medicines. The team maintained a list of LASA medicines and would highlight prescriptions where LASA medicines had been prescribed to ensure they took extra care with them.

There was a clear workflow in the pharmacy where labelling, dispensing, checking were all carried out at different areas of the work benches. 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 complaints procedure was detailed in a poster displayed in the pharmacy. A valid certificate of public liability and professional indemnity insurance was available.

The controlled drug register was maintained and records of this were complete. The responsible pharmacist record was maintained, and the correct responsible pharmacist notice was displayed in pharmacy where the public could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were in the correct temperature range. The 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 the public. There were cordless telephones available for use and confidential wastepaper was shredded regularly by the team members. The pharmacist 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 as part of their training. 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 adequately trains its team members for the tasks they carry out. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable about providing feedback to one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one regular locum pharmacist and two dispensers who had all completed the NVQ Level 2 dispensing training. The team members explained that they were in the process of recruiting for more dispensers as some had recently left.

The dispenser explained that the team used to completed regular online training to ensure they were kept up to date with any professional changes and their knowledge of clinical subjects was maintained. However, due to the recent drop in staff numbers, it had become difficult to find time to complete regular training. However, the dispenser stated that the pharmacist would ensure they stayed up to date by providing any updates verbally when they occurred. The pharmacist explained that she attended local training sessions to keep her practical skills up to date.

There was a whistleblowing policy in place which all the members of staff had signed to say they read and understood. The team explained that they were able to provide feedback about their roles and workload to the superintendent and he would make appropriate changes if necessary. There were no targets in place, and the team stated that they would never compromise professional judgement for financial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively. The pharmacy has a suitable soundproofed room for private conversations.

Inspector's evidence

The pharmacy was located in a large health centre which had a free car park and there was step free access into the building. The pharmacy included a small waiting area, a large dispensary, and a consultation room. The pharmacy was laid out with the professional areas clearly defined and members of the public were unable to enter the dispensary without a team member. All the doors into the pharmacy were secured with push button locks.

The consultation room was suitable for use and was located in part of the dispensary. It included a table and chairs, hot and cold running water, locked storage and a sharps bin. It was not clear that there was a consultation room from the main waiting area. The team explained that since the COVID-19 pandemic, they only allowed one person into the main waiting area. As a result, privacy was maintained as other people waiting would be in the main corridor and not in the pharmacy waiting area. Prescriptions were screened from public view.

The area at the back of the dispensary was used to hold excess stock and as a staff break area. The area was organised and well maintained. All the products for sale were healthcare related and relevant to pharmacy services. A screen had been installed by the pharmacy till to help protect staff and the public from airborne viruses.

The team members reported that they cleaned the pharmacy regularly between themselves. The ambient temperature was suitable for the storage of medicines and regulated with an air conditioning unit. 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 provides services to support the health needs of its users. And people can easily access these services. The pharmacy delivers its services safely and effectively. And team members make suitable checks to ensure people taking higher risk medicines do so safely. They store and manage medicines appropriately. And they take the right action in response to safety alerts, so people get medicines and medical devices that are safe to use.

Inspector's evidence

There was step-free access into the health centre and access from the entrance to the pharmacy was all on the ground floor. There was also seating available should a patient require it when waiting for services. The team explained that they provided services mainly to patients who were visiting the health centre. Alcohol hand gel was also available for use in the pharmacy.

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 ensured that any affected people were aware of the risks and took the appropriate safety measures. The dispenser explained that they used valproate information cards and leaflets each time they dispensed valproates.

As the pharmacy was in the same building as a health centre, the team stated that they could intervene on prescriptions appropriately and quickly if there was any inappropriate prescribing. The team gave examples of asthma prescriptions where new products were prescribed, but older products were not taken off the prescription and so patients would have duplicate items. They explained that they would often contact the asthma nurses in regard to this.

The team explained that they used to prepare some multi-compartment compliance aids for people. However, a decision had been made that this was unsuitable and so patients were contacted and the pharmacy helped them to find alternative arrangements; either having the compliance aids prepared by another pharmacy or cancelling the compliance aids and going to original box dispensing.

The pharmacy obtained medicinal stock from licensed wholesalers such as Phoenix and Alliance. 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 and a list of hazardous waste products was displayed in the dispensary. The fridge was in good working order and the stock inside 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 directly from the MHRA, and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for Beconase Nasal Spray. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use.

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 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.

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.