

Registered pharmacy inspection report

Pharmacy Name: Leigh Park Pharmacy Ltd, 12 West Street, HAVANT, Hampshire, PO9 1PF

Pharmacy reference: 1031753

Type of pharmacy: Community

Date of inspection: 20/08/2019

Pharmacy context

This is an independently run community pharmacy. One of two owned by the same company. It has a central location in the market town of Havant. The pharmacy provides NHS essential services and provides medicines in multi-compartment compliance packs for 30 people. Other services include: Medicines Use Reviews (MURs), New Medicines Service (NMS), blood pressure monitoring, emergency hormonal contraception (EHC) and seasonal flu vaccinations.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.1	Good practice	The pharmacy team is good at learning from any mistakes it makes to improve the safety of its dispensing practice.
		1.2	Good practice	The pharmacy team is good at reviewing its procedures so that its services continue to be safe and effective.
		1.3	Good practice	Team members have a good understanding of their roles and responsibilities.
2. Staff	Standards met	2.2	Good practice	Team members support each other well to develop the team's knowledge and skills. More experienced staff are good at supporting those in training.
		2.5	Good practice	Team members support each other well to deliver services safely and effectively.
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's working practices are safe and effective. Its team members understand their roles and responsibilities. They listen to people's concerns and keep people's information safe. Team members discuss any mistakes they make, and they are good at sharing information on what could go wrong to help reduce the chance of making mistakes in future.

Inspector's evidence

The pharmacy had procedures for managing risks in the dispensing process. All incidents, including near misses, were discussed at the time and recorded. Staff said that the pharmacist reviewed all incidents with them regularly. They were reviewed and discussed to prevent them from repeating their mistakes and to help them learn and improve. Staff were required to take extra care when selecting 'look alike sound alike' drugs (LASAs) such as sertraline and sitagliptin. When dispensing either of these drugs, and other LASAs, they were encouraged to focus on what was different between them, so as to avoid picking the wrong one because of their similarities. Staff had also discussed the potential for error when dispensing different forms of the same drug such as ramipril tablets and ramipril capsules. Dispensers described how they would seek a check from a colleague when dispensing items, they had made mistakes with in the past such as gabapentin and pregabalin. They would also often check with each other when dispensing various inhalers and insulins to ensure that they had selected the correct product.

Staff worked under the supervision of the responsible pharmacist (RP), whose sign was displayed for the public to see. They had standard operating procedures (SOPs) to follow although these could not be viewed during the inspection. However, it was clear that they had a process to follow and team members understood those relevant to their roles. The pharmacy team had a positive approach to customer feedback. A previous survey demonstrated a very high level of customer satisfaction. The team described how, when costs and availability allowed, they ordered the same brands of medicines for certain people to help with compliance. People's preferences included the Teva brand of diazepam and temazepam. The dispensers described how the pharmacist had gone to great lengths to find a brand of soluble tablets which was palatable for one person. The team added notes to individual patient medication records (PMR)s to remind them to supply the brand of choice.

The pharmacy had a formal complaints procedure. Customer concerns were generally dealt with at the time by the regular pharmacist or technician/manager. Formal complaints were recorded although staff said that complaints were rare. Details of the local NHS complaints advocacy service and PALs were available on request. The pharmacy had professional indemnity and public liability arrangements so, they could provide insurance protection for staff and customers. Insurance arrangements were in place until 30 April 2020 when they would be renewed for the following year.

The pharmacy kept all the records it needed to keep and, in general, these were in order. Records for emergency supplies, and unlicensed 'Specials' were in order as were controlled drug (CD) registers the pharmacy also kept records for patient returned CDs for audit trail and to account for all the non- stock CDs which RPs had under their control. Records for private prescriptions and the RP were generally in order although there were several entries in the RP record which did not show when the RP's duties ceased, and several private prescription records did not identify the prescriber.

Staff had been briefed on the need for patient confidentiality and information on data protection was provided in the staff manual. Discarded labels and prescription tokens, containing patients' information, were shredded regularly. Completed prescriptions were stored in the dispensary out of view from customer areas. The Pharmacy had a safeguarding policy in place. The regular pharmacist had completed level 2 CPPE training although the locum on duty had not. All remaining staff had been briefed on the principles of safeguarding. The pharmacy had a flow chart on display, to show the process for reporting a safeguarding concern. All staff had completed dementia friends training. The pharmacy team had not had any specific safeguarding concerns to report. Contact details for the relevant safeguarding authorities were available online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload safely and effectively and team members work well together and are good at supporting one another. They are comfortable about providing feedback to employers and are involved in improving the pharmacy's services.

Inspector's evidence

The pharmacy had a regular responsible pharmacist (RP) superintendent (SI), who managed services 3 days per week. Remaining days were covered by regular locums. Pharmacists were supported by an accredited checking technician (ACT) manager, a second ACT, a full-time dispenser, a part-time dispenser and a medicines counter assistant (MCA) supervisor. The ACT manager worked part-time at this pharmacy and part-time at the company's other branch. On the day of the inspection the RP was a locum who worked on a periodic basis. The rest of the team consisted of the full-time dispenser, the part-time dispenser and the MCA supervisor.

Team members were observed to work well together. It was evident that they could discuss matters openly, and they were seen assisting each other when required. The daily workload of prescriptions was in hand and customers were attended to promptly. A staff manual had been put together to provide staff with information on a range of employment and staff contract matters. The manual also provided information on the pharmacy's data protection policy and whistleblowing policy. The pharmacy had a small close-knit team which had worked together for some time. The dispenser said she had regular informal discussions with the regular pharmacist, the manager and the whole team and felt able to raise concerns with them. She described how she and the team had suggested that from time to time they swap with staff at the other branch so that everyone could gain experience from working within both teams. Mixing teams up in this way was also helping to improve the overall skill mix at both branches.

Staff said that the regular pharmacist made his own professional decisions in the interest of patients and offered services such as an MUR when he felt it beneficial for someone. Locums were targeted with managing the daily workload and to provide a good service and an MUR whenever it was appropriate to do one.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and organised. They provide a safe, secure and professional environment for people to receive healthcare services.

Inspector's evidence

The pharmacy was on one of the main streets the centre of the market town of Havant. It occupied a period building similar to those occupied by the other shops and businesses on the same street. From the outside, the pharmacy had a traditional appearance with two large windows across the front and a door in the centre. Inside, the pharmacy had been modernised but retained some of its period features. It was bright and professional looking. It had a spacious, uncluttered shop floor area, and a large, spacious dispensary as well as several smaller rooms to the rear. The pharmacy also had a beauty business which occupied its own set of rooms. The beauty business was owned by the pharmacy owner.

The dispensary had approximately 11 metres of bench space, providing dispensing work surface. It was bright clean and hygienic as well as tidy and organised and surfaces and floors were free of unnecessary clutter. The dispensary sat on a raised plinth allowing pharmacists and staff to see and hear customers at the counter. It had a clear workflow and a separate checking area for walk in prescriptions so that the pharmacist and staff knew which prescriptions were for waiting patients. Access to the dispensary was restricted to authorised individuals only and at the discretion of the pharmacist. The pharmacy had a consultation room for private consultations and a seating area for waiting customers. The consultation room was spacious, clean and tidy. Overall, the pharmacy was bright open and well ventilated with a heating system in place.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services safely and makes its services available to everyone. Staff give people the advice and support they need to help them use their medicines safely and properly. In general, the pharmacy manages its medicines safely and effectively. But it doesn't carry out some of the checks that help make sure that all its medicines are fit for purpose.

Inspector's evidence

The entrance to the pharmacy was step-free and suitable for wheelchair access. The consultation room was also suitable for wheelchair access. The pharmacy had a repeat prescription collection service and a prescription ordering service. The service was offered to a small number of patients who needed help to manage their prescriptions. Services were advertised on posters near the waiting area although not at the front of the pharmacy for people to see. There was a variety of information leaflets available for customer selection. Information leaflets were placed in a rack on the shop floor and in the consultation room.

In general, staff appeared to be providing services in accordance with standardised procedures. CDs were audited on a regular basis as per procedure. A random check of CD stock (Zomorph 30mg capsules) indicated that the running balance quantity in the register, was correct. Dispensing labels were initialled by the person dispensing and the person checking, to provide a dispensing audit trail. This was as per the SOP.

Multi-compartment compliance packs were provided for patients who needed them. Patient information leaflets (PILs) were offered with new medicines and on a regular basis thereafter. The medication in compliance packs was given a description, including colour and shape, to help people to identify them. Labelling directions gave the required BNF advisory information to help people take their medicines properly. Medicines summary sheets were created for each person and checked against prescriptions each time. Staff would pursue discharge letters after being informed that people had been in hospital. Staff would also prompt surgeries to update people's prescriptions. This was so that the pharmacy could make the necessary changes and supply people's medicines in accordance with their most up-to-date prescription.

The pharmacy had procedures for targeting and counselling all patients in the at-risk group, taking sodium valproate. Staff said that, where appropriate, they would include valproate warning cards with prescriptions. Staff were able to locate the MHRA purple pack which was to hand. The pack contained a guidance sheet for pharmacists, warning cards and information booklets. Packs of sodium valproate in stock bore the updated warning label and additional warning stickers were available for split packs. All patients taking valproate, had been identified, but the pharmacy did not have any patients in the at-risk group taking the drug.

Medicines and Medical equipment were obtained from established wholesalers; Alliance Healthcare, AAH, Colorama, DE Pharmaceuticals and Phoenix. Unlicensed 'specials' were obtained Quantum Pharmaceuticals. All suppliers held the appropriate licences and stock was generally stored in a tidy, organised fashion. Two CD cabinets and fridge were available for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read, recorded and monitored to ensure that

the medication inside was kept within the correct temperature range. The pharmacy team were not yet scanning products with a unique barcode in accordance with the European Falsified Medicines Directive (FMD). Staff were aware of the requirement but were awaiting further direction from the SI.

Stock was regularly date checked and records kept. Short-dated stock was identified and highlighted using a dot sticker. However, there was a pack of Oxylan in the CD cabinet which had been highlighted but had not been separated from current stock, since reaching its expiry at the end of the previous month. Waste medicines, including denatured CDs, were disposed of in the appropriate containers. The containers were collected by a licensed waste contractor for safe disposal. A list of hazardous waste had been placed on the wall, to help staff dispose of hazardous waste medicines properly. Drug recalls and safety alerts were responded to promptly and records were kept. Staff could recall responding to the recent recall for aripiprazole 1mg/ml. They had not had any of the affected stock.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And, it uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had the measures, tablet and capsule counting equipment it needed. Measures were of the appropriate BS standard and clean. Staff used a separate triangle for counting loose cytotoxic tablets to help prevent cross contamination with other tablets and amber dispensing bottles were stored with their caps on to prevent contamination with dust and debris.

There were up-to-date information sources available in the form of a BNF, a BNF for children, the MEP and the drug tariff. The pharmacist said he also used suppliers' websites to check product availability. He also used the NPA advice line service. Pharmacists also had access to a range of reputable online information sources such as the NHS websites, EMC and patient.co.uk.

The pharmacy had three computer terminals with a patient medication record (PMR) facility. One in the dispensary, one on the counter and one in the consultation room. There was a fourth computer for management purposes only. Computers were password protected and were out of view of patients and the public. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was shredded. Staff were using their own smart cards when accessing PMRs. Staff used their own smart cards to maintain an accurate audit trail and to ensure that access to patient records was appropriate and secure.

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.