

# Registered pharmacy inspection report

**Pharmacy Name:** H.J. Everett (Chemist) Ltd., 58-60 High Street,  
Cosham, PORTSMOUTH, Hampshire, PO6 3AG

**Pharmacy reference:** 1031799

**Type of pharmacy:** Community

**Date of inspection:** 15/05/2019

## Pharmacy context

This pharmacy is in Cosham High Street, on the outskirts of Portsmouth and is one of several pharmacies owned by the same company. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy has a travel clinic and provides NHS Healthchecks. It also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines.

## 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	4.2	Good practice	MDS blister packs are assembled in a new and purpose-built room to avoid distractions. The pharmacy works together with the local concordance team to ensure that this service continues to meet the needs of local people.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards, identifying and managing most risks effectively. The pharmacy generally logs the mistakes it makes during the dispensing process. The pharmacist regularly reviews them with each individual team member so that they can learn from them and avoid problems being repeated. The pharmacy has written instructions which tell staff how to complete tasks safely. But these instructions have not been reviewed for some time, so the team may not be following the most up-to-date procedures. The pharmacy manages and protects confidential information well, and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

### Inspector's evidence

There were Standard Operating Procedures (SOPs) in place to underpin all professional standards, seen as signed and read by staff. But they were due for review 2016.

Errors and near misses were seen to be regularly recorded by each individual member of staff in their own record book. The pharmacist reviewed them with each individual on a weekly basis and summarized at their six-monthly appraisal. Errors and near misses were discussed and as a result they stopped separating the repeat slips from the prescription tokens to reduce the risk of them being mixed up. They had separated some "Look Alike Sound Alike" (LASA) drugs to help avoid picking errors.

Roles and responsibilities of staff were clearly documented in the SOP folder. People who work in the pharmacy could clearly explain what they do, what they were responsible for and when they might seek help.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it. The responsible pharmacist notice was clearly displayed for patients to see.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were on display for patients to see. The pharmacy complaints procedure was set out in the practice leaflets, which were on display in the pharmacy.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) was also on display for patients to see. Private prescription records were maintained in a book and those checked were complete and correct. They had recently started to record private prescriptions electronically on the Patient Medication Record (PMR) system. They were also seen to be correct.

The controlled drug (CD) register was seen to be correctly maintained, with most running balances checked monthly in accordance with the SOP. Records of CDs returned by patients were seen to be

made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed “specials” were seen to be complete.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. Completed prescriptions in the prescription retrieval system were not visible to patients waiting at the counter. Confidential waste was kept separate from general waste and shredded onsite. The annual Data Security and Protection (DSP) toolkit had been completed by their Head Office. But there was no privacy notice on display for people to see.

There were safeguarding procedures in place and contact details of local referring agencies were on the staff noticeboard. All registrants have been trained to level 2 and staff members had some understanding of the signs to look for. All staff were dementia friends.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well-trained and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate.

### Inspector's evidence

There were two pharmacists, one Accuracy Checking Technician (ACT), three dispensing assistants, a Pre-Registration pharmacy graduate and three Medicines Counter Assistants (MCA) on duty during the inspection. The size of the team appeared to be appropriate for the workload and they were working well together. In the event of staff shortages, part-time staff could adjust their hours to help provide extra cover. Certificates showing staff qualifications were on display to show the levels of training completed. Ongoing training consisted of training sheets for staff to read and sign, or new product updates from visiting sales representatives.

Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. Various members of staff were seen to serve customers and asking appropriate questions when responding to requests or selling medicines. The pharmacist and dispenser both confirmed that they are comfortable with making decisions and did not feel pressurised to compromise their professional judgement.

Team members were involved in open discussions about their mistakes and learning from them. Team members said that they could raise concerns and that there was a whistleblowing policy available for them if needed. There were targets in place but the pharmacist felt that they didn't impact upon his professional judgement

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy generally provides a safe, secure and professional environment for people to receive its services. But, a sharps bin is stored in an unlocked consultation room. This increases the risk that it could be accessed by unauthorised people.

### Inspector's evidence

The pharmacy has step-free access to both front and rear doors. The pharmacy premises were clean, tidy and in a reasonable state of repair, albeit looking a little dated. There was sufficient space to work safely and effectively, and the layout was suitable for the activities undertaken.

There was a consultation room for confidential conversations, consultations and the provision of services. The door was not kept locked when the room was not in use and there were open sharps bins present. There was no confidential information visible. There was a sink with hot and cold running water in the consultation room.

The dispensary sink was badly stained, had hot and cold running water and handwash available. There was a new room at the rear of the premises for preparing the multi-compartment compliance aids (MDS blister packs or trays). This was a large room with work benches around three sides and storage for MDS trays at different stages of preparation. Room temperatures were appropriately maintained by a combined heating and air-conditioning unit, keeping staff comfortable and suitable for the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It takes steps to identify people supplied with some high-risk medicines so that they can be given extra information they need to take their medicines safely. But they may be missing opportunities to help people with other high-risk medicines. The pharmacy responds reasonably well to drug alerts or product recalls to make sure people only get medicines or devices which are safe. It keeps a record of the checks it makes to keep people safe.

### Inspector's evidence

The pharmacy provided a range of services including NHS and private Healthcheck services, a locally commissioned minor ailment service and travel vaccinations. Seasonal flu vaccinations were also available during the autumn and winter.

Controls were seen to be in place to reduce the risk of picking errors, such as separating LASAs within the storage drawers, and the use of baskets to keep individual prescriptions separate. Prescription labels were initialled to show who had dispensed and checked them.

Owings tickets were in use when medicines could not be supplied in their entirety. Patients were referred back to their GP if the pharmacy was unable to obtain their medicine. They suggested an alternative and recorded this in a 'Dear Dr' pad. Prescriptions for CDs or fridge lines in retrieval awaiting collection were highlighted so that staff would know that there were items in the fridge or CD cupboard. The dates on all CD prescriptions, including Schedules 3 and 4 CDs such as pregabalin or zopiclone were highlighted to ensure that they were not handed out after their 28-day validity.

MDS trays were dispensed in the new room at the back of the pharmacy, away from distractions. Patients were referred to the pharmacy for this service by the local concordance team. The concordance team also regularly reviewed these patients to ensure that the service remained appropriate for their needs. The pharmacy was kept up to date with regular communication from the team. There were weekly charts on the wall to help the dispensers ensure that the blister packs were finished and delivered on time. Each patient had an individual sheet, printed at the point of dispensing, showing their current medicines and dosage times. Any changes or missing items were followed up and the details recorded on their PMR. The trays were seen to be labelled complete with product descriptions and patient information leaflets (PILs) provided.

There were trays in the consultation room containing medicines to be used in the minor ailments service. These were primarily pharmacy-only medicines (P-meds) for a specific range of commonly occurring minor conditions such as thrush. The pharmacist outlined how the service worked and he also said that uptake of the service was very low.

Staff were aware of the risks involved in dispensing valproates to patients who may become pregnant, and all such patients would be counselled and provided with leaflets and cards highlighting the importance of having effective contraception. The valproate audit did not identify any female patients.

Patients on warfarin were asked if they knew their current dosage, but their INR records were not routinely recorded. Patients taking methotrexate were also asked to confirm whether they knew their dosage, but not asked about blood tests.

PGDs for travel vaccinations were held in a file and online using the MASTA platform. Some of the paper copies were out of date so the pharmacist was going to print new copies for his file. He explained how they were all revalidated by MASTA every summer. The PGD for the emergency hormonal contraception (EHC) service was due for renewal on 31 May 2019.

Medicines were obtained from licensed wholesalers including Phoenix, AAH, Alliance Sigma, DE South and OTC Direct. Unlicensed "specials" were obtained from Quantum. The pharmacy had scanners to comply with the Falsified Medicines Directive (FMD) but they were not yet in use. The pharmacist explained that the company was finalising its SOPs before using the scanning equipment to decommission stock.

Routine date checks were seen to be in place, and any items with a shelf-life of less than six months was recorded. These records were not complete and the pharmacist agreed to review his procedures for recording date checks.

Fridge temperatures were recorded daily and seen to be within the two to eight degrees Celsius range. Staff explained how they would note any variation from this and check the temperature again until it was back within the required range. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

Patient-returned medicines are screened to ensure that any CDs are appropriately recorded, and that there were no sharps present. There was a list of hazardous medicines and a purple-lidded hazardous waste container present. At the time of the inspection there were several trays and bags of returned medicines waiting to be sorted and placed in the appropriate containers for disposal. Patients with sharps were signposted to the local council for disposal. DOOP containers were seen for the safe disposal of CDs.

The pharmacy received drug alerts and recalls from the MHRA, which were seen to be kept in a file. Each alert was annotated with any actions taken, the date and initials of those involved. The pharmacist was unaware of any instances of patients being contacted about any medicines recalls. The team knows what to do if they receive damaged or faulty stock and they explained how they would return them to the wholesalers.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is properly maintained. The pharmacy keeps people's private information safe.

### Inspector's evidence

The pharmacy equipment and facilities were seen to be appropriate for the services provided. The consultation room was clean and tidy, with blood pressure monitors, cholesterol monitors and scales all easily available. Adrenaline injections were also kept in the consulting room in the event of a patient experiencing anaphylaxis.

There was a range of crown stamped measuring equipment, counting triangles (including a separate one for cytotoxics with cleaning wipes and a notice reminding staff to clean it), reference sources including the BNF and BNF for children. The pharmacy also has internet access and uses this as an additional reference source.

The Blood Pressure meter was replaced every two years, although the age of the current one was not absolutely clear. The cholesterol machine was calibrated once a month using samples sent from a testing service. Results were entered online and confirmed by email.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens are positioned so they are not visible to the public.

Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They are not left on the premises overnight. Confidential information was kept secure and items awaiting collection were not visible from retail area

## What do the summary findings for each principle mean?

Finding	Meaning
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.