

Registered pharmacy inspection report

Pharmacy Name: Sovereign Pharmacy, 274 Havant Road, Drayton,
PORTSMOUTH, Hampshire, PO6 1PA

Pharmacy reference: 1031800

Type of pharmacy: Community

Date of inspection: 12/12/2019

Pharmacy context

This is a Healthy Living Pharmacy (HLP) in a residential area of Drayton in Portsmouth. It dispenses NHS and private prescriptions. And also sells a range of over-the-counter medicines and provides health advice. The pharmacy offers flu vaccinations in the autumn and winter seasons. And home deliveries for those who cannot get to the pharmacy themselves. It supplies some medicines in multi-compartment compliance aids 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
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 provides its services in a safe and effective manner. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. They understand their role in protecting vulnerable people, and they keep people's private information safe. The pharmacy keeps most of its records in a satisfactory manner. But it hasn't built up very many records since it changed hands shortly before the inspection. It has appropriate insurance to protect people if things go wrong.

Inspector's evidence

There were no written standard operating procedures (SOPs) present in the pharmacy at the time of the inspection. The superintendent pharmacist (SI) explained how he was currently updating their template SOPs to reflect their current procedures. The previous owner's SOPs were no longer reflecting current working practices in the pharmacy so the need to have the updated SOPs in place was emphasized during the inspection. The SI subsequently emailed photographic evidence to the inspector showing that the responsible pharmacist (RP) SOPs were in place and had been signed by all staff to say that they had read and understood them. The remainder were progressively being updated, read and signed. The pharmacy had not yet produced a written business continuity plan to maintain its services in the event of a power failure or other major problem. But all staff knew how to contact the owner or SI at their neighbouring pharmacy for support in the event of an emergency or critical incident.

There was no evidence available of errors and near misses being recorded as the RP couldn't find the file they were kept in. It would appear that the previous owners had not left any of their paperwork. He explained that he discussed near misses with the individual(s) involved and had identified some items that were prone to error, such as the 'look alike sound alike' (LASAs) medicines amitriptyline, amlodipine and atenolol which had all subsequently been separated on the shelves. As they were still in the process of changing their procedures over from those used by the previous owners of the pharmacy, he hadn't yet taken any other steps such as highlighting them on the shelves. The SI subsequently emailed photographic evidence to the inspector showing the paperwork for recording and regularly reviewing their near misses and errors.

Roles and responsibilities of staff were documented on the pharmacy computer, setting out their key tasks. Those questioned were able to clearly explain what they do, what they were responsible for and when they might seek help. They outlined their roles within the pharmacy and where responsibility lay for different activities.

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. The responsible pharmacist (RP) notice was clearly displayed for patients to see and the RP log held on the patient medication record (PMR) computer system was generally complete. There were just a few entries where the time the RP's

responsibilities ceased had not been recorded. Most of these were for occasions where the SI had been working late establishing the pharmacy and forgotten to sign out. Once this had been pointed out, the SI agreed to ensure that he remembered to sign out as RP at the end of the day. The SI subsequently emailed the inspector to confirm that 'pop-up' reminders had been set up on the computer system to help prevent this from happening again.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were displayed online at www.nhs.uk, but they related to the previous ownership of the pharmacy. The pharmacy complaints procedure was set out in the template SOPs, but there was no notice in the retail area and in the pharmacy practice leaflet for people to take away. The SI subsequently emailed photographic evidence to the inspector showing that a complaints notice had been put up on display in the pharmacy.

A certificate of professional indemnity and public liability insurance from the Numark valid until September 2020 was on display in the dispensary. Private prescription records were maintained on the patient medication record (PMR) system and were complete with most details correctly recorded, but some of the prescriber details were incorrect. When this was pointed out, the pharmacist agreed to brief the rest of the team to ensure that all entries would include the correct details in future. Dates of prescribing and of dispensing were all correctly recorded. The pharmacy hadn't had any emergency supply requests but the RP and SI were able to describe the information they should record.

The CD register was generally seen to be correctly maintained, with all running balances checked at regular monthly intervals. There were some pages with missing headers, but these were completed in the presence of the inspector. Running balances of two randomly selected CDs were checked and both found to be correct. There were no 'Records of CDs returned' for inspection as there had been no returns by patients. Records of unlicensed 'specials' were seen but there had been no unlicensed 'specials' purchased.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They had all signed confidentiality agreements and were able to provide examples of how they protect patient confidentiality, for example checking people's identity before discussing their medication, or inviting them into the consulting room when discussing sensitive information. Completed prescriptions in the prescription retrieval system were in the dispensary so that people waiting at the counter couldn't read details. Confidential waste was kept separate from general waste and shredded onsite. No privacy notice and data use poster were on display but the SI subsequently emailed photographic evidence to the inspector showing that he had since obtained and displayed a privacy notice.

There were safeguarding procedures in place and contact details of local referring agencies were seen on the dispensary wall for all staff to access. The pharmacist and the registered technicians had all completed level 2 safeguarding training, and most of the team had been trained so that they could recognise potential safeguarding risks. All staff were dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. And they work well together even though they are a new team. Most of the 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 medicines counter assistants (MCA), four dispensing assistants and the RP on duty during the inspection. A delivery driver also came and went during the course of the inspection. This appeared to be appropriate for the workload. This was a newly established team and everyone within it was working well together. In the event of staff shortages, part-time staff could adjust their working hours to provide additional cover. The RP added that he could also call upon help from their neighbouring pharmacy branch if necessary.

Training records were not seen to confirm that all staff had completed the required training, but all four dispensing assistants confirmed that they had completed accredited NVQ2 training with their previous employers who still had their certificates. Two of the dispensing assistants were also qualified smoking cessation advisors, and one was trained to provide NHS healthchecks. Both of the MCAs were registered on an accredited NVQ2 dispensing training course. The part-time delivery driver had not completed any formal training for his role. This was discussed with the RP who agreed to ensure that all their drivers would be registered on the necessary accredited training module for deliveries. The SI subsequently emailed photographic evidence to the inspector showing the appropriate delivery training module for the drivers. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. They described how they would refer to the pharmacist if necessary.

All staff were seen to serve customers when the MCAs were busy, and all asking appropriate questions when responding to requests or selling medicines. There was no pressure to achieve specific targets. They appeared to have open discussions about all aspects of the pharmacy, and team members were involved in discussions about their mistakes and learning from them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a secure and professional environment for people to receive its services. The pharmacy keeps its premises reasonably well maintained. It has a consultation room which it uses for some of its services and for sensitive conversations.

Inspector's evidence

The pharmacy premises were modern, clean, tidy and in a reasonable state of repair with step-free access via an automatic door to the street. The retail area was spacious and open, allowing plenty of space for wheelchair users. There was a large, well laid out dispensary with three separate working areas, providing sufficient space to work safely and effectively. There was a clear workflow in the dispensary and the layout was suitable for the activities undertaken, with a separate area designated for the assembly of multicompartment compliance aids. This area was out of sight of people waiting in the pharmacy to minimise any distractions. The dispensary sink had hot and cold running water. There was handwash available.

There was a consultation room available for confidential conversations, consultations and the provision of services. Both doors to the consultation room were kept closed but not locked when not in use, but there was no confidential information visible. There was one open and two closed sharps bins inside. When this was pointed out, the RP agreed to ensure that the room was kept locked when not in use. There was also a limescale stained sink with hot and cold running water. The notices to signpost the consultation room had been removed and not replaced when the current owners acquired the pharmacy. The SI placed a temporary sign on the door and had arranged for a permanent sign to be professionally printed.

Room temperatures were appropriately maintained by a combined air-conditioning and heating 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 generally manages its medicines safely, and so makes sure that the medicines it supplies are fit for purpose. The team responds satisfactorily to drug alerts or product recalls so that people only get medicines or devices which are safe. Team members identify some people supplied with high-risk medicines so that they can give them extra information they may need to take their medicines safely. They keep appropriate records of most of the checks that they do make, and of the pharmacy's other services. This enables them to show what they have done if a query should arise in future.

Inspector's evidence

The pharmacy provided a limited range of services while the new owners were establishing themselves. They were providing the NHS advanced services such as Medicines Use Reviews (MUR), the New Medicine Service (NMS) and seasonal flu vaccinations.

Controls were seen to be in place to reduce the risk of picking errors, such as the use of baskets to keep individual prescriptions separate. Prescription labels were initialled to show who had dispensed and checked them. Owings tickets were used if the pharmacy was unable to supply the entire prescription. The prescription was kept in the owings box until the stock arrived. In the event of being unable to obtain any items, they contacted their other local branch or the manufacturers to see if they had any stock before contacting the GP for an alternative.

Completed prescriptions for CDs were highlighted with a CD sticker so that staff would know that they needed to look for a bag in the CD cupboard. Uncollected schedule 3 and 4 CDs were monitored via the PMR system to ensure they weren't handed out after their expiry date. The RP explained that they checked the retrieval shelves every month and that any prescriptions that had remained uncollected for more than three months, or CDs for more than 28 days, were removed and details recorded in a file. Any expired EPS tokens were returned to the NHS spine. The SI explained how he also monitored this when completing the final part of the EPS process on the PMR system. Fridge lines in retrieval awaiting collection were also stickered so that staff would know that there were items to be collected from the fridge.

Compliance aids were dispensed in a separate designated area in the dispensary. The pharmacy had a four-week cycle, with the days of the week colour coded to help ensure that prescriptions were ordered and assembled at the appropriate time. There was a file for each week of the cycle containing slips for each patient with details of their medication dose times, any known allergies and hospital discharge summaries. Changes were recorded on the individual PMR. Medication times were checked against the patient's last printed backing sheet, and any discrepancies were followed up before labelling. The completed compliance aids were then checked by the RP before being bagged up ready for either collection or delivery. Compliance aids were seen to include product descriptions on the backing sheet and patient information leaflets (PILs) were always supplied. There were a number of compliance aids ready for supply to individual patients which were also seen to have product descriptions and to contain PILs. Warfarin and alendronic acid were supplied separately.

Staff were aware of the risks involved in dispensing valproates to women in the at-risk group, but the pharmacy did not currently have any such patients. People taking warfarin were asked if they knew their current dosage, and whether their INR levels had been recently checked. These interventions and the INR results were recorded on the PMR but those taking methotrexate and lithium were not routinely asked about blood tests. Upon reflection, the RP agreed to start asking for this information in future, and then recording the interventions. Steroid cards, lithium record cards and methotrexate record cards were on order to offer to patients who needed them.

There were a small number of patients using the substance misuse service. Appropriate records were kept, and key workers contacted in the event of non-collection for three consecutive days.

There was a valid Patient Group Direction (PGD) in place for the NHS flu vaccination services. Appropriate informed consent was documented and records of each vaccination kept. There were two adrenaline autopen injectors available in the consultation room for use in emergencies.

Medicines were obtained from licensed wholesalers including Phoenix, AAH, Alliance Colorama, Sigma and Bestway. Unlicensed 'specials' were obtained from Colorama. The pharmacy had the scanners and software necessary to comply with the Falsified Medicines Directive (FMD) but was not yet using it to decommission products as they were waiting for updated procedures.

Routine date checks were seen to be in place, shelves being numbered as part of the process, and no out-of-date stock was found. As the stock was all newly purchased within the previous two months, there were no historic records to be inspected. A date check file was currently being set up. Opened bottles of liquid medicine were annotated with the date of opening. There were no plain cartons of stock seen on the shelves and no boxes were found to contain mixed batches of tablets or capsules.

The RP checked fridge temperatures twice a day but did not keep any records of those checks. He explained that the temperatures were always within the 2 to 8 Celsius range and would start recording them on the PMR system straight away. The SI subsequently emailed photographic evidence to the inspector showing that they had started to record the fridge temperatures on their PMR system. The SI had also set up a 'pop-up' reminder on the PMR system to prompt staff to record the fridge temperature. He also sent a follow up email showing that they were consistently checking the temperatures. Staff explained how they would note any variation outside of the correct temperature range and check the temperature again until it was back within range. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

The SI described how patient-returned medicines were screened to ensure that any CDs would be appropriately recorded, and that there were no sharps present. Patients with sharps were signposted to the local council for disposal. There was no list of hazardous medicines present or separate purple-lidded container designated for the disposal of hazardous waste medicines. The SI subsequently emailed photographic evidence to the inspector showing that he had obtained a suitable container and a list of the hazardous medicines to be placed in it. Denaturing kits for the safe disposal of CDs were available for use.

The pharmacy received drug alerts and recalls from the MHRA, a copy of the most recent alert was seen but they hadn't yet set up a file to keep them in. Each alert was annotated with any actions taken, the date and initials of those involved. The team knew what to do if they received 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. It uses its facilities and equipment appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy has some of the necessary resources required for the services provided, including the consulting room itself, a limited range of crown stamped measuring equipment (including a separate measure clearly marked for methadone only). The smallest measure available was 100ml so upon reflection the RP agreed to obtain more measures suitable for smaller volumes of liquid. The SI subsequently emailed photographic evidence to the inspector showing that he had ordered a selection of suitable smaller measures. There were counting triangles (including a separate one for cytotoxics) and reference sources including the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were 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 were 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
✓ 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.