

# 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:** 16/09/2020

## 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 multicompartiment 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
<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 provides its services in a safe and effective manner. It has made significant improvements to the records it keeps and regularly checks that they are kept up to date. The pharmacy also makes regular checks to make sure that its procedures are being correctly followed. 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, including those associated with the coronavirus pandemic. They understand their role in protecting vulnerable people, and they keep people's private information safe. It has appropriate insurance to protect people if things go wrong.

### Inspector's evidence

There was a file containing written standard operating procedures (SOPs) which had been signed by all staff to say that they had read and understood them. The responsible pharmacist (RP) also showed the inspector an online 'One Drive' portal where he was progressively adding SOPs and other documents as he updated them. His stated intention being to get as much documentation online as possible. He explained how he incorporated the next review date into the file name to make it easier for him to keep them up to date. In the event of a power failure or other major problems, including those related to the COVID-19 pandemic, all staff knew how to contact the owner or superintendent pharmacist (SI) at their neighbouring pharmacy for support in order to maintain services to the public. The pharmacy had conducted individual risk assessments and a workplace risk assessment to help minimise the risks of transmitting the virus. The RP confirmed that he was aware of the obligation to report any workplace acquired COVID-19 infection to the appropriate Health & Safety authorities. Staff were only wearing masks while serving people at the medicines counter or elsewhere in the retail part of the pharmacy. The RP explained how they had relaxed some of their precautions since the lockdown had ended but were monitoring the situation. One member of staff had been assessed as being more at risk, so was working in a separate room. All staff were seen to be maintaining social distancing. The RP subsequently confirmed to the inspector that as a consequence of the government announcement tightening some of the COVID-related restrictions they had revisited their workplace risk assessment. They had reinstated a number of measures, including all staff wearing masks, limiting the number of people in the pharmacy and restoring a one-way system. They were also considering the installation of a perspex screen to replace the current barrier.

Records of errors and near miss mistakes were kept in a clinical governance folder and reviewed monthly by the RP. He discussed near misses with the individual(s) involved at the time, and also with the team as a whole when he reviewed them. As a result, some items had been identified as being prone to error, such as the 'look alike sound alike' (LASAs) medicines amitriptyline, amlodipine and atenolol. There were labels on the shelves highlighting these items among others, so that staff knew to take extra care when selecting them. Another pharmacist employed by the company carried out regular audits and conducted 'mock inspections' every quarter to help ensure the pharmacy was meeting the necessary standards and complying with its NHS terms of service.

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 people to see and the RP record held on the patient medication record (PMR) computer system was complete.

There was a 'complaints notice' on display near the entrance for people to see, advising them of the complaints procedure in line with NHS requirements. A certificate of professional indemnity and public liability insurance from Numark, valid until September 2020, was on display in the dispensary.

Private prescription records and emergency supply records were maintained on the patient medication record (PMR) system and were complete with all details correctly recorded. The CD register was seen to be correctly maintained, with all running balances checked at regular monthly intervals. Running balances of two randomly selected CDs were checked and both found to correspond with the stock balances recorded in their respective registers. Records of unlicensed 'specials' were seen, and those examined were found to be correct and complete, as were the records of CDs returned for safe disposal.

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. Some completed prescriptions in the prescription retrieval system were kept behind the private consultation area of the counter where they could be seen by people waiting there. The RP subsequently confirmed that this area had since been screened from view. He also explained that they would shortly be having a mini refit of that part of the pharmacy to permanently address this. Confidential waste was kept separate from general waste and shredded onsite. A privacy notice and data use poster were on display near the entrance for people to see in accordance with current requirements.

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 had 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. The pharmacy provides its team members with appropriate resources for their ongoing training needs. Team members have a clear understanding of their roles and responsibilities. And they can make suggestions to improve safety and workflows where appropriate.

### Inspector's evidence

There were two pre-registration pharmacy graduates (PRGs), one accuracy checking assistant, two dispensing assistants and the RP on duty during the inspection. The SI arrived, together with a second pharmacist, during the course of the inspection. This appeared to be appropriate for the workload and everyone appeared to be 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 available on the 'One Drive' referred to earlier, including those for the delivery driver which had not been available at the previous inspection. One of the PRGs was based in another pharmacy recently acquired by the company and was spending time in this pharmacy to familiarise himself with their procedures. The SI explained that the two PRGs would spend short periods of time in each other's pharmacy in order to experience a wider range of services at first hand. The PRG based in this pharmacy demonstrated her online training plan, model day and records made so far. She expressed satisfaction with the course provided by Buttercups and the support from her pharmacist tutor (the RP).

Those staff members questioned 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 and 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 satisfactorily maintained. It has a consultation room which it uses for some of its services and for sensitive conversations. It has made some sensible changes to its premises to make them safer for people to visit during the pandemic.

### 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. The area previously used for the assembly of multicompartiment compliance aids was now used primarily for paperwork. Compliance aid assembly was now carried out in a separate room designated solely for that task. It had been moved partly to minimise distractions, and to provide additional protection against transmission of the coronavirus to the vulnerable member of staff.

There was a clearly signposted 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. The dispensary sink had hot and cold running water. There was handwash available. 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 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 know how identify 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 was providing a range of NHS services including Medicines Use Reviews (MUR), the New Medicine Service (NMS) and seasonal flu vaccinations. The pharmacy was offering free deliveries to people identified as being vulnerable and to all over 70 years old in conjunction with its other pharmacy nearby.

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. The RP demonstrated the records he kept of all interventions, including contact with GPs, on the pharmacy's NHSmail system.

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 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 room designated solely for this. 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 dispensing assistant described how she was now able to complete a final check of the compliance aids as she had recently been accredited to undertake this task, and the second pharmacist completed the clinical check. 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. 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. Steroid cards, lithium record cards and methotrexate record cards were on order to offer to people 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.

During the lockdown period of the pandemic, the pharmacy had set up a delivery service jointly with their neighbouring pharmacy. This service operated from the local church hall, was entitled 'Drayton delivers' and was co-ordinated by an ex-MoD volunteer. This volunteer managed approximately 30 volunteer delivery drivers, ensuring that all had been DBS checked before engaging them. They offered deliveries to anyone over 70 years old, or in one of the vulnerable groups, to ensure they didn't have to leave home in order to obtain medicines or other essential supplies. Routine deliveries were made by the pharmacy's employed delivery drivers who kept appropriate records of each delivery.

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. The visiting pharmacist explained the date-checking process and how the records were maintained on the 'One Drive'. Any items within six months of their expiry date were listed and then checked every month until they had either been used or disposed of. 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 daily and kept up-to-date records on the PMR system. Those examined were all found to be within the correct 2 to 8 Celsius range. The SI had also set up a 'pop-up' reminder on the PMR system to prompt staff to record the fridge temperature. 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 a list of hazardous medicines on the dispensary wall adjacent to the separate purple lidded container designated for the disposal of hazardous waste medicines. The SI explained how they isolated all returned medicines for 72 hours before disposing of them in order to minimise any risks associated with the coronavirus. Denaturing kits for the safe disposal of CDs were available for use.

The pharmacy received drug alerts and recalls from the MHRA and kept a tracker form on the 'One Drive.' 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. It takes sensible precautions to help people use its facilities safely when accessing its services during the pandemic.

### Inspector's evidence

The pharmacy had the necessary resources required for the services it was providing, including the consulting room itself, a selection of crown stamped measuring equipment (including a separate measure clearly marked for methadone only). There were counting triangles (including a separate one for cytotoxics) and reference sources including the BNF and BNF for children. The pharmacy had internet access and frequently used this as an additional reference source. All surfaces and equipment were frequently cleaned to help minimise the risk of transmitting the virus.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Access to the pharmacy's other records kept on the 'One Drive' was also restricted to authorised users only through password controls. 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.

### 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.