

Registered pharmacy inspection report

Pharmacy Name: R J Berry Ltd, 145 Sultan Road, PORTSMOUTH,
Hampshire, PO2 7AT

Pharmacy reference: 1031811

Type of pharmacy: Community

Date of inspection: 29/11/2022

Pharmacy context

This is a small family-owned pharmacy in a city-centre residential area of Portsmouth. It dispenses prescriptions, mainly for people who live near the pharmacy. It also sells over-the-counter medicines and provides health advice. It dispenses some medicines in multi-compartment compliance aids and offers a delivery service to people who can't visit the pharmacy in person. In addition, the pharmacy provides some services specifically for people who have problems with substance misuse.

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	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 has comprehensive written instructions which tell its team members how to complete their tasks safely. The pharmacy keeps satisfactory records of any mistakes made during the dispensing process. It also makes sure its team members learn from those mistakes. But it doesn't regularly review them. It has appropriate insurance in place to help protect people if things do go wrong. Members of its team work to professional standards and are clear about their roles and responsibilities. The pharmacy satisfactorily manages and protects people's confidential information, and it tells them how their information will be used. Team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had a set of four files containing written standard operating procedures (SOPs), some of which were quite new, and others hadn't been reviewed for some time. The four files contained detailed procedures for almost every aspect of safely running the pharmacy. The more recent SOPs were dated Feb 2022 and due for review in 2024. The responsible pharmacist (RP) explained that he was in the process of updating them and getting the newer members of the team to read and sign them.

A workplace risk assessment had been carried out and the pharmacy had amended some of its procedures to help minimise the risks of spreading airborne viruses. Although team members were no longer wearing masks, there were some markings on the floor to encourage people to maintain a safe distance between themselves, and to direct the flow of people. There was a business continuity plan in place to ensure people could still access the pharmacy's services if it had to close for any reason. This was kept up to date as part of the pharmacy's submissions to the NHS.

There was a file for staff to record their near misses and errors showing the nature of the incident, who had made it and a space for additional comments to be added. The RP discussed errors or near misses with the team member involved at the time, to help make sure they learned from their mistakes. Upon questioning, the dispensing assistant was able to describe what she had learned and how she had adjusted the way she worked. The RP discussed these mistakes with the team, but this wasn't done regularly. Upon reflection, the RP agreed that it would be a good idea to have regular reviews which could be documented as part of his patient safety review.

Roles and responsibilities were set out within the individual SOPs, listing the relevant team member's name(s) against each SOP. Everyone understood their own responsibilities and knew when to ask for help. The correct notice was on display to show people the name and registration number of the responsible pharmacist (RP) who was on duty. There was also a daily RP record kept on the pharmacy computer system. But none of the entries showed when the RP's responsibilities ended for the day. When this was pointed out, the RP agreed to complete this and would put a reminder in place if necessary. Those staff questioned were able to describe what they could and couldn't do in the absence of the RP.

Prescription labels were initialled to show who had assembled and checked the prescriptions. There was a complaints procedure in place with leaflets on display for people to use for providing feedback on

the pharmacy's services. There were certificates of insurance on display to show that the pharmacy had valid professional indemnity and employer's liability insurance in place.

Private prescription records were maintained in a book. The book was spiral bound, and its pages weren't numbered. Upon reflection the RP agreed that it would be better to use the records on the pharmacy's computer system as a legally valid record. Some of the records seen on the computer didn't have all the necessary details, such as the prescriber's name and address. When this was pointed out, the RP agreed to complete those details before using the computer as the main record. Some emergency supplies were made and recorded appropriately on the PMR system, with a valid reason for the supply. The controlled drugs (CD) register was easily accessible, and those records examined were in order. Alterations were highlighted with an asterisk and a brief explanation outlining the nature of the amendment. The entries in the CD register were balanced against the items held in stock whenever they booked any items in or out. Upon reflection, the RP agreed that it would be better to check the balance regularly in accordance with the frequency specified in the SOP. There was a record of CDs returned by people who no longer needed them. The entries were all complete and there were no patient-returned CDs awaiting destruction. The pharmacy had no kits for denaturing and disposing of the unwanted CDs, but the RP agreed to order some. There was a file for unlicensed medicines, or 'Specials', but the pharmacy hadn't needed to order any for a long time. The RP confirmed that if they did, then the necessary records would be kept.

There was an information governance (IG) file containing the pharmacy's IG policy and details of the completed data security & protection (DSP) toolkit. Team members were able to describe how they would protect people's confidential information. There was a container for confidential waste which was shredded at the end of each week.

The RP was unable to find the safeguarding folder but was familiar with the local safeguarding policies and contact details of the local safeguarding agencies. He was signposted to the NHS safeguarding app as an additional resource. All registrants had completed the required safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are either appropriately trained, or on a suitably accredited training course. They work well together and support each other. They are suitably aware of the risks involved in selling some medicines and know when to involve the pharmacist.

Inspector's evidence

At the time of the inspection there was one qualified dispenser, two medicines counter assistants (MCAs), one of whom was still completing her training, and the responsible pharmacist on duty. This appeared to be sufficient for the workload and they were working well together. The RP explained that the team would cover each other's absence and that there was also a Saturday assistant who could help if required.

There was online training that team members were currently undertaking. They could access this either at work or at home using a mobile app. There were certificates showing the training that had been completed, including an accredited MCA course. There was a training matrix on the wall listing topics such as antimicrobial stewardship and infection prevention and control. Staff were seen to be asking appropriate questions when selling medicines and were aware of which medicines may be liable to abuse. They knew when to refer to the pharmacist and which products they couldn't sell. There were no targets and registrants were free to make their own professional decisions in the best interest of people using the pharmacy's services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean and appear professional inside. The pharmacy provides a suitable environment for people to receive its services.

Inspector's evidence

The premises were small but bright, clean and well laid out. There was a short medicines counter and prescription reception in front of the dispensary, protected by a clear Perspex screen.

There was enough space to work safely and effectively with a logical workflow along the workbench. Work areas and public areas were well organised, clean and tidy. The dispensary sink was clean and free of limescale. Hot and cold water, soap and drying facilities were present. All worksurfaces were clean.

There was one consulting room with access from the retail salesfloor. The door was closed while the room wasn't in use. It was used for providing services such as the seasonal flu vaccination service. There was a sink with hot and cold running water in the room, along with a desk and seating for two people. There was a password-protected computer, and no confidential information was visible.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a limited range of services which it delivers in a safe and effective manner. And people with a range of needs can easily access them. The pharmacy keeps satisfactory records, including when it gives people advice about their medicines. It sources, stores and manages its medicines safely. The pharmacy makes sure that all the medicines it supplies are fit for purpose, responding satisfactorily to drug alerts or product recalls.

Inspector's evidence

There was a single door into the pharmacy from the main road outside, making it easily accessible for people using wheelchairs or mobility scooters. There were notices in the windows advertising the services available.

There were controls in place to minimise errors such as separating those items which looked alike or whose names sounded alike (LASAs). For example, amitriptyline tablets were kept well away from amlodipine tablets. Baskets were used to keep all the items for a prescription together while they were being assembled and then awaiting a final check. The baskets were stored tidily to help prevent any mix ups. There was a documented owings process in use when the pharmacy couldn't supply all the medicine(s) on a prescription.

There was a separate tray for those prescriptions awaiting delivery. The delivery driver used a paper drop sheet to record each delivery. The driver marked the sheet to indicate whether a delivery had been made or not. There was a separate delivery book for recording deliveries of controlled drugs (CDs). Failed deliveries were redelivered the following day after leaving a note.

Compliance aid assembly was carried out in a separate room at the back of the premises, away from distractions. Compliance aids were supplied to people on either a once weekly basis or every four-weeks depending upon their needs. Any changes to people's medicines were recorded on the PMR system so that there was an audit trail. They were assembled on a four-week cycle and there was a checklist matrix to show when each stage of each person's compliance aid had been completed. Patient information leaflets (PILs) were always supplied, and there were descriptions of the medicines included within the compliance aids.

The RP was aware of the risks for women who could become pregnant whilst taking valproates. The pharmacy didn't currently supply any valproates to people in the at-risk group, but the RP was able to describe the checks he would make and the advice he would offer. He also confirmed that the intervention would be recorded on the counselling notes section of the patient medication record (PMR) system.

The pharmacy wasn't currently offering the NHS seasonal flu vaccination service as it hadn't been able to obtain any vaccines. Because of this the RP hadn't obtained the current patient group direction (PGD) but would do so if the situation changed.

The pharmacy provided a substance misuse service to a significant number of people. Those records examined appeared to be in order. The RP confirmed that if people failed to turn up for their medicine

on three consecutive days, then the prescriber would be contacted in accordance with the service specification.

The pharmacy obtained its medicines from appropriately licensed wholesalers and stored them in the manufacturer's original containers. Team members confirmed that they carried out regular date checks on a rolling three monthly cycle. There were no written records of these date checks, but those items examined were all in date. Opened bottles of liquid medicine weren't annotated with the date upon which they were opened. Upon reflection, the RP agreed that it would be prudent to do so in future. Fridge temperatures were monitored daily and recorded on the PMR system.

Prescriptions awaiting collection were stored out of sight of people waiting at the medicines counter. Any prescriptions for CDs were highlighted with 'CD' highlighted on the token so that staff would know they either needed assembling (Schedule 2 CDs), or that they should check the date before handing them out. The date of prescribing was checked during the assembly process to ensure that the 28-day validity hadn't expired. Prescriptions for items that needed to be stored in the fridge were highlighted in a similar way. The prescription retrieval shelves were regularly cleared of any items that remained uncollected for six months.

There were suitable containers for storing unwanted medicines, and those questioned could describe what they would do when people brought unwanted medicines to the pharmacy. Controlled drugs were brought to the attention of the pharmacist and appropriately recorded before being denatured and safely disposed of. People bringing sharps back were signposted to the local council. There was an email folder containing copies of alerts received from the Medicines and Healthcare products Regulatory Authority (MHRA).

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

There was a set of clean standard conical measures available to use with liquid medicines. There was also suitable equipment for counting tablets and capsules. The fridges was clean and in good working order, with its contents well organised. There was a blood pressure monitor in the consulting room, which was replaced every two years.

All computer screens were positioned so that they were not visible to the public and were password protected. NHS smartcards were in use, and passwords not shared. The pharmacy had access to a range of online resources and had the British National Formulary (BNF) for reference.

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.