General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Spiral Stone Pharmacy, 122 Brinton Road, SOUTHAMPTON, Hampshire, SO14 0DB

Pharmacy reference: 1031838

Type of pharmacy: Community

Date of inspection: 24/04/2019

Pharmacy context

A medium sized pharmacy, part of the Pillbox Chemists chain, located in a residential area of Southampton. The pharmacy serves the local area population. The pharmacy dispenses prescriptions and they also provide Medicines Use Reviews (MURs), New Medicine Service (NMS), multi-compartment compliance trays for patients in their own home, influenza vaccinations and a delivery service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	3.1	Standard not met	The pharmacy is dirty and not maintained to a standard suitable for professional services.
		3.3	Standard not met	The uncleanliness of the pharmacy and work areas present a risk of infection or contamination.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The dispensary fridge often goes out of the appropriate temperature range.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy has procedures in places to manage risks but it is not following them all. The pharmacy team deals with errors and mistakes responsibly, but they may not always be recording full details about incidents. So, they may be missing out on some learning opportunities. Not all team members have signed written procedures. This means that it is harder for them to show that they understand them and follow them safely. The pharmacy generally keeps the records it needs to by law. The pharmacy protects people's personal information and team members understand how to protect vulnerable people.

Inspector's evidence

The pharmacist demonstrated how the team records near misses on a log held in the dispensary. However, not every near miss was recorded and there was not much detail recorded in the log. The pharmacist explained that she would review each near miss with the dispenser who made it. The pharmacist explained that as the pharmacy was not very busy, they did not make many errors and she had only been there for a few months and could not remember there being an error while she had been there.

Standard operating procedures (SOPs) were in place for the dispensing tasks. Most of the team had signed the SOPs to say they had read and understood them, but the dispenser present during the inspection had not yet signed the SOPs. Staff roles and responsibilities were described in the SOPs and the SOPs had last been reviewed in January 2018.

There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual Community Pharmacy Patient Questionnaire (CPPQ) survey and the results of the latest one were seen displayed on the NHS UK website. The pharmacist explained that the team had received complaints about their signage where members of the public complained that the 'Late Night Chemist' signage did not accurately reflect their opening hours and the list of services outside did not accurately reflect the service they provided. The team explained they had highlighted this with the head office team, but nothing had happened to change this.

A certificate of public liability and indemnity insurance from the NPA was on display in the dispensary and was valid until 31 March 2019. The team explained that the insurance rolled over automatically, but they had not yet been sent the new insurance certificate.

Records of controlled drugs and patient returned controlled drugs (CDs) were all seen to be complete and accurate. A sample of a CD running balance was checked for record accuracy and was seen to be correct. The team completed a weekly balance check on the stock. The responsible pharmacist record was seen as being held electronically and on paper and the correct responsible pharmacist notice was displayed in pharmacy where patients could see it.

The maximum and minimum fridge temperatures were recorded electronically and were mostly in the two to eight degrees Celsius range. However, prior to April, the team had not been recording the

fridge temperature every day and some of the maximum temperatures recorded were above eight degrees Celsius.

The pharmacist explained that the private prescription records were completed in a paper private prescription log, but one of the dispensers had brought a new log book and this could not be found during the inspection. The specials records were all seen to be complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard clearly. However, the team also used the consultation room as an office and there was a risk of patients using the consultation room viewing confidential information. There were cordless telephones available for use and confidential waste paper was collected in baskets on the workbenches and later shredded.

The pharmacist had completed the CPPE Level 2 training programme on safeguarding vulnerable adults and children, and the team explained that they were aware of things to look out for which may suggest there is a safeguarding issue. The team were happy to refer to the pharmacist if they suspected a safeguarding incident. The pharmacy team were all Dementia Friends and had completed this learning online. The pharmacist demonstrated a Safeguarding poster in the dispensary showing the steps they would take if they suspected a Safeguarding incident.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are trained well, and they have a good understanding about their roles and responsibilities. Staff are encouraged to keep their skills up to date.

Inspector's evidence

In the pharmacy there was one locum pharmacist and one dispenser. They were seen to be working well together and supporting one another. The dispenser explained that aside from the formal training, the staff are sent monthly CPD modules to be completed by head office and they had recently completed a module on oral health.

The pharmacy team explained that they were always happy to raise anything with one another whether it was something which was bothering them or anything which they believed would improve service provision. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises **Standards not all met**

Summary findings

The pharmacy is not maintained to a suitable level and the dispensary is small for the level of service provided. The pharmacy carpet has a dirty appearance and the walls are peeling. Areas of the pharmacy posed a risk to staff health and safety.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, small stock area and office, dispensary and staff rest rooms. The pharmacy was very dated in appearance and not well maintained. The carpet was stained and dirty and the walls were marked, had peeling paint and wallpaper and the overall appearance was unprofessional. The pharmacist explained she had tried to clean the pharmacy and remove some of the old posters, but they hid dated paintwork and marked doors and so she left the posters displayed.

The stock area at the back of the pharmacy and the light switch was located behind shelving which was not easily accessible to staff. Stock was stored all over the floor and the area was tightly crammed with stock and stationary making it unsafe for staff to use. The dispensary was very small and cluttered with paperwork not filed away, and stock was not stored neatly on the shelves. The pharmacy did not appear to have sufficient storage space available. Prescriptions ready to be collected were stored behind the medicines counter and the team explained there would always be someone there to protect them from unauthorised access.

The dispensary was screened to allow for preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room was also used as an office and storage area and was not maintained to provide a professional appearance. The consultation room included the facilities to deliver services, but the sink had black stains on the splashback tiling. The ambient temperature was suitable for the storage of medicines and lighting throughout the pharmacy was appropriate for the delivery of services.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy's services are accessible to people with different needs. But the pharmacy displays incorrect signs about opening hours and services outside the pharmacy. The team source, store and generally manage medicines appropriately. Staff try to make sure pharmacy services are provided safely but they do not always identify, or record relevant safety checks when people receive higher-risk medicines. This makes it difficult for them to show that the appropriate advice is always provided when these medicines are supplied. The pharmacy records fridge temperatures outside the acceptable range which means that some medicines are not stored correctly and may not be safe to supply.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy but they did not reflect the services being delivered and the 'Late Night Chemist' signage did not reflect the opening hours. There was step free access into the pharmacy and there was also seating available should a patient require it when waiting for services.

The pharmacy team prepared multi-compartment compliance trays for domiciliary patients. The trays were seen to include accurate descriptions of the medicines inside. The team explained that they would provide Patient Information Leaflets (PILs) on the first supply of trays and with any new medicines and following hospital discharge. However, they did not provide PILs with every supply of trays as not all patients wanted them.

The team explained that they were all aware of the requirements for people in the at-risk group to be on a pregnancy prevention programme if they were on valproates and they had checked the PMR to see if they had any patients affected by this.

The pharmacist explained that she would double-check with patients on warfarin to see if they knew their dose of warfarin and they were having regular blood tests, but patient in the local area did not usually bring in their anti-coagulant therapy books and she could not always check this information and ensure the supplies were safe. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

The pharmacy obtained medicinal stock from AAH, Alliance and Sigma. Invoices were seen to demonstrate this. Date checking was carried out quarterly and records of this were seen to be completed appropriately. There were destruction kits available for the destruction of controlled drugs and medicine destruction bins were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste.

The fridge temperature recorded were not always in range and the team explained they felt the fridge was too small for the amount of stock they had to keep. The team used a safe as the CD cabinet and it was appropriate for use, although the team also store money in the safe reducing the security of the CDs as the safe would be accessed more. Expired, patient returned CDs and CDs ready to be collected were highlighted using labels.

MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit

trail for the MHRA recalls and had recently actioned a recall for chloramphenicol 0.5% eye drops. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has appropriate equipment and facilities to provide services.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml and 10ml measures. Amber medicines bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up to date reference sources were available such as a BNF, a BNF for Children, Martindale and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service.

Designated medicine destruction bins and Hazardous waste bins were available for use as well as lists of which drugs were hazardous. The computers were all password protected and conversations going on inside the consultation could not be overheard.

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.