

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: 17/08/2020

Pharmacy context

This is a community pharmacy located in a residential area of Southampton in Hampshire. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter (OTC) medicines, provides advice, delivers medicines and offers Medicines Use Reviews (MURs) as well as the New Medicine Service (NMS). The pharmacy also supplies multi-compartment compliance packs to people. The inspection was carried out during the COVID-19 pandemic.

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 effectively manages the risks associated with its services. It has adapted during the pandemic to make things safer. Members of the pharmacy team regularly monitor the safety of their services by recording their mistakes and learning from them. The team protects people's private information well. Most of the pharmacy's team members understand how to protect the welfare of vulnerable people. And the pharmacy maintains its records as required.

Inspector's evidence

The pharmacy's working practices had significantly improved since the last inspection. The pharmacy was organised and clear of clutter. This included its work-spaces. Normally, the workflow involved counter staff passing walk in prescriptions through a hatch into the dispensary. Staff then prepared the prescriptions in one location before they passed them to the responsible pharmacist (RP) for the final check for accuracy. The latter worked in a designated area. This helped prevent mistakes. Although some of these processes were still in use, the team explained that due to COVID-19, the pharmacy was now operating slightly differently. After receiving and preparing the prescriptions, people were telephoned to inform them that their medicines were ready to collect. People waited outside to help minimise the amount of time they spent inside the premises. The premises had also been adapted to help reduce the spread of infection (see Principle 3) and the way in which some of the pharmacy's services (see Principle 4) were delivered had also changed.

The pharmacy was cleaned two to three times a day. Staff were observed working in separate locations in the pharmacy. This helped them to socially distance where possible. The pharmacy's head office had informed its staff about current information associated with the pandemic. The pharmacy team had carried out the necessary risk assessments to ensure it could operate safely during the pandemic. These had been sent to the company's head office so were not available to see or verify. The inspector reminded the team of the requirement to report any cases of staff contracting COVID-19 during work. Team members had been provided with plenty of personal protective equipment (PPE) although they were not wearing any at the time of the inspection. Staff explained that this was because of the way the pharmacy was now running. Very few people now entered the pharmacy, but they did wear PPE during consultations. The company's head office had also implemented a process to help manage any queues building outside. If this happened, one member of staff would wear PPE, take a clipboard with note paper and work their way through the queue. This helped meet people's needs and requests more quickly.

The team had been routinely recording their near miss mistakes. They were reviewed every month. The sheets used to record this information were sent to and collated by the pharmacy's head office. Staff were informed about common errors and in response they kept some medicines separate. This included gabapentin and pregabalin. The RP handled incidents. Her process was in line with the company's expectations and involved recording the details as well as informing the pharmacy's head office. The pharmacy's complaints process was also on display which meant that people could easily raise concerns if they wanted to.

Staff understood their roles and responsibilities. The pharmacy held a range of documented standard operating procedures (SOPs) which had been reviewed recently. The pharmacy's team members had

read and signed the SOPs which helped them to carry out tasks correctly. The correct RP notice was on display and this provided details of the pharmacist in charge on the day.

The pharmacy team protected people's confidential information appropriately. Staff shredded confidential waste. Sensitive information could not be easily seen from the retail space and confidential material was removed from the consultation room before it was used. There was information on display to inform people about how their privacy was maintained, and the team had been trained on data protection. Experienced members of the team had completed training on safeguarding the welfare of vulnerable people. They knew who to refer to if they saw signs of concern. The RP had been trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). However, the newest member of staff who had worked at the pharmacy had not yet received any training on this (see Principle 2).

The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and this was due to be renewed after 31 March 2021. The pharmacy's records had been completed in line with legal requirements. This included the documented RP record, records for supplies made against private prescriptions, unlicensed medicines and records for controlled drugs (CDs). Balances for CDs were checked every week, and details were seen documented to help verify this. On randomly selecting CDs held in the cabinet, their quantities matched the balance recorded in the register. Staff had been keeping records of the minimum and maximum temperature of the fridge. This helped show that temperature sensitive medicines had been appropriately stored.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. They work well together. Team members have completed the required training for their roles or are enrolled onto suitable training courses. And the pharmacy provides the team with ongoing training material. This helps keep the team's knowledge and skills up to date.

Inspector's evidence

The pharmacy's team members included a regular pharmacist, a pre-registration trainee, two trained dispensing assistants, two delivery drivers and a part-time medicines counter assistant (MCA). The latter had been enrolled onto accredited training for her role but had not been completing any training. This was discussed at the time. The MCA was aware of the sales of medicines protocol, she knew when to refer to the pharmacist and held enough knowledge to safely sell some over-the-counter medicines. Her activities were also being appropriately supervised by trained staff as well as the RP.

Certificates of qualifications obtained for trained members of the team were seen at the previous inspection. Staff described completing modules online and they completed ongoing training modules every month. Team had a positive rapport with each other and were observed to work well together. They covered each other's leave and had designated roles. The pre-registration trainee's tutor was the RP, He felt supported by her and had regular discussions about his training. The trainee was also provided with designated time to study. Staff were kept informed about current healthcare matters through the company's head office. This included video conferencing calls. Appraisals for the team had been carried out in the previous year.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a satisfactory environment to deliver healthcare services. The pharmacy has been suitably adapted to help people socially distance during the pandemic. And it is clean.

Inspector's evidence

The pharmacy premises consisted of a medium-sized retail space with a medicines counter that had a hatch into the dispensary. A large consultation room lay to one side which linked into the dispensary. All areas were clean. This included the staff WC. Although some of the fixtures and fittings were dated, the pharmacy was appropriately lit and generally professional in its appearance. The consultation room was signposted and used to provide services, private conversations as well as by staff for dispensing. It was kept unlocked and the entrance was left open although there was a sign that stated 'staff only' here. Team members were always present and the room itself was kept tidy when being used to process prescriptions.

The premises had been adapted to help ensure social distancing. Notices were on the door about how many people could enter at any one time. A screen had been placed in front of the medicines counter as a barrier. There were two chairs placed two metres apart in the centre of the retail space as well as a specific section highlighting on the floor where people could stand to be served. Details were also on display to provide information about coronavirus.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. Its services are easily accessible. And its team members have adapted how they deliver services during COVID-19. This helps keep people safe during the pandemic. The pharmacy obtains its medicines from reputable suppliers. It also stores as well as manages its medicines well.

Inspector's evidence

People could enter the pharmacy through a wide front door and a ramp. There was clear, open space inside the premises. This helped people with wheelchairs to easily enter the pharmacy. Two seats were available for people to wait for their prescriptions if needed. The pharmacy's opening hours were listed on the front door and some staff members could speak Polish to help communicate with the local population. The team also had access to a signposting document. This listed relevant information to help staff refer people to other providers of services if required.

The pharmacy was currently offering MURs and the NMS. These services had previously been suspended during the pandemic. Now, to help reduce the spread of infection, the RP explained that people were contacted by telephone and asked to attend the pharmacy at a set time. This way, staff could ensure that no one else was present inside the pharmacy. PPE was used and the consultation room door to the retail space was kept open, with the person's consent. This helped keep people safe.

The pharmacy provided multi-compartment compliance packs to people who struggled to manage their medicines. The person's GP set this up for them. The pharmacy ordered prescriptions on behalf of people for this service. When the prescriptions arrived at the pharmacy, details on them were cross-checked against specific records that the pharmacy team kept for this purpose. This helped identify any changes or missing items. Any queries were checked with the prescriber and the records were updated accordingly. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were routinely supplied. If changes to people's medicines were required mid-way through the cycle, staff retrieved the compliance packs, made the change, the pack(s) were then re-checked and re-supplied or the changes were initiated from the start of the next cycle.

The pharmacy's drivers delivered people's medicines to them and they kept records about this service. Due to COVID-19, people's signatures were not currently being obtained once they received their medicines unless a CD was involved. The drivers however, routinely signed on people's behalf once they had successfully delivered their medicines to them. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. Once staff generated the dispensing labels, there was a facility on this to help identify who had been involved in the dispensing process. Team members routinely used these. Medicines were obtained from licensed wholesalers such as Alliance Healthcare, AAH and Sigma. Unlicensed medicines were obtained through Alliance.

The pharmacy's medicines were stored tidily and in an organised way on the dispensary shelves. Staff

routinely date-checked medicines for expiry and kept records about this. Short-dated medicines were identified. There were no out-of-date medicines or mixed batches of medicines seen. CDs were stored under safe custody and medicines had been stored appropriately in the fridge. The team stored medicines received from members of the public, that needed disposing of inside separate designated containers. There was a list available for staff to identify and appropriately dispose of hazardous and cytotoxic medicines and people returning sharps were referred to other providers of this service.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is clean and well maintained.

Inspector's evidence

The pharmacy had current versions of reference sources, clean, standardised conical measures for liquid medicines and counting triangles. Computer terminals were positioned in a way that prevented unauthorised access. Staff used their own NHS smart cards to access electronic prescriptions. Cordless phones helped conversations to take place in private if required. The dispensary sink used for reconstituting medicines was clean. There was hot and cold running water available. The CD cabinet was small but legally compliant and the fridge used to store medicines was functioning appropriately.

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.