

# Registered pharmacy inspection report

**Pharmacy Name:** Bassil Chemist, 55a Bedford Place,  
SOUTHAMPTON, Hampshire, SO15 2DT

**Pharmacy reference:** 1031840

**Type of pharmacy:** Community

**Date of inspection:** 17/07/2019

## Pharmacy context

A pharmacy located on a small high street in Southampton and serves the local population as well as students. The pharmacy dispenses prescriptions and sells over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), New Medicines Service (NMS), supervised consumption, hepatitis C testing, multicompartiment compliance (MDS) packs for patients in their own homes and for those living in care home and large nursing home.

## 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
<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 not all met	3.1	Standard not met	The pharmacy is untidy and cluttered which could lead to mistakes and risks the safe operation of the pharmacy.
		3.3	Standard not met	The pharmacy is not clean and the dispensary in the basement is unhygienic with worn carpets and wires hanging from the ceiling.
<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

Overall, the pharmacy's working practices are safe. The pharmacy records its mistakes but it doesn't review them regularly. So it might miss opportunities to spot patterns and trends which could prevent the same mistakes happening again. The pharmacy keeps all the records that it needs to by law and it generally keeps people's information safe. Team members help to protect vulnerable people.

### Inspector's evidence

The team recorded near misses on a log held in the dispensary. However, not much detail was recorded to explain why the error had occurred and what the following action had been. The team explained that the pharmacist would review the near misses with the staff who made them, and they would discuss the near misses, but there wasn't a formal review process. Any errors which left the pharmacy would be reported on an internal error report and held in the pharmacy's Clinical Governance folder.

There wasn't a clear workflow in the upstairs dispensary as it was very small and very cluttered. But the team used different areas for different tasks in the basement dispensary. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the end of November 2019. Standard Operating Procedures (SOPs) were in place for the dispensing tasks. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs and the team explained that they were reviewed regularly.

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 to be very positive and displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of physeptone 5mg tablets was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked regularly.

The responsible pharmacist record was held both electronically and manually and the correct responsible pharmacist notice was displayed in the pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were seen to be completed appropriately. 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. There were cordless telephones available for use and confidential waste paper was collected in confidential waste bins and later shredded. However, the dispensary was not screened very well and there was a risk that people in the retail area of the pharmacy may see prescriptions

being made up in the dispensary.

The pharmacist had completed the Centre for Post-Graduate Pharmacy Education (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.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Team members have access to training materials to ensure that they have the skills they need. Pharmacy team members feel able to make their own decisions and frequently use their professional judgement to help people. They work well together and feel able to discuss ways of improving their services.

### Inspector's evidence

During the inspection, there was one pharmacist, one pre-registration pharmacist, one dispenser, one summer placement student and one delivery driver. The staff were seen to be working well together and supporting one another.

The pre-registration pharmacist would attend study days every month at the company's head office where he would be trained around clinical areas in preparation for the pre-registration exam. The pharmacist explained that he was the pre-registration pharmacist's tutor and would often sit down with him to discuss his training and any further areas of development. Team members had access to the Mediapharm training programme which they would complete regularly. New training modules would be available every month for them to complete.

The pharmacy team explained that they were always happy to raise anything with one another whether it was something which was concerning 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's premises are generally suitable for its services, but it is small, cluttered and untidy which increases the risk of mistakes happening. The pharmacy uses the basement for dispensing but it was not very clean and was dated and cluttered. The pharmacy is not protecting people's personal details very well at the front counter because of the way it is laid out. But, pharmacy team members use a private room for sensitive conversations with people and the pharmacy is secure when closed.

### Inspector's evidence

The pharmacy was based across the ground floor and the basement of the building and included a retail area, medicine counter, consultation room, dispensary, stock/work areas in the basement and staff rest rooms. The team explained that they would clean the pharmacy between themselves, but they were behind on this as they were still in the process of recruiting a full-time dispenser.

The pharmacy was laid out with the ground-floor dispensary clearly defined away from the main retail area of the store. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. However, the pharmacy was dated in appearance and very small, untidy and cluttered which gave an overall appearance of disorganisation. The team explained that as their prescription numbers were growing, it was becoming more difficult to find useable space in the pharmacy. It was not clear which prescriptions were waiting for a final pharmacist check or which prescriptions were awaiting stock as they were laid out anywhere the team could find space. The basement downstairs had a very low ceiling, exposed brickwork, wires hanging down and worn carpets which could cause a trip hazard. The basement was not clean, and stock was stored in several places which meant the team members had to step over tote boxes of stock to get to some area of the basement. Some paperwork was also stored in the basement in a disorganised fashion.

The consultation room was at the back of the dispensary and any patient wanting to use it would have to go through the dispensary and past prescriptions being prepared. This could compromise patient confidentiality. The consultation room did not present a professional image as it was very cluttered and untidy. Prescriptions ready for collection were stored on a shelving unit which faced away from the public, but there were also prescriptions ready for collection stored on the floor of the dispensary due to a lack of space.

The ambient temperature on the ground floor was suitable for the storage of medicines, but the temperature in the basement was very warm. Lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy ensures that its services are accessible to people with different needs. Generally, the pharmacy team provides safe services and provides people with information to help them use their medicines. However, some people on high-risk medicines may not always be identified. This means it may be difficult for the pharmacy to show that some of those supplies are safe. The pharmacy gets its medicines from reputable sources and the team knows what to do if medicines are not fit for purpose. However, some medicines are not stored appropriately or securely.

### Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion at the front of the pharmacy near the waiting area. There was step-free access into the pharmacy and the team explained that they would provide a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services.

The pharmacy team prepared MDS packs for domiciliary patients. The packs were seen to include accurate descriptions of the medicines inside and the team would provide Patient Information Leaflets (PILs) with every monthly supply of packs. The team explained that they were all aware of the requirements for women 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 in the at-risk group. The pharmacist explained that he would not routinely double check with patients on warfarin to see if they knew their dose of warfarin or what their INR levels were. However, he would identify warfarin patients for MURs and would record their INR levels and warfarin doses during the consultation.

The team was aware of the European Falsified Medicines Directive (FMD) and the pharmacist explained that they had the appropriate scanners in place and they had signed SOPs about FMD, but they had not yet started decommissioning medicines as they were awaiting more training from the head office team.

The pharmacy obtained medicinal stock from the Pillbox warehouse, AAH, Alliance, Phoenix and Sigma. Invoices were seen to verify this. The team explained that they were required to use their company's wholesaler primarily, but they would receive bulky orders which were difficult to store.

Date checking was carried out regularly and the team highlighted items due to expire with stickers. There were destruction kits available for the destruction of controlled drugs and doop 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 fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and secured well. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock.

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 phenobarbital injections. 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 the appropriate equipment and facilities to provide its services safely. These are clean and fit for purpose.

### Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 250ml, 100ml, 50ml 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, 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.

The computers were all password protected and conversations going on inside the consultation room 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.