

Registered pharmacy inspection report

Pharmacy Name: A.R. Pharmacy, 3 Hazel Farm Road, West Totton, SOUTHAMPTON, Hampshire, SO40 8WU

Pharmacy reference: 1031866

Type of pharmacy: Community

Date of inspection: 20/08/2019

Pharmacy context

This is a community pharmacy located within a purpose-built development that also contains a medical practice and a dental surgery in West Totton, Southampton in Hampshire. The pharmacy dispenses NHS and private prescriptions. It offers an extensive range of services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), supplies Emergency Hormonal Contraception (EHC), administers seasonal flu vaccinations and runs a travel clinic. The pharmacy supplies multi-compartment compliance aids to people if they find it difficult to manage their medicines. And, it provides medicines to residents in care homes.

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 |
|--|-------------------|------------------------------|------------------|---|
| 1. Governance | Standards met | 1.8 | Good practice | Members of the pharmacy team are trained and proactive in ensuring the welfare of vulnerable people |
| 2. Staff | Standards met | 2.1 | Good practice | The pharmacy has enough staff to ensure its services are provided safely and effectively. The skill mix is suitable for the pharmacy's volume of activity, the workload is managed well and there are rotas in place to ensure the pharmacy is sufficiently staffed |
| | | 2.4 | Good practice | The pharmacy has adopted a culture of openness, honesty and learning. It provides resources to ensure the team's knowledge is kept up to date and their learning and development is actively encouraged |
| 3. Premises | Standards met | N/A | N/A | N/A |
| 4. Services, including medicines management | Standards met | 4.1 | Good practice | The pharmacy's services are easily accessible to the public. An extensive range of services are on offer, the pharmacy has proactively built links with groups of people that are less likely to use health care services and has sought to improve their health where possible by referring, providing advice, point of care testing and treatment |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy manages risks associated with its services safely and effectively. Members of the pharmacy team monitor the safety of their services by recording their mistakes and reviewing them. The pharmacy protects people's private information well. And, its team members proactively protect the welfare of vulnerable people. Most of the pharmacy's records are maintained in accordance with the law. But some details about private prescriptions are missing from its records. This means that the team may not have all the information needed if problems or queries arise.

Inspector's evidence


This was a very busy pharmacy. The workload was managed well during the inspection, plenty of staff members were present and they were observed to manage their set tasks well with very little direction required from the pharmacists. The pharmacy held a range of documented standard operating procedures (SOPs) to support the provision of its services. The SOPs had been reviewed in 2018. The staff had read and signed them, they understood their roles, responsibilities and limitations and knew when to refer to the pharmacist. Team members roles and responsibilities were defined within the SOPs. The correct notice for the responsible pharmacist (RP) was on display and this provided people with details of the pharmacist in charge of operational activities on the day.

The pharmacy's workflow involved prescriptions being dispensed from distinct areas in the dispensary. This included a front section where 'walk-in' and 'call-back' prescriptions were dispensed, a locum pharmacist and one member of staff were managing this area effectively. Multi-compartment compliance aids and medicines for the care homes were both assembled in separate areas to one side and repeat prescriptions were processed in the centre of the dispensary in front of the automated dispensing system (robot). The three pharmacists worked in segregated areas and were positioned in a way that enabled effective supervision of the pharmacy's activities.

The accuracy checking technician (ACT) occasionally checked the compliance aids for accuracy or when medicines were assembled for repeat prescriptions that had been ordered on behalf of people. Other members of the team were involved in the process, the pharmacists clinically checked prescriptions before this took place and an audit trail was maintained to verify this.

In some sections, the team dispensed prescriptions and packs of medicines directly onto workspaces. Team members explained that they left enough space between each prescription and dividing separators (rulers) were used to reduce the risk of prescriptions being inadvertently mixed. A different coloured separator was used to highlight prescriptions for members of the same family or for prescriptions that were handed in at the same time (such as those for a husband and wife).

Staff routinely recorded their near misses and were made aware of them at the time. One of the pharmacists collectively reviewed the near misses every month and patient safety reports were generally completed as part of the review. Details were shared with the team. An annual patient safety



review had also been completed with key learning points recorded within this. Quarterly reports from the National Pharmacy Association (NPA) about common errors seen in community pharmacies were read by the pharmacists and relevant information was passed onto the team.

Look-alike and sound-alike medicines, different strengths and forms for some medicines that had been involved in mistakes were identified, highlighted and separated. Team members explained that when recurring near misses happened that involved certain medicines, the medicine was subsequently placed into the robot. This reduced the likelihood of the mistake happening again.

The pharmacy informed people about its complaints procedure. There was a documented complaints procedure and the team's process for handling incidents was in line with this. Dispensing incidents were recorded and reported to the National Reporting and Learning System (NRLS).

Team members had been trained as dementia friends and the pharmacy had completed the seven elements required for them to become dementia friendly in line with the South Wessex Local Professional Network framework. Staff could identify signs of concern to safeguard vulnerable people and provided examples of when they had needed to do this. They were trained by the RP, had read the relevant SOP and reported concerns in the first instance to the pharmacist. The pharmacy's chaperone policy was on display. There were local contact details for the safeguarding agencies and policy information present. Pharmacists were trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE).

There was information available in the retail space to inform people about how the pharmacy maintained their privacy and a notice was on display to advise people that they could speak to the pharmacist in private if required. Confidential material was contained within the dispensary. Staff segregated confidential waste before this was disposed of through an authorised carrier and details on dispensed prescriptions awaiting collection were not visible from the retail area. The team had been trained on data protection and the European General Data Protection Regulation (GDPR). Summary Care Records were accessed for emergency supplies and consent for this was obtained verbally.

The maximum and minimum temperatures for the fridges were checked every day and records were maintained to verify that temperature sensitive medicines had been stored appropriately. The pharmacy's professional indemnity insurance was through the NPA and this was due for renewal after 31 July 2020. Staff kept a full record of controlled drugs (CDs) that were returned by people and destroyed by them.

Most of the pharmacy's records were maintained in line with statutory requirements. This included the RP record, records of unlicensed medicines, emergency supplies and a sample of registers seen for CDs. For the latter, balances were checked and documented every week. On randomly selecting CDs held in the cabinet, their quantities matched entries in the corresponding electronic registers. However, there were missing prescriber details documented in the electronic register for private prescriptions as some records were only marked as 'dentist' or 'hospital doctor'. Incorrect types of prescribers were also seen recorded (such as a dentist's details being recorded instead of a doctor's).

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members understand their roles and responsibilities. They keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

The pharmacy's staffing profile included two regular pharmacists, one of whom was the superintendent pharmacist and the RP during the inspection, there was an ACT, two pharmacy technicians and eight dispensing assistants, one of whom was a trainee and two of whom were enrolled onto accredited training with the NPA for the NVQ 3 in dispensing. There were also six medicines counter assistants (MCAs), an apprentice and a delivery driver. Three pharmacists were present during the inspection and the RP explained that they usually had three to four pharmacists present as cover during the day. There were no formal targets in place for pharmacists to complete services.

Staff covered each other as contingency for annual leave or absence. There was a rota in place to ensure the pharmacy was sufficiently staffed. Team members wore name badges and their certificates of qualifications obtained were seen. Staff were assigned set tasks for example, some oversaw the care home dispensing or assembling of the compliance aids, one person was responsible for date-checking, some were trained to provide services such as the health checks and one of them was the shop manager. Team members felt confident to raise concerns if required and were aware of the pharmacy's whistleblowing policy.

Staff understood their roles. Counter staff asked relevant questions to obtain necessary information before they sold over-the-counter (OTC) medicines and they checked sales with the RP when required. Team members in training completed their course material at home, they were monitored every week and described being tested by the RP on each topic before they sat for the exam. This helped to reinforce their learning. Ongoing training for the team included completing training modules from the NPA, CPPE and from Numark. Staff also read the SOPs, took instructions from the pharmacists, attended relevant courses with the pharmacists and were provided with printed resources as well as relevant updates. Formal appraisals generally took place annually to monitor staff progress, team meetings were held regularly, and a noticeboard was present to convey relevant information.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide a professional environment to deliver its services. The pharmacy has separate areas where confidential conversations and services can take place. But, the consultation rooms are kept unlocked and team members store sharps bins here. This means that unauthorised access is possible, and needle-stick injury could happen.

Inspector's evidence

The pharmacy was very professional in appearance with modern fixtures and fittings. It had been purpose built and it was clean, suitably lit as well as appropriately ventilated. The pharmacy premises consisted of a spacious retail area with four signposted consultation rooms that were situated at various intervals around the retail space with an open-plan dispensary located in the centre. There was enough workspace to process and assemble prescriptions. There was also a lock-up at the rear of the premises where sundries were stored, a staff kitchenette section behind the dispensary and additional as well as extensive space upstairs that was currently being used by the staff. Pharmacy (P) medicines were kept behind the front counter and staff were always present to restrict their self-selection. There was also a barrier that prevented unauthorised access to this area and the dispensary.

The consultation rooms were used for services and for private conversations. They were of a suitable size for this purpose but were kept unlocked when they were not in use. There was no confidential information accessible, but sharps bins were present inside some of the rooms. One consultation room also contained a medical fridge with prescription-only medicines (vaccines) stored here. This fridge as well as the room was unlocked at the point of inspection. On raising this, the RP subsequently locked the door and he was advised to ensure unauthorised access was always prevented.

When the inspection first started, the RP and owner's dog was present in the office and was sat on a chair. The office led into the dispensary and was kept open. Whilst the dog was observed to be quite docile and did not move from the chair, there was still a risk that the animal could interfere with the pharmacy's processes, it had access to medicines and this situation was unhygienic. This was discussed during the inspection. At the start of the inspection, the dog was removed to the upstairs section which could be cordoned off to prevent it from returning. The RP was advised to ensure that the dog was kept away from the dispensary and ground floor going forward.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team is helpful and makes suitable adjustments to ensure the pharmacy's services are easily accessible to everyone. The pharmacy sources, stores and manages its medicines appropriately. In general, the pharmacy provides its services safely and effectively. But, the pharmacy's team members don't always identify or record information when people are prescribed higher-risk medicines. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

There were automatic doors at the front of the pharmacy with enough clear space inside the premises and wide aisles so that people with wheelchairs could access the pharmacy's services. The pharmacy's services were on display and were advertised on its website. There were enough seats for people waiting for prescriptions or services and several car parking spaces were present outside the premises. Staff used written communication for people who were partially deaf, they explained details verbally to people who were visually impaired and described speaking clearly for people whose first language was not English.

The team signposted people to other organisations from their own local knowledge of the area and they could use online information. The pharmacy was healthy living accredited and promoted this by running campaigns on certain topics every few months, encouraging and referring people as required. There was a dedicated section in the pharmacy where people were provided with relevant information and some leaflets were available in this area.

In addition to the Essential Services, MURs, the NMS and EHC, the pharmacy provided a smoking cessation service, screening and treatment for chlamydia, a weight management service, health checks, administered seasonal influenza vaccinations and ran a travel clinic that included the administration of yellow fever vaccinations. The latter was via private Patient Group Directions (PGD).

The RP explained that he had been working with the gypsy and traveller communities in the local area. This involved him regularly attending the sites where they were staying, building trust with the communities, providing advice and carrying out health checks as well as referrals. This was in conjunction with the local GP practice and through this he explained that people with diabetes, hypertension and skin cancer had been identified, they were subsequently referred, and treatment was provided. The RP had identified and recognised that this was a group of people that may not have sought treatment on their own without his intervention.

The pharmacy had also won some national awards in 2018 and evidence of this was seen. This included the 'Pharmacy Business of the year award' and the 'Community Pharmacy South Central Award'. The RP explained that this was because of the pharmacy's collaborative working on the NMS. People enrolled onto this service were routinely asked to come into the pharmacy so that a face to face consultation



could take place, if any issues were identified, the pharmacy arranged a consultation with the person's GP at the time, sat in on the consultation to provide effective advice and then people were brought back to the pharmacy to ensure they understood the situation and how to take their medicines appropriately. This had ensured 100% adherence according to the RP.

In addition, the pharmacy had strived to build links with the outside community. The team used to hold a weekly drop-in centre for people with dementia or for their carers at the pharmacy, this had since been moved to the town centre. The RP stated that the sessions could be potentially moving back to them, because of the increasing popularity of the service seen when it had been held at the pharmacy. This was in part because of the pharmacy's easy access arrangements.

The pharmacy was registered with the National Travel Health Network and Centre (NaTHNaC) to administer yellow fever vaccinations and the regular pharmacists were accredited to vaccinate people requiring this and other travel vaccinations. The PGDs to authorise this were readily accessible and signed by the pharmacists. Risk assessments were completed before vaccinating. Once people were vaccinated, details were shared with their GP provided their consent was obtained. Equipment to safely provide the service was present. This included adrenaline in case anyone developed a severe allergic reaction to the vaccines.

As described under Principle 1, for some of the dispensing processes staff dispensed prescriptions directly onto workspaces, baskets were also used for some sections to hold prescriptions and medicines once they were assembled. This helped prevent any inadvertent transfer. Dispensing audit trails were in use to identify staff involved in various processes. This was through a facility on generated labels.

Staff were aware of the risks associated with valproates and the pharmacy had completed an audit to identify if it had supplied this medicine to females at risk. People who could become pregnant were appropriately counselled if prescriptions were seen. This included residents in the care homes and for those people receiving compliance aids. There was also educational literature available to provide to people if required. The pharmacy team did not routinely identify, counsel, or check relevant parameters for people prescribed higher-risk medicines. The RP explained that he asked people prescribed warfarin for their yellow book and about the International Normalised Ratio (INR) level. However, this information was not recorded and happened on an ad-hoc basis. This was also the case for people receiving compliance aids.

Compliance aids: Medicines were supplied inside compliance aids after the person's suitability for them was initially assessed by the RP or the person's GP. The pharmacy ordered most prescriptions on behalf of people and details on them were cross-referenced against individual records to help identify changes or missing items. They were checked with the prescriber and audit trails were maintained to verify this. Patient information leaflets (PILs) were routinely supplied, descriptions of the medicines within the compliance aids were provided and all medicines were de-blistered into them with none left within their outer packaging. Mid-cycle changes involved the compliance aids being retrieved, amended, re-checked and re-supplied or the pharmacy supplied with new compliance aids.

Care homes: Medicines were also provided to care homes. The pharmacy either supplied compliance



aids or the medicines that were required were blistered, and the racking system was used. The pharmacy ordered prescriptions on behalf of most of the homes and obtained duplicate copies of the repeat requests once the care home ordered prescriptions for their residents. On receiving the prescriptions at the pharmacy, they were checked against the requests to ensure all items had been received. Information about missing items was sent to the care home or checked with the prescriber if any medicines were still outstanding. Interim or mid-cycle items were dispensed at the pharmacy. PILs were routinely supplied to the homes. Valproate was provided separately. There were no residents prescribed higher-risk medicines. Staff had been approached to provide advice regarding covert administration of medicines to care home residents. A three-way conversation and agreement were required between the pharmacy, care home or representative(s) and the person's GP. Relevant guidelines and resources were used to assess the suitability for this. However, the pharmacy did not maintain documented details to verify this and were advised to keep records in future.

Delivery: The pharmacy provided a delivery service and it kept records to help verify this process. CDs and fridge items were highlighted. People's signatures were obtained when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy with notes left to inform people about the attempt made. Medicines were not left unattended.

The team stored prescriptions once they were assembled within an alphabetical retrieval system. Fridge items and CDs (Schedules 2-4) were identified. Assembled CDs that required safe custody and fridge lines were stored within clear bags, this helped assist in identifying them when they were handed out. Uncollected medicines were removed every six weeks.

The pharmacy obtained its medicines and medical devices from a buying group that directed them to use certain licensed wholesalers. This included AAH, Alliance Healthcare, Phoenix, Sigma and Colorama. Unlicensed medicines were obtained through the latter. The team was aware about the processes involved for the EU Falsified Medicines Directive (FMD), there was relevant equipment present and guidance information. The pharmacy was in the process of complying with FMD.

Some of the pharmacy's medicines were stored within the robot. The remainder were in drawers and on shelves. Staff explained that they manually checked the stock within the robot for expiry and medicines were date-checked for expiry every six weeks. A matrix was in place to verify the process. Short-dated medicines were identified using labels, expiry dates on the medicine packs were also circled and highlighted. There were no mixed batches or date-expired medicines seen. Liquid medicines were marked with the date upon which they were opened. Medicines were stored appropriately in the fridges. CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight. Drug alerts were received by email. The process involved checking for stock and acting as necessary. A full audit trail was present to verify the process.

Medicines brought back by people for disposal were stored within designated containers. This included separate containers for hazardous or cytotoxic medicines and there was a list for the team to readily identify these medicines. People returning sharps for disposal were referred to the GP surgery or to the local council for collection. Returned CDs were brought to the attention of the RP, they were segregated in the CD cabinet prior to destruction and relevant details were entered into a CD returns register.





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 helps to protect the privacy of people. But, the pharmacy team does not always test some of its equipment regularly or record details about this. This could make it harder for them to show that the pharmacy is providing reliable results.

Inspector's evidence

The pharmacy was equipped with the necessary equipment needed to provide its services effectively. This included current versions of reference sources, counting triangles, tablet cutters, medical fridges, a legally compliant CD cabinet and a range of clean, crown-stamped conical measures for liquid medicines. The dispensary sink used to reconstitute medicines was clean. There was hand wash here as well as hot and cold running water available. The robot was serviced annually.

Computer terminals were password protected, staff held their own unique password to access the pharmacy's system and they were positioned in a way that prevented unauthorised access. The team used cordless phones, this meant that conversations could take place in private if required. Staff held their own NHS smart cards to access electronic prescriptions and stored them securely overnight.

The blood pressure machine was replaced every six months. Staff stated that the company that had commissioned the health checks calibrated the machine to test people's cholesterol levels every year and staff calibrated the blood glucose monitor every six months but there were no current record present to verify this. There were also expired test strips present that had not been removed.



What do the summary findings for each principle mean?

✓ **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.