

Registered pharmacy inspection report

Pharmacy Name: H.J. Everett (Chemist) Ltd., Unit 11; Centre Way,
Locks Heath District Centre, Locks Heath, SOUTHAMPTON,
Hampshire, SO31 6DX

Pharmacy reference: 1031870

Type of pharmacy: Community

Date of inspection: 31/12/2019

Pharmacy context

This is a community pharmacy located within a local shopping centre in Southampton. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter (OTC) medicines, delivers medicines, offers Medicines Use Reviews (MURs), the New Medicine Service (NMS) and seasonal flu vaccinations. The pharmacy also supplies multi-compartment compliance aids for people if they find it difficult to manage their medicines on time. And it provides medicines to residents in a care home.

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

Overall, the pharmacy has safe working practices. Members of the pharmacy team usually monitor the safety of their services by recording their mistakes and learning from them. Team members proactively protect the welfare of vulnerable people. And, they protect people's private information well. The pharmacy maintains most of its records appropriately in accordance with the law. But it does not always formally review its internal mistakes or record enough information in its private prescription records. This makes it harder for them to spot patterns to help prevent the same mistakes happening again. And they may not have enough information available if problems or queries arise in the future.

Inspector's evidence

This was a busy pharmacy and quite well managed. Staff were observed to manage the workload. There was a separate area in the main dispensary where multi-compartment compliance aids were assembled and stored as well as medicines for the care home. This helped to minimise the likelihood of errors happening and reduced distractions. The layout of the main dispensary and the pharmacy's workflow also assisted with this.

There were three teams for the dispensary and shop staff who dealt with over-the-counter sales and queries, as well as staff on the dispensary counter. A queuing system was in place for people approaching the dispensary and two members of staff were stationed here to receive and hand out prescriptions. Upon receipt, they brought prescriptions for people who were waiting or calling back to a designated area for them to be processed, assembled and accuracy-checked. One pharmacist worked here alongside one team of staff. Repeat prescriptions were processed and assembled from a separate area which was situated parallel to the former. Another group of staff worked here alongside another pharmacist. This meant that different people were always involved in the various steps of the process which helped them to identify any mistakes. Staff were all responsible for assembling compliance aids, they were each allocated some to do and worked on their own set when required. Team members explained that they all worked together to unpack the delivery when it arrived so that this could be cleared as quickly as possible.

The pharmacy held the required standard operating procedures (SOPs) to support its services. They were reviewed in 2019. Team members roles and responsibilities were defined within the SOPs and staff had signed to confirm that they had read them. Team members understood their roles and responsibilities. Staff knew the activities that were permissible in the absence of the responsible pharmacist (RP). The correct RP notice was on display and this provided people with details of the pharmacist in charge of operational activities on the day.

To maintain safe processes, additional audit trails were being used by the team. A stamp on prescriptions identified who had labelled, dispensed and checked the prescription for accuracy and team members described checking each other's details whilst assembling. Prescriptions for the care home, repeat prescriptions or those for compliance aids were initially clinically checked by pharmacists, before being assembled by staff and checked for accuracy. The accuracy checking technician (ACT) was not involved in any other process other than the final check, and there was an SOP to cover this process. Look-alike and sound-alike (LASAs) medicines were highlighted with caution notes placed in front of stock to visually alert the team. The pharmacy's stock holding was very organised. Staff were

informed of their mistakes which were then rectified. They were encouraged to record their mistakes but there were gaps in the log where details about the action taken or learning was missing. Other than an annual patient safety report that was completed, the review of near misses was described as an informal process. This limited the ability of the pharmacy to demonstrate that patterns and trends were being identified and acted upon.

The pharmacy held a documented complaints policy, and there was information on display about its complaints procedure. Incidents were managed by the RP and his procedure was in accordance with the company's expectations. Reports for previous incidents were seen and the pharmacy reported details to the National Reporting and Learning System (NRLS). In response to incidents, the team had introduced the stamp for the additional dispensing audit trail and to help increase the number of people who were involved in the pharmacy's processes.

Staff had been trained as dementia friends and to identify signs of concern to safeguard vulnerable people. They provided previous examples of when this had happened. Team members had read the relevant SOP, took instructions from the pharmacists and completed online training. The RP was trained to level two in 2019 via the Centre for Pharmacy Postgraduate Education. There were SOPs to support the process, information about the pharmacy's chaperone policy was on display and relevant local contact details for the safeguarding agencies were readily available. The pharmacy informed people about how their privacy was maintained. Team members had been trained on data protection. Staff described asking people if further privacy was required when discussing personal details. There was a sign on the pharmacy's queue system which stated to 'wait here until called' to help maintain people's privacy. Dispensed medicines were stored in a location where sensitive details could not be seen. Confidential waste was segregated before being shredded. Summary Care Records were accessed for emergency supplies and for queries. Consent was obtained verbally from people for this.

Most of the pharmacy's records relating to its services were compliant with statutory requirements. This included a sample of registers seen for controlled drugs (CDs), records of emergency supplies and in general, records of unlicensed medicines. On randomly selecting CDs held in the cabinet, their quantities matched balances that were recorded in the corresponding registers. The maximum and minimum temperatures for the fridge were checked every day and records were maintained to verify that they remained within the required temperature range. Staff kept a complete record of CDs that had been returned by people and destroyed at the pharmacy. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association and due for renewal after 31 May 2020. However, there were occasional gaps in the RP record where the pharmacist had not recorded the time that their responsibility ceased, and records of private prescriptions had been maintained through an electronic register. There were several missing entries of prescriber details or incomplete information being recorded for the latter.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are suitably trained for the tasks they undertake, or they are undertaking the appropriate training. They have a clear understanding of their responsibilities. Team members keep their skills and knowledge up to date by completing regular training. And they can make suggestions to make the pharmacy's services more efficient.

Inspector's evidence

The pharmacy was well staffed by suitably skilled team members. This helped to manage the workload safely. The staffing profile included the RP who was the pharmacy manager, a second pharmacist, an ACT, a pharmacy technician, an NVQ 3 trained dispensing assistant who was due to register with the GPhC, four medicines counter assistants (MCAs), eight dispensing assistants and three members of staff who worked on the weekend. Some team members were enrolled onto accredited training in line with their roles and others were fully trained. Many team members were long-standing staff who had worked at the pharmacy for several years. They wore name badges and their certificates of qualifications obtained were seen.

There were staff rotas in place to help allocate tasks to the team and the roles were rotated between them. Staff were observed undertaking their tasks with very little direction required from the pharmacists and explained that by the end of the day, they always cleared the workload so that they could start afresh the next day. Team members understood their role and responsibilities, they asked appropriate questions before selling medicines over the counter, held a suitable level of knowledge to sell medicines safely and referred when required. To assist staff with their ongoing training needs, they described receiving directions from their head office and completing training online, they read relevant literature, patient safety alerts and emails as well as utilising resources from representatives of drug manufacturers.

Staff progress was monitored annually with formal performance reviews taking place. The RP and ACT were described as providing the team with relevant information verbally, the supervisor who was responsible for managing the retail side spoke to each member of staff daily to keep them informed and discuss any concerns. There were also noticeboards and diaries used to help highlight relevant information for the team. In addition, the team had created laminated cards to attach to prescriptions and baskets. This included ones to highlight when a clinical check was required and also if trays had not yet been sealed so that more care could be taken. There were no formal targets to complete services and the RP did not feel pressurised to complete them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver its services. The pharmacy is clean, it is professional in its appearance. And, it has enough space to safely provide its services.

Inspector's evidence

The pharmacy premises consisted of a spacious shop floor and dispensary. One side of the dispensary extended into a stock room with additional bench space. Compliance aids as well as medicines for the care home were assembled here. Beyond this space, there was a small office. The other side of the dispensary extended into additional storage and staff areas. The premises were clean, organised and well maintained. The pharmacy was bright and suitably ventilated. Its work surfaces and floors were uncluttered. Pharmacy (P) medicines were stored behind the medicines counter and staff were always within the vicinity. There were two signposted consultation rooms available although one was used by another organisation. The pharmacy's consultation room was of a suitable size for providing services and private conversations. There was no confidential information present.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services in a safe manner. It ensures they are easily accessible to people. The pharmacy obtains its medicines from reputable sources, it stores and generally manages its medicines appropriately. But team members don't always identify, record or ask enough 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

The pharmacy's opening hours were listed on the front door and its services were being advertised. Entry into the pharmacy was from the street via automatic doors and the premises consisted of wide aisles as well as some clear, open space. This helped people with wheelchairs or restricted mobility to easily use the pharmacy's services. Staff described using the consultation room for people with different needs so that background noise could be removed, and a one-to-one service provided. Details on mobile phones were used to help communicate with people whose first language was not English. The pharmacy displayed some leaflets that provided information about other local services. There was documented information present that staff could use to signpost people to other local organisations. Sofa style seating in the retail space enabled approximately six people to wait for their prescriptions. There were also car parking spaces available outside the premises.

The pharmacy was working towards becoming healthy living accredited. Its retail space held two zones where information was on display about healthier living. At the point of inspection this was about cold and flu as well as about alcohol awareness. Staff explained that they were trying to engage with the local community, there was a high proportion of elderly people in the local population and the team described talking to people about healthier living where possible. The pharmacy also provided a blood pressure (BP) monitoring service. Four to five members of staff had been trained on this, one described attending an evening course. There were checklists available for them to refer to, if someone's BP was high, they re-took the measurement after five minutes, repeated the process, referred to the RP and provided details about lifestyle choices.

During the dispensing process, staff used baskets to keep prescriptions and medicines separate. Colour co-ordinated baskets managed the workload and highlighted priority. A dispensing audit trail through a facility on generated labels and a stamp helped to identify staff involvement in the various processes. Dispensed prescriptions awaiting collection were stored with prescriptions attached. Details about fridge items and CDs (Schedules 2 to 4) were highlighted to help staff to identify them and uncollected prescriptions were removed every month.

Staff were aware of the risks associated with valproates, an audit was being completed to identify people at risk, who had been supplied with this medicine. Staff stated that a few prescriptions where an intervention had been required were seen, they were highlighted and counselled appropriately. The pharmacy held educational material that could be provided upon supply. The pharmacy was also in the process of completing audits for people on lithium and metformin. However, the team was not routinely identifying people prescribed higher-risk medicines, relevant parameters such as blood test results were not routinely asked about and this information was not obtained or recorded. This included asking people prescribed warfarin about the International Normalised Ratio (INR) level. People

prescribed higher risk medicines receiving compliance aids were supplied these medicines separately to the compliance aids, but staff were not routinely asking any questions or obtaining relevant details to ensure that they were taking these medicines safely. This included residents within the care homes.

Compliance aids: People were supplied with compliance aids after the GP completed an assessment to determine suitability. Once set up, staff ordered prescriptions for most people and when they were received, they cross-referenced the details against individual records to help identify any changes or missing items. The team checked queries with the prescriber and maintained records to verify this. All medicines were de-blistered and removed from their outer packaging before being placed into the compliance aids. The process for mid-cycle changes involved obtaining new prescriptions and supplying new compliance aids. However, the team was not routinely supplying patient information leaflets (PILs). This meant that people may not have received all the relevant information about their medicines.

Care home: Medicines were supplied to the home as original packs. On receiving the prescriptions at the pharmacy, they were checked against their records to ensure all items had been received. PILs were routinely supplied to the home. Interims and acute medicines were supplied by the pharmacy. The RP described being approached to provide advice regarding covert administration of medicines to care home residents rarely. A three-way agreement was required between the care home staff, pharmacy and GP. Advice was provided after consulting appropriate reference sources, but details were not retained. This was discussed at the time.

Delivery service: There were four delivery drivers who delivered dispensed prescriptions to people. There were records available to demonstrate when this had taken place and to whom medicines were supplied. CDs and fridge items were identified, and signatures were obtained from people once they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy and notes were left to inform people of the attempt made to deliver their medicines. No medicines were left unattended.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as AAH, Phoenix, DE South and Day Lewis. Quantum Specials were used to obtain unlicensed medicines. The pharmacy was registered with SecurMed in order to comply with the European Falsified Medicines Directive (FMD) but it was not yet carrying out the decommissioning process. Medicines were stored in the dispensary in an ordered manner. The team described date-checking medicines for expiry every week and had rearranged their stock recently. However, the schedule to verify that the process had taken place could not be located during the inspection. Medicines approaching expiry were highlighted. There were no date-expired medicines seen or mixed batches of medicines present. CDs were stored under safe custody, the keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight. Drug alerts were received via email and through the pharmacy's wholesalers. The process involved checking for stock and taking appropriate action as necessary and there were records present to verify this.

Medicines returned by people for disposal were stored within designated containers prior to their collection. However, there were no separate containers to store hazardous and cytotoxic medicines although a list was available for staff to identify these medicines. People returning sharps for disposal were referred to the local council for collection. Details were taken about returned CDs and they were brought to the attention of the RP before being appropriately stored and destroyed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. The pharmacy keeps its equipment clean and uses its facilities appropriately to protect people's privacy.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and clean equipment. This included standardised conical measures for liquid medicines, counting triangles and the dispensary sink that was used to reconstitute medicines. There was hot and cold running water with hand wash available. The fridges used for medicines requiring cold storage were operating within the appropriate temperature ranges. The CD cabinet was secured in line with legal requirements. The blood pressure machine was new. There were lockers available for staff to store their personal belongings. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Staff held their own NHS smart cards to access electronic prescriptions and they were stored securely overnight. A shredder was available to dispose of confidential waste.

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.