

Registered pharmacy inspection report

Pharmacy Name: S.K. Roy Dispensing Chemists Ltd., 44
St Marys Road, SOUTHAMPTON, Hampshire, SO14 0BG

Pharmacy reference: 1031899

Type of pharmacy: Community

Date of inspection: 18/08/2020

Pharmacy context

This is a community pharmacy located within a residential area of Southampton in Hampshire. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter (OTC) medicines, provides advice and delivers medicines. The pharmacy also supplies multi-compartment compliance packs to people in their own homes if they find it difficult to manage their medicines. The inspection was carried out during the COVID-19 pandemic.

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	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 is operating safely. It has processes in place to identify and manage risks. This includes the risks associated with COVID-19. Members of the pharmacy team regularly monitor the safety of their services by recording their mistakes and learning from them. They have been trained to protect the welfare of vulnerable people. The pharmacy suitably protects people's private information. And, it maintains all its records as required.

Inspector's evidence

The pharmacy's working practices had considerably improved since the last inspection. The pharmacy had sustained the improvements that had been required of it. And it was appropriately identifying and managing the risks associated with its services. This included how it had adapted during the COVID-19 pandemic. Only three people at a time could enter the pharmacy. This helped them to socially distance and reduce the spread of infection. A poster was displayed on the front door to help highlight this along with a request for people to wear face masks and gloves. People were offered face coverings or personal protective equipment (PPE) if they entered without this.

The premises had also been modified (see Principle 3). A station had been set up at the front of the retail area for people to use a hand sanitiser (and by the medicines counter). There was also a designated bin by the front door where people could dispose of any clinical waste (such as used gloves). The pharmacy was cleaned two to three times a day and if people needed to pay for their medicines, goods or prescriptions with cash, a basket was passed through the barrier at the medicines counter for them to place this into. It was then sanitised after being used. The pharmacy had also carried out a COVID-19 infection hygiene control audit. This was by a pharmacy support organisation and they achieved 90%.

Staff had plenty of PPE. At the start of each team member's shift, they washed their hands, put on gloves, an apron and a face mask. The team frequently washed their hands. As staff worked part-time, each member of staff present at any one time could position themselves at various places in the dispensary and pharmacy. This meant that the team could socially distance easily. The responsible pharmacist (RP) had completed the necessary risk assessments for COVID-19. This included occupational ones for the team. And he had taken into consideration risks associated for Black, Asian and minority Ethnic (BAME) staff as well as any member of the team with pre-existing medical conditions. The RP was familiar with the updated guidance for the pandemic. This included the requirement to report any cases of staff contracting COVID-19 during work.



The pharmacy had a range of documented standard operating procedures (SOPs) including recent ones for the pandemic. The SOPs had last been reviewed in 2019. This helped ensure staff could carry out their tasks appropriately. The correct RP notice was on display and this provided details of the pharmacist in charge on the day.

During the dispensing process, the RP explained that he took his time when he completed the final accuracy check. He made sure that he took a physical and mental break so that any mistakes could be identified before the medicine was supplied. The pharmacy team now had a formal process in place to record and learn from any near miss mistakes that happened. The details from them were analysed, reviewed and a patient safety report was created every month. Staff then discussed them, and this helped them to learn from their mistakes. The team was in the process of placing caution stickers in front of stock to help visually highlight any medicines that were similar in name or packaging.

The pharmacy had information on display about its complaints procedure. The RP handled incidents in line with this. The details were recorded and mistakes were reported to the National Reporting and Learning System (NRLS). This ensured they could be shared with the wider healthcare team to help learn from them.

The team had been trained on data protection. This included recent changes in the law. For example, staff ensured any sensitive information was covered when people passed prescriptions to them in the retail space. The pharmacy had information on display to inform people about how their privacy was maintained. There was no confidential information present in areas that faced the public. People's private details on dispensed prescriptions that were waiting to be collected could not be seen from the retail space. Confidential waste was separated before it was disposed of through an authorised company. Staff had been trained to identify signs of concern to safeguard vulnerable people. The RP was in the process of re-training to level two. There was documented information to help provide the team with guidance and this included local contact details about the safeguarding agencies.

The pharmacy's records had been kept in accordance with legal and best practice requirements. This included the electronic RP record, a sample of registers for controlled drugs (CDs), emergency supplies, unlicensed medicines and records of private prescriptions. On randomly selecting CDs, their quantities matched the balances stated in the register. The minimum and maximum temperatures of the fridge had been routinely monitored. This helped to ensure that temperature-sensitive medicines were appropriately stored, and records had been kept every day to show this. The pharmacy also held appropriate professional indemnity insurance to cover the services it provided.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. It provides a suitable environment, and the necessary resources, for its team members to learn as well as keep their knowledge up to date. They can provide feedback and make suggestions to improve some of the pharmacy's internal processes.

Inspector's evidence

The pharmacy team included the RP who was also the owner, a pharmacy student, two medicines counter assistants (MCAs), four dispensing assistants, one of whom was also a pharmacy student. All staff worked part-time. They had completed the necessary training or had been enrolled onto the accredited training course for their role.

Staff had been able to make suggestions to improve processes within the pharmacy and the RP was receptive to this. This included how often balance checks were carried out for some stock for example. The RP was no longer serving and dealing with every customer. He had begun to delegate tasks. He explained that it was important to have the right team in place, and he had put in place processes for people to work on probation for a short period before their role commenced. This helped them and the RP to see whether the role was suitable for them. Appraisals for staff now took place every quarter. This helped monitor the team's ongoing performance. Staff also had access to training packs and modules every month. These were provided through a pharmacy support organisation and this helped keep the team's knowledge current.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment to deliver healthcare services. The pharmacy is clean. It has been suitably modified to help people socially distance during the pandemic. And it is secure.

Inspector's evidence

The pharmacy premises consisted of a medium sized retail area that had two signposted consultation rooms. The dispensary was behind the medicines counter and at the very rear, there was a small staff kitchenette area and staff WC facilities. The pharmacy was clean, appropriately lit and ventilated. It was professional in its appearance. The front counter usually had a separate area to one side, which under normal circumstances, helped provide a private space for private conversations to take place if needed. One of the consultation rooms in the retail space could also be used for this purpose if further privacy was required.

The premises had been adapted because of the pandemic. This helped ensure social distancing could take place. The floor had designated markers to indicate where people could stand. A screen had been placed in front of the medicines counter as a barrier and several posters were on display to provide information about coronavirus. There was also a designated open section at the bottom of the screen where staff could accept items from people such as prescriptions or money.

Principle 4 - Services ✓ Standards met

Summary findings

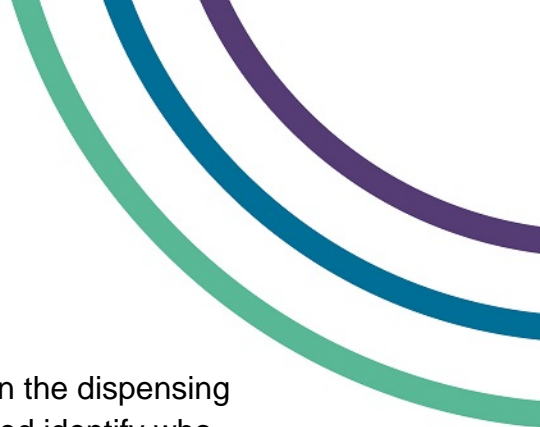
The pharmacy provides its services in a safe manner. It obtains its medicines from reputable suppliers. And it stores as well as manages its medicines appropriately. The pharmacy's team members are helpful. They try to ensure that people with different needs can easily use the pharmacy's services. And the pharmacy takes extra care when people are prescribed higher-risk medicines. This helps them take their medicines safely.

Inspector's evidence

People could enter the pharmacy from the street. The clear, open space inside the retail area helped people with wheelchairs to easily use the pharmacy's services. The pharmacy's opening hours were on display along with information about coronavirus. There was also a noticeboard to provide information to the local community. The pharmacy had a few seats for people waiting for their prescriptions. Staff spoke Urdu, Hindi, Punjabi, Bengali and Italian. This helped them to communicate with people from the local area if their first language was not English. The RP also explained that staff tried to help people with cultural differences where they could. For example, if people only wanted to talk to females, or in their own language, they helped accommodate this where they could.

The pharmacy was planning to provide some services in the future such as the New Medicine Service and to become a Healthy Living Pharmacy. This had not yet been implemented. The pharmacy provided multi-compartment compliance packs after this was considered necessary to help people manage their medicines more effectively. The team ordered prescriptions on behalf of people and checked details on prescriptions against the repeat requests. This helped them to identify any changes that may have been made. Staff updated their records to reflect this. All medicines were de-blistered into the compliance packs with none supplied within their outer packaging. They were not left unsealed overnight after they had been prepared. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied.

The pharmacy provided a delivery service. The RP explained that demand for this had increased during the pandemic initially and the team had been using volunteers. People were phoned before the pharmacy tried to deliver their medicines. The RP now undertook the deliveries himself and he kept records of each delivery. Contactless deliveries were taking place due to COVID-19 and the RP signed for people on their behalf. Failed deliveries were brought back to the pharmacy. Staff texted or called people to inform them that they had tried to deliver their medicines.



Team members signed to show which steps they had completed in the dispensing process. This was through a facility on dispensing labels and helped identify who was involved in the process. Staff also used baskets to hold prescriptions and associated medicines. This helped prevent any inadvertent transfer. Prescriptions for people prescribed higher-risk medicines were routinely identified so that they could be counselled appropriately. Relevant points such as blood test results were checked, and the pharmacy kept records to help show that this had been done.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH, Phoenix and OTC Direct. Unlicensed medicines were obtained through Avicenna. Medicines were stored in an organised way in the pharmacy. Staff date-checked medicines for expiry every quarter and did spot checks. They also kept records to show that this had happened. Short-dated medicines were identified. There were no date-expired medicines or mixed batches of medicines seen. CDs were stored under safe custody. Medicines were stored appropriately in the fridge. Dispensed CDs and fridge items were placed inside clear bags. This helped staff and people receiving them to easily identify the contents when supplying them.

Staff stored medicines needing disposal inside designated waste containers before they were collected by a licensed waste contractor. A list was available to help the team to identify cytotoxic and hazardous medicines. People bringing back sharps for disposal were referred to the local council. The pharmacy received drug alerts by email. They checked for affected stock and took action as necessary. Printed details were seen to verify this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean. And helps protect people's privacy.

Inspector's evidence

The pharmacy had current versions of reference sources, counting triangles and standardised, conical measures. Its equipment was clean and functional. This included the sink used for reconstituting medicines, the fridge and a secure CD cabinet. The team had access to hot and cold running water, hand wash and hand sanitisers. Computer terminals were positioned in a way that prevented unauthorised access. Staff used their own NHS smartcards to access electronic prescriptions. Cordless phones were present. These helped private conversations to take place away from the retail space if needed.

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.