

Registered pharmacy inspection report

Pharmacy Name: Sangha Pharmacy, 48 Thornhill Park Road,
SOUTHAMPTON, SO18 5TQ

Pharmacy reference: 1031903

Type of pharmacy: Community

Date of inspection: 05/02/2020

Pharmacy context

An independent pharmacy located on a parade of shops in Southampton. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), New Medicines Service (NMS), multi-compartment compliance aids for patients in their own homes, flu jabs and a delivery service.

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's working practices are generally safe and effective. The pharmacy is appropriately insured to protect people if things go wrong. It keeps most of its records complete and up to date in accordance with the law. The team members know how to protect vulnerable people. The pharmacy uses written procedures for its practice, but they are not kept up to date. So its team members may be working in an outdated manner. Team members don't do enough of recording and learning from their mistakes to prevent them from happening again.

Inspector's evidence

The pharmacy team explained that near misses were recorded in a near miss book, but the book could not be located during the inspection. The team explained that they discuss near misses and would put in place actions to prevent a recurrence. The team explained that errors were also documented in the near miss book. Standard operating procedures (SOPs) from 'The Informacist' were in place for the dispensing tasks but it was not clear if and when they had been updated as the staff had signed them many years previously. Staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and valid until the end of March 2020. 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 a community pharmacy patient questionnaire (CPPQ) but the results of the 2019 survey were not available on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of Sevredol 10mg tablets was checked for record accuracy and was seen to be correct. The controlled drug register was maintained electronically using CD Smart, and the pharmacy checked the running balance quarterly with a visual check of each drug after each entry. The pharmacy held an electronic responsible pharmacist record, and the 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 completed electronically, and the specials records were complete with the required information documented.

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. There were cordless telephones available for use and confidential waste paper was shredded regularly. The team had an information governance policy in place which they had signed. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and the team members explained that they were aware of things to look out for which may suggest a safeguarding issue. The contact details for the local safeguarding authorities were available to the team online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members are satisfactorily trained for the jobs they do, and they complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

During the inspection, there was one locum pharmacist, two NVQ Level 2 dispensers, one trainee dispenser and one medicines counter assistant. Certificates of completed training were displayed in the consultation room. The staff were seen to be working well together.

The medicines counter assistant was observed using an appropriate questioning technique to find out more information when someone presented in the pharmacy asking for co-codamol. She did this before counselling the patient effectively highlight the risks of this medicine. The team received regular training packs every month from Alliance about different topics which they would complete. The dispenser explained they would also attend evening training sessions held by the local LPC about changes or new services which helped to keep them updated with any changes.

The team explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed could 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 met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, dispensary, consultation room, a staff area, a raised back dispensary for the preparation of multi-compartment compliance aids, a staff room, office and a bathroom. The dispensary was large enough for the workload in the pharmacy and work benches were clean and tidy. The pharmacy was slightly dated in appearance but presented professionally and the fixtures and fittings were suitable for use.

The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The team explained that they cleaned the pharmacy between themselves daily. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of services. Medicines were stored on the shelves in a suitable manner and the shelves were cleaned when the date checking was carried out. The dispensary was screened to allow for the preparation of prescriptions in private and conversations in the consultation room could not be overheard.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely. It obtains its medicines from reputable sources. And largely manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts to make sure that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services. The pharmacy does not always give people enough information and advice they may need to help them take their medicines safely.

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 by the medicines counter. There was step-free access into the pharmacy. There was also seating available should people require it when waiting for services.

The pharmacy team prepared multi-compartment compliance aids for domiciliary patients. The compliance aids examined did not include descriptions of the medicines inside and they were not always provided with the Patient Information Leaflets (PILs). Each patient supplied with compliance aids had a file held in the pharmacy which contained all information about their compliance aids including the times they took their medicines and any changes that had been made. The pharmacy team was aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates and they had checked the PMR to see if they had any patients in the at-risk group. The team were unsure about the risks when taking warfarin, but the pharmacist explained that he would ask patients taking warfarin if they were having regular blood tests and they knew their INR and warfarin dosage. However, this was not documented. Dispensing labels were signed to indicate who had dispensed and who had checked a prescription.

The paperwork for the PGDs provided from the pharmacy was all kept appropriately and the PGDs themselves were complete and included service specifications, naming the pharmacist who could deliver them and exclusion criteria. However, consultation forms and consent forms were stored in the consultation room which was kept unlocked and therefore posed a risk to patient confidentiality.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD), but the pharmacist explained they were awaiting to see if a British equivalent law would be implemented. The pharmacy obtained medicinal stock from AAH, Alliance and Phoenix. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire. There were denaturing kits available for the destruction of controlled drugs. Designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and correctly secured to the wall of the pharmacy in accordance with regulations. 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 ranitidine 150mg and 300mg tablets. 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 an appropriate range of equipment and facilities it needs to provide its services safely. Its equipment is clean and well maintained.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 500ml, 250ml, 100ml and 10ml measures. Amber medicine 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 and a BNF for Children 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. |