

# Registered pharmacy inspection report

**Pharmacy Name:** Regents Park Pharmacy, 61 Regents Park Road,  
Shirley, SOUTHAMPTON, Hampshire, SO15 8PF

**Pharmacy reference:** 1087643

**Type of pharmacy:** Community

**Date of inspection:** 03/09/2020

## Pharmacy context

This is an independently owned pharmacy in a small parade of shops serving a residential area of Southampton. It is a family-run business, dispensing NHS and private prescriptions, selling a range of over-the-counter medicines and providing health advice. The pharmacy also dispenses some medicines in multi-compartment compliance packs (MDS trays or blister packs) for people who find it difficult to manage their medicines. And it offers a delivery service to people who aren't able to get to the pharmacy.

## 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
<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 met	N/A	N/A	N/A
<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

The pharmacy satisfactorily reviews the safety of its services to protect people and improve patient safety. It carries out appropriate safety checks to help make sure it is as safe from the coronavirus as possible. The pharmacy's team members can explain what they do, what they're responsible for and when they might seek help. They work to professional standards, while identifying and managing risks appropriately, especially those related to the virus. They understand their role in protecting vulnerable people, and they keep people's private information safe. The pharmacy has appropriate insurance to protect people if things do go wrong. It keeps all the records it needs to. But it doesn't record enough detail in several of its records which may make it more difficult to sort out any queries that crop up in the future.

### Inspector's evidence

There were standard operating procedures (SOPs) in place to support all professional activities in the pharmacy. The inspector did not review them during the inspection as the pharmacist was currently updating them to reflect the changes resulting from the COVID-19 pandemic. The pharmacy also had a business continuity plan in place to maintain its services in the event of a connection failure between the pharmacy and the NHS spine or other major problems, including those related to the pandemic. The responsible pharmacist (RP) described how the pharmacy would maintain its services in the event of closure due to the COVID-19 pandemic.

Individual staff risk assessments had been completed for those staff most at risk, to help identify and minimise the risks of spreading the coronavirus. The RP was reminded of the requirement to report any COVID-19 infections believed to have been contracted at work to the relevant authorities. Only two people were entering the pharmacy at any one time and others waited outside until they could come in. The RP was wearing a mask and maintaining social distancing wherever he could. The medicines counter assistant (MCA) was not wearing a mask but was working behind a large Perspex screen.

Error and near miss recording had improved in recent months. The record forms were kept in a bound booklet on the dispensing bench for easy access. There were few details recorded of the learnings and actions arising from the near misses. The inspector and RP discussed this and agreed upon the importance of learning from mistakes and documenting them so that they could show what had been done as a result.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. The RP notice was clearly displayed for patients to see and the RP record held on the patient medication record (PMR) computer system was complete.

Results of the 2018-2019 Community Pharmacy Patient Questionnaire (CPPQ) were available on the nhs.uk website. They were positive and most people appeared to be regular users of the pharmacy. The pharmacy had professional indemnity and public liability insurance cover in place, valid until 30 June 2021.

Private prescription records were maintained electronically on the patient medication record (PMR) system. Most of the records were complete but there were some where the prescriber was described

as either 'dentist' or 'hospital doctor'. This was pointed out and upon reflection the RP agreed to ensure that the prescriber details would be fully recorded in future. There was a separate register for methadone which was seen to be correctly maintained, with running balances checked every one or two weeks. Running balances of two randomly selected CDs were checked and both found to be correct. Records of CDs returned by patients were made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed 'specials' were not all complete as some did not include the required patient and prescriber details. Upon reflection the RP agreed to ensure that these details would be included in future.

The MCA was able to demonstrate an understanding of data protection and the importance of maintaining confidentiality. Completed prescriptions in the prescription retrieval system were out of sight of the counter so people couldn't see any details. Confidential waste was separated from general waste and shredded onsite.

There were safeguarding procedures in place and contact details of local referring agencies were available in the pharmacy. Both pharmacists had completed level 2 safeguarding training and all staff were aware of some of the signs to look for. The RP explained that they knew all their patients and would liaise with the local surgery if they seemed to be confused.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has just about enough staff to manage its workload safely, and they work well together as a team. It provides them with appropriate training to help them carry out their tasks effectively.

### Inspector's evidence

There was one MCA and the RP on duty during the inspection. This appeared to be barely sufficient for the workload, until a second pharmacist arrived part way through the inspection. The RP explained how he had been trying to recruit more staff and was expecting a new trainee technician to start soon. A delivery driver also appeared briefly during the inspection. The RP explained how his second pharmacist would come in to provide additional cover in the event of staff shortages.

All members of staff had completed the required training relevant to their roles. The MCA described how she accepted deliveries in accordance with her training but did not put the stock away. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. The MCA described how she would refer to the pharmacist if necessary. She was seen asking appropriate questions when responding to requests or selling medicines. There were no targets in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. It keeps them sufficiently clean and secure, although it does leave them rather cluttered. It has made some sensible adjustments to help keep people safe during the pandemic.

### Inspector's evidence

The pharmacy premises were clean, tidy and in a reasonable state of repair with access via a single door to the wide pavement outside. The dispensary provided sufficient space to work safely and effectively, and the layout was suitable for the activities undertaken. There was an island workbench in the middle and a separate area at the rear for preparing multi-compartment compliance aids. There was a clear workflow in the dispensary, although it was very cluttered with bags and boxes on the floor and on most of the workbench.

The medicines counter was immediately in front of the dispensary. There was a large Perspex screen across the front of the counter to help reduce the spread of the coronavirus. There were notices in the window near the entrance advising people of the need to maintain social distancing and to wear a face covering. There was also a notice limiting the number of people in the pharmacy to two at a time. There was a consultation room available for confidential conversations, consultations and the provision of services. There was no confidential information visible.

The dispensary sink had hot and cold running water with handwash available. Room temperatures were appropriately maintained to keep staff comfortable and were suitable for the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner. The pharmacy sources, stores and manages its medicines safely, and so makes sure that the medicines it supplies are fit for purpose and people only get medicines or devices which are safe for them to take. It identifies people supplied with high-risk medicines and carries out the checks it should. It is able to make suitable adjustments to some of its other services so that they can carry on during the pandemic.

### Inspector's evidence

A list of pharmacy services was displayed in the shop window and there was also a selection of health information leaflets available. The pharmacy provided a range of services but during the pandemic the pharmacists had focussed mainly on dispensing prescriptions. There were seats available for those waiting for their prescriptions. There were some controls in place to reduce the risk of errors, although for part of the inspection the RP was having to check his own work. Prescription labels were initialled to show who had dispensed and checked them. Owings tickets were used if the pharmacy was unable to supply all of the medicines and the prescription was kept in the 'owings' box until the stock arrived. If they couldn't obtain the stock the RP contacted the GP to suggest an alternative.

The pharmacy delivered medicines to people who found it difficult to visit the pharmacy. The RP described how demand for deliveries had increased during the pandemic. The inspector emphasised the importance of keeping a record of each delivery, and a number of minor improvements to the process were discussed. The RP was also signposted to the knowledge hub on the GPhC website for examples of notable practice.

Compliance aids were assembled at the rear of the premises away from distractions. There were copies of compliance aid backing sheets for each person, kept in individual plastic sleeves. These held details of the current medication to be included in the compliance aids, and also indicated if any medicines had been discontinued or amended. There wasn't very much detail to indicate who had discontinued or amended individual medicines. Upon reflection the RP agreed that it would be a good idea to record the name and date to show who had made the change in case any queries were to arise in the future. Patient information leaflets (PILs) were supplied with new medicines, but not routinely with everything. Upon reflection the RP agreed to supply PILs with each monthly supply, or the first pack of the cycle if supplied weekly. He also agreed to include written descriptions of the tablets and capsules inside the compliance aids.

The pharmacy provided substance misuse services to a number of people. Early on in the pandemic they had all been switched to weekly collections and were no longer being supervised while taking their medicine. At the time of the inspection, approximately 50% were now being supervised again and the remainder were collecting their medicine on a daily basis.

The RP was aware of the risks involved in dispensing valproates to women in the at-risk group. And he would make a record on the PMR system of any counselling he had given to people. There was a purple folder available containing information leaflets and cards to be given to people in the at-risk group. The RP described how most people who had been taking warfarin were now being prescribed more modern alternatives such as apixaban which did not require frequent blood tests. There were steroid cards, lithium record cards and methotrexate record cards available for people who needed them.

The pharmacy provided emergency hormonal contraception (EHC or the morning after pill) as a locally commissioned service. Levonorgestrel was supplied in accordance with a valid patient group direction (PGD). The RP was unable to locate the PGD at the time of the inspection but subsequently sent a copy to the inspector.

Medicines were obtained from licensed wholesalers including Phoenix, AAH and Alliance. Unlicensed 'specials' were obtained from either AAH Specials or Sterling Specials. The pharmacy had the scanners and software necessary to comply with the Falsified Medicines Directive (FMD). They had started using the system to decommission medicines in accordance with the directive, but during the pandemic found that it created too many problems, so they stopped using it. Routine date checks were carried out and recorded, somewhat haphazardly, on a matrix kept on the dispensary wall. No out-of-date stock was found, and opened bottles of liquid medicine were annotated with the date of opening. Fridge temperatures were recorded daily, and all were seen to be within the 2 to 8 Celsius range. The pharmacist explained how he would note any variation from this and check the temperature again until it was back within the required range.

Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines. The pharmacist described how patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. Patients with sharps were signposted to the local council for disposal. There was a separate purple-lidded container designated for the disposal of hazardous waste medicines, but no list of those hazardous medicines. The RP agreed to download and print a list for staff to refer to. Denaturing kits for the safe disposal of CDs were available for use. The pharmacy received drug alerts and recalls from the MHRA. The pharmacist explained that he received alerts by email and didn't always print them off. He checked them first and only printed those where there was any of the affected stock present. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has suitable equipment for the services it provides. It takes sensible precautions so that people can safely use its facilities when accessing its services. It also uses its facilities and equipment appropriately to keep people's private information safe.

### Inspector's evidence

The pharmacy had the necessary resources required to accurately measure liquids, tablets and capsules. There were suitable reference sources including the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. Confidential information was kept secure and items awaiting collection were not visible from retail area

### 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.