

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: 28/10/2024

Pharmacy context

This is a community pharmacy located on a small shopping parade in Southampton. It serves its local population and is open six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS and private prescriptions, provides the Pharmacy First service, an emergency hormonal contraceptive service and a blood pressure service. They also provide flu vaccines, multi-compartment compliance aids and a local 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 suitably identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. It completes all the records it needs to by law, but it could do more to ensure that controlled drug records are up to date. The pharmacy has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

Standard Operating Procedures (SOPs) were in place for the dispensing tasks. The team members had all read and understood them. Staff roles and responsibilities were described in the SOPs, and they were reviewed every two years or when there were any significant changes. The pharmacy manager explained that the team was in the process of updating the SOPs to ensure they were relevant to the services being delivered in the pharmacy. Team members demonstrated a clear understanding of their roles and worked within the scope of their role. 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 complaints procedure was detailed in a leaflet available on a leaflet stand by the waiting area. The pharmacy manager described a recent complaint that the pharmacy had received and how they had discussed it in a team huddle and identified ways to prevent similar complaints.

The pharmacy manager explained that the team recorded near misses in a 'Learning Log' and all incidents would be analysed weekly and discussed as a team in the huddle. The notes from the huddles were maintained in the pharmacy for staff to refer to. Any errors were reported to the NHS Learn from Patient Safety Events (LFPSE) service. There was a workflow in the pharmacy where labelling, dispensing and checking were carried out at different areas of the work benches. The pharmacy also had a dedicated space for the preparation of multi-compartment compliance aids. A valid certificate of public liability and professional indemnity insurance was available.

The controlled drug register was maintained, and a balance check was carried out, but not always regularly due to the reliance on locums. The responsible pharmacist record was maintained electronically, and the correct responsible pharmacist notice was displayed in pharmacy where the public could see it. The electronic private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately. And the maximum and minimum fridge temperatures were recorded daily and were in the correct temperature range.

The computers were all password protected and the screens were not visible to people waiting. There were cordless telephones available for use and confidential wastepaper was shredded. The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module as part of their accredited training. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy which contained all the contact and signposting information should the team suspect a safeguarding incident. The pharmacist had access to the NHS Safeguarding app for quick access to contact

information of the safeguarding teams.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy trains its team members for the tasks they carry out using accredited training courses and provides additional training to allow the staff to develop their roles. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable with assisting one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one locum pharmacist, one registered NVQ Level 3 technician who was the pharmacy manager, an NVQ Level 2 trainee dispenser and one medicines counter assistant. The pharmacy manager explained that she felt there were enough staff members for the dispensing level, and they would all work together to ensure they covered the hours when people were away.

The accredited training was provided by the NPA for the team members. The pharmacy manager explained that she also kept staff up to date with any professional changes and new products. The training was kept in a folder for staff to refer to when required.

The team explained that their opinions about their job and working environment were considered and they could provide feedback to the owner or the pharmacy manager. There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood. There were no targets in place and the team explained that they would never compromise professional judgement for financial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are generally appropriate for the services delivered but improvements could be made to update the appearance of the pharmacy. The pharmacy has enough workspace for the team to work effectively and there is a suitable consultation room for private conversations.

Inspector's evidence

The pharmacy building was located on a small shopping parade in a residential area with plenty of free parking at the front and in the surrounding residential roads. The pharmacy included a retail area and medicine counter, dispensary, stock room, prescription storage area and a consultation room. The stock area at the back was used to store excess stock and prepare prescriptions for 'Golden Tote' dispensing.

The pharmacy was laid out with the professional areas away from the main retail area of the pharmacy. There was clear definition between the medicines counter and dispensary, and rest of the retail area of the shop. The consultation room was signposted as being available for private discussions. It was located next to the medicines counter and was locked when not in use. The pharmacy was dated in appearance and not all fixtures and fittings were in good condition. It gave the pharmacy a very unkempt appearance.

Patient confidentiality could be maintained, and prescriptions were screened from public view and kept in a dedicated area. The dispensary was generally organised. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. The team members reported that they cleaned the pharmacy regularly between themselves.

The ambient temperature was suitable for the storage of medicines. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. There was a fire exit at the back of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support the health needs of its community. And people can easily access these services. The team makes suitable checks to ensure people taking higher-risk medicines do so safely and they provide appropriate counselling. Team members generally store and manage medicines appropriately but could do more to ensure controlled drugs are stored safely and there is an appropriate audit trail to show who was involved in the preparation of these medicines. Team members take the right action in response to safety alerts and medicines shortages, so people get medicines and medical devices that are safe to use.

Inspector's evidence

There was a range of leaflets available to people about the services on offer in the pharmacy and general health promotion by the waiting area of the pharmacy and in the consultation room. A large poster advertising the flu jab service was displayed in the window of the pharmacy. There was step-free access into the pharmacy and the team provided a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was seating available should people require it when waiting for services.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. The pharmacy had completed an audit on valproates and although they did not have any affected patients, they explained that they use valproate information cards and leaflets when they dispense valproates. Team members explained that when dispensing valproates, they pulled up the safety information card on the boxes and ensured the dispensing label was placed behind it. They were also aware of the requirements to only provide original packs when dispensing valproates.

The pharmacy team prepares multi-compartment compliance aids for people who required them. A sample of compliance aids was checked, and they were seen to include the descriptions of the medicines inside and they were supplied with the patient information leaflets. The pharmacy manager explained that they would start preparing the compliance aids for a week on a Tuesday. This way, they would ensure that they were not rushing with a greater workload when there were bank holidays.

The pharmacy provided the Pharmacy First service and the team had all completed the appropriate training. The PGDs were all signed and seen to be complete, and the pharmacist was familiar with the pathways. The pharmacy team provided supervised consumption services and used a Methameasure device and program to prepare the methadone solutions. The machine was calibrated every morning to ensure that it dispensed the correct amount of methadone. The pharmacy manager explained that the team tried to prepare at least two days in advance but not much more than that due to the regular changes in the doses for some people. However, the labels on the methadone bottles were not marked to show who had dispensed or checked them.

The pharmacy obtained medicinal stock from licensed wholesalers. Invoices were seen to verify this. Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of

controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by people. The team also had a designated bin for the disposal of hazardous waste and a list of hazardous waste medicines. The fridge appeared to be in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team via email, and they were actioned appropriately. 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 appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Some were marked to show they should only be used with methadone liquid and they were kept next to the Methameasure device to ensure they were not mixed up. 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 and pharmacy textbooks were available. Internet access was also available should the staff require further information sources.

The computers were all password protected and conversations inside the consultation could not be overheard. Members of the team all used their own NHS Smart Cards and did not share them to ensure access was appropriate and audit trails could be maintained. Electrical equipment appeared to be in good working order.

The pharmacy also had several items of equipment for the Pharmacy First service. Medicines awaiting collection were stored in a manner which was inaccessible to people. Patient information was not visible from the counter.

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.