

Registered pharmacy inspection report

Pharmacy Name: Laly's Pharmacy, Unit 8E, The Pompey Centre,
Fratton Way, PORTSMOUTH, Hampshire, PO4 8TA

Pharmacy reference: 1090215

Type of pharmacy: Community

Date of inspection: 07/11/2023

Pharmacy context

This pharmacy is next door to a medical centre in a retail park, close to both Fratton railway station and Fratton Park football stadium. It is part of a locally owned group of pharmacies based in Portsmouth. It dispenses people's prescriptions, sells over-the-counter medicines and offers healthcare advice. It also delivers medicines to those who can't visit the pharmacy in person.

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 provides its services in line with clear, written instructions which its team members follow when completing their tasks. Its team members work to professional standards, they are clear about their responsibilities and know when to seek help. The pharmacy keeps satisfactory records of the mistakes that occur. But the pharmacist doesn't regularly review them with the team as a whole, so that they can all learn from them and help prevent them from happening again. The pharmacy generally keeps the records it should. Its team members have a satisfactory understanding of their role in helping to protect vulnerable people. They manage and protect people's private information well.

Inspector's evidence

There were standard operating procedures (SOPs) in place, mostly dated 1 September 2021. Those examined had been signed by staff to indicate that they had read and understood the procedures. The most recently issued SOPs were for off-site dispensing issued in September 2023, and for the supply of NHS COVID-19 Lateral Flow Devices (LFDs) issued the day before the inspection. The company's lead pharmacist subsequently confirmed that they were in the process of updating all the SOPs prior to making them available online. The dispensing assistant explained how the team would contact the owner or the lead pharmacist for advice on how to maintain the pharmacy's services in the event of a power failure or other major problem. They went on to describe how they would work with the other local pharmacies within the company to maintain their services in the event of an unplanned closure.

Errors and near misses were recorded together with the actions taken to help prevent them being repeated. The record forms were easily accessible on a clipboard by the main dispensing workstation. To help minimise the risk of making mistakes they had separated some items, such as amlodipine and amitriptyline, whose packs were similar in size and appearance. Near misses and errors were all collated into the monthly patient safety review. These in turn were collated and submitted once a year to the NHS as one of the requirements for the Pharmacy Quality Scheme (PQS). The RP explained how she discussed the errors with team members as they occurred and was advised to share the findings of her monthly reviews with the team as well.

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 people to see, as required by the regulations. The RP record on the patient medication record (PMR) computer system had some gaps in the times at which the RP's responsibilities ceased each day. The record was otherwise complete.

Although the pharmacy was no longer required to carry out a patient questionnaire for the NHS, they did monitor feedback posted online. There was a QR code on the counter for people to scan and then give feedback using their phones. The pharmacy had a complaints procedure and the RP tried to resolve problems straight away wherever possible. A certificate of professional indemnity and public liability insurance from the NPA valid until December 2023 was on display near the medicines counter.

Private prescription records were maintained electronically using the PMR system. Most of the records examined included details of the prescriber although some dental and hospital prescribers were missing. When this was pointed out the RP agreed to ensure this was completed in future. There were

emergency supply records on the PharmOutcomes online platform showing supplies that had been made through the Community Pharmacist Consultation Service (CPCS). Those entries examined included a brief reason for the supply.

The electronic controlled drug (CD) registers were correctly maintained, with running balances checked on a monthly basis in accordance with the SOP. Records of CDs returned as no longer needed by people were seen to be made electronically upon receipt, and there were just two items awaiting destruction and safe disposal. Records of unlicensed 'specials' were present, and those examined included all the required details.

Staff were able to demonstrate an understanding of data protection and the importance of maintaining patient confidentiality. Completed prescriptions in the prescription retrieval system were arranged so that people waiting at the counter couldn't read any details. Confidential waste was separated from general waste and collected by a suitably licensed waste contractor for secure disposal. There were safeguarding procedures in place and contact details of local referring agencies were available in the signposting section of the SOP folder. The RP was signposted to the NHS safeguarding app as an additional resource. They had completed level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy generally has sufficient staff to manage its workload safely, and they work well together as a team. The pharmacy provides its team members with the training they need, and it keeps suitable records to help them with their development. It also ensures they can make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There was one NVQ3 qualified dispensing assistant, one trainee dispensing assistant, one pharmacy student and the RP on duty during the inspection. This appeared to be appropriate for the workload and they were working well together. In the event of staff shortages, part-time staff could adjust their working hours to provide additional cover, or they could seek help from one of the company's other branches locally. They were all were able to demonstrate an awareness of potential medicines abuse and could identify people making repeat purchases. They described how they would refer to the pharmacist if necessary. All staff were asking appropriate questions when responding to requests or selling medicines. There were no formal targets other than an expectation to maintain steady growth over previous years.

The pharmacy wasn't currently fully staffed and was recruiting to replace someone who had recently left. Most of the staff were new to the pharmacy, including the RP. The dispensing assistant had completed her NVQ3 training but hadn't yet registered as a technician. The trainee dispensing assistant had recently started a combined dispensing and medicines counter assistant training course provided by a national pharmacy support organisation. They explained that they did the combined course so that they could cover both the medicines counter and the dispensary.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are spacious and provide an appropriate environment for the service it provides. They are suitably laid out so that team members have sufficient space to work effectively and safely. The premises are secure when the pharmacy is closed.

Inspector's evidence

The pharmacy premises were clean, tidy and in a good state of repair with access via a single door to the pavement and car park immediately outside. There was a separate entrance directly into the medical centre next door. There was a spacious dispensary, providing sufficient space to work safely and effectively, and the layout was suitable for the activities undertaken. There was a clear workflow in the dispensary. The dispensary sink had some limescale and had hot and cold running water. There was handwash available.

The L-shaped medicines counter was immediately in front of the dispensary. To one side, there was a consultation room available for confidential conversations, consultations and the provision of services. The door to the consultation room was closed but not locked when not in use. There was an open sharps bin in the room so the RP was advised to secure the bin so that people couldn't access it unobserved. There were adrenaline auto-injectors available in case of anaphylaxis. There was no confidential information visible although there were some files relating to some of the services provided by the pharmacy. Room temperatures were appropriately maintained by heating units and a mobile air conditioning unit, keeping staff comfortable and suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a safe and effective manner. It sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It doesn't always do enough to make sure that people taking high-risk medicines have had the checks they need before supplying their medicines. But they do provide suitable advice so that people understand how to take their medicines safely. The pharmacy responds well to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take. And it manages its other services well, keeping satisfactory records so that it can show who has done what and when.

Inspector's evidence

There was a leaflet display near the main entrance with a selection of material for people to read. There was also a large sign by the consultation room showing the services available from the pharmacy. There were some controls in place to reduce the risk of errors, such as using baskets to keep individual prescriptions apart. The 'dispensed by' and 'checked by' boxes on the dispensing labels were initialled so that there was an audit trail to show who had undertaken each step in the process. Most of the pharmacy's prescriptions were assembled at its hub pharmacy in the centre of Portsmouth. The dispensing assistant explained that all prescriptions were clinically checked and labelled onsite at this pharmacy. They also carried out an accuracy check to ensure all the data had been correctly entered before sending them to the hub for assembly. The dispensing labels and bag labels included both addresses so that people could see where their prescriptions had been assembled. Most of the pharmacy's multi-compartment compliance aid prescriptions were also sent to the hub for assembly. There was a file containing details of how each person's compliance aid should be laid out, showing which medicines went in each blister. Prescriptions were checked against this file and any discrepancies followed up before dispensing them. The packs were seen to include a brief description of the medicines inside, and patient information leaflets were supplied on the first week of each cycle.

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. The RP explained that there was a whatsapp group with their other pharmacies which they used to see if the stock was available elsewhere locally. If they couldn't obtain the stock the RP contacted the GP to suggest an alternative. Completed prescriptions awaiting collection had a CD sticker on if there was a schedule 2 CD in the cabinet, or schedule 3 CD in the bag. The date was highlighted so that it wouldn't be handed out after its 28-day expiry. The need to apply the same to Schedule 4 CD was discussed, and upon reflection the RP and dispensing assistant acknowledged the need to do so in future. Fridge lines were highlighted with a fridge sticker so that staff would know to look in the fridge. The retrieval shelves were checked every four weeks and cleared of any expired CDs still awaiting collection which were then removed.

The pharmacist was aware of the risks involved in dispensing valproates to women who could become pregnant. They explained that the pharmacy had no-one in the at-risk group currently taking valproates. And that if there were any people in the at-risk group, they would ask if they were on the pregnancy prevention programme (PPP) and make a record of any counselling on the PMR system. There were information leaflets and cards available for people taking valproates. The pharmacist was aware of the recently introduced requirement to supply valproates in their original packs. They were also reminded of the requirement to complete a suitable risk assessment and document their reasons for making any

supplies outside of an original pack, for example in a multi-compartment compliance aid. The pharmacy did not currently ask for INR results from people before dispensing warfarin. Nor did it check whether people had had recent blood tests when taking other high-risk medicines such as lithium and methotrexate. They did have the necessary record cards for people who may need them. Upon reflection the RP agreed to ensure they made the necessary checks before dispensing high-risk medicines in future. This was subsequently confirmed by the company's lead pharmacist.

Medicines, including unlicensed 'specials', were obtained from licensed pharmaceutical wholesalers. Routine date checks were seen to be in place, and no out-of-date stock was found. Opened bottles of liquid medicine were annotated with the date of opening. There were no plain cartons of stock seen on the shelves and no boxes were found to contain mixed batches of tablets or capsules. Fridge temperatures were recorded daily, and all were seen to be within the required temperature range.

The pharmacy used the 'Pro Delivery' app to record the deliveries it made to people, and for confirming that people had received their medicines. The pharmacy could also use the app to track the driver's location if any query arose. Controlled drug and fridge deliveries were entered separately, and the vans had cool boxes to use.

The pharmacy provided a seasonal flu vaccination service which was via signed Patient Group Directions (PGDs) valid until 31 March 2024. The pharmacy also offered the hypertension case finding service but as most of the team was newly appointed, they hadn't completed any consultations recently. There was an oral contraceptive pilot scheme in place, where the pharmacist carried out a review before supplying oral contraceptives. There were valid PGDs in place covering the supply of combined oral contraceptive pills (COCs) and progestogen-only pills (POPs). They were not allowed to change the type of contraceptive, nor initiate a new supply, which had to be done at the surgery.

There was a process in place for checking the expiry dates of the pharmacy's medicines. There was a matrix showing the three-month cycle for the checks. The pharmacy received MHRA alerts and recalls by email which the pharmacist printed before acting upon them. Actions were noted together with the date and who by, before the notice was filed in the recall folder. There was also a summary sheet at the front of the folder listing all those received and acted upon. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.

Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines. 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. Denaturing kits for the safe disposal of CDs were available for use.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment for the services it provides. It also has easy access to appropriate sources of information that it may need. It 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. The pharmacy used appropriate online reference sources including the BNF and BNF for children. 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. 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.