

Registered pharmacy inspection report

Pharmacy Name: Hobbs Pharmacy, 10 Rowner Road, Rowner, GOSPORT, Hampshire, PO13 0EW

Pharmacy reference: 1093248

Type of pharmacy: Community

Date of inspection: 16/07/2019

Pharmacy context

This is a community pharmacy located within a purpose-built health centre and next door to a GP surgery on the edge of Gosport in Hampshire. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use Reviews (MURs) and the New Medicines Service (NMS) and it supplies medicines inside multi-compartment compliance packs, for people if they find it difficult to take their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 identifies and manages most risks effectively. Members of the pharmacy team monitor the safety of their services by recording mistakes and learning from these. They understand how they can protect the welfare of vulnerable people. In general, the pharmacy maintains most of its records in accordance with the law.

Inspector's evidence

The pharmacy's workload was manageable, the pharmacy was organised, and its workspaces were clear of clutter. There was an established workflow as the dispensary was made up of distinct areas where staff assembled repeat prescriptions, multi-compartment compliance packs, prescriptions for people who were waiting and for those who were calling back as well as a separate area where the responsible pharmacist (RP) conducted the final check of prescriptions. Team members were up to date with the workload.

The company's Safer Care processes were in place and the pharmacy manager ensured workbooks and checklists were complete. Staff recorded their near misses, they were collectively reviewed every month, and details were shared with the team every month. The store manager explained that upon her return from an extended period of leave, she had identified several areas where staff had fallen behind. This included gaps within the near miss register, date-checking of medicines, ensuring split packs were effectively marked and interventions as well as referrals were not always being documented. This had been shared with the team and staff were now complying with these areas.

The store manager had also completed an internal, professional standards audit to help her identify further areas for improvement, from this, she had created an A4 laminated sheet. This highlighted to staff that prescriptions for higher-risk medicines, controlled drugs and valproate required identifying and people required counselling (see Principle 4).

The pharmacy's complaints procedure was on display. Incidents were handled in line with the company's policy. Details of previous incidents were documented; a root cause analysis was carried out and reflective statements were completed by the team. A range of documented standard operating procedures (SOPs) were available to support the services. Staff had read and signed SOPs, they understood their roles and responsibilities and knew when to refer appropriately. An incorrect RP notice was on display, this was discussed at the time and it was changed at the outset of the inspection (around 11am) once it was highlighted by the inspector.

There was no confidential information present in areas that were accessible to people, staff segregated confidential waste before it was disposed of through the company and sensitive information on dispensed prescriptions awaiting collection was not visible from the retail area. The company's Information Governance policy was present to help provide guidance to the team. Staff were trained on the EU General Data Protection Regulation (GDPR), but there was no information on display at the point of inspection to inform people about how their privacy was maintained.

Staff could identify signs of concern to safeguard vulnerable people, they referred to the RP in the first instance and relevant local contact details as well as policy information was readily accessible. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). A notice was on

display about the pharmacy's chaperone policy.

The maximum and minimum temperatures for the fridge were checked every day and records were maintained to verify that appropriate cold storage of medicines occurred. Staff kept a record of controlled drugs (CDs) that were returned by people and destroyed by them although there were occasional missing entries of destruction within this. The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and this was due for renewal in June 2020.

A sample of registers checked for CDs, the RP record, private prescriptions and in general, records of emergency supplies were maintained in line with statutory requirements. For CDs, balances were checked and documented every week. On randomly selecting CDs held in the cabinet (Shortec, Zomorph), their quantities matched balances within corresponding registers. Some records for emergency supplies were made using generated labels but these had not faded or become detached. Occasionally, some records for unlicensed medicines were missing relevant details and a few were seen where details had faded from the generated labels used. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members understand their roles and responsibilities. The pharmacy provides them with resources to complete ongoing training. This helps to ensure that their skills and knowledge are kept up to date.

Inspector's evidence

The pharmacy dispensed around 7,500 to 8,000 prescription items every month, 80 people received their medicines inside multi-compartment compliance packs and seven people were provided medicines from instalment prescriptions.

Staff at the inspection included a locum pharmacist, the pharmacy manager who was a trained dispensing assistant and three dual dispensing/counter assistants, one of whom was trained and the other two were undertaking accredited training with the company. Other staff included a pharmacy technician, a regular pharmacist another dual trained dispensing/counter assistant and a medicines counter assistant (MCA). Contingency arrangements for staff absence involved the team covering one another. Some of the staff wore name badge and some of the team's certificates of qualifications obtained were seen. A rota for the team was also on display.

A positive rapport was observed between team members and from people using the pharmacy's services. Existing staff members supported newer members of the team and those in training. Although the latter were being supervised and were receiving practical experience, they were not currently provided with protected training time and some staff described completing their booklets but not yet sitting the exam. This was because the pharmacy was in the process of being sold and the manager explained that she was due to check with the company's learning and development team to verify the next steps for these members of staff.

Staff asked some relevant questions before they sold over-the-counter (OTC) medicines and referred to the RP when unsure or when required. They held a suitable amount of knowledge of OTC medicines to enable them to be sold safely. To assist with training needs, team members were provided with online modules to complete. These were on various topics and were provided every month through the company. Formal appraisals for staff occurred every six months. Safer Care team meetings, a noticeboard and regular discussions between the manager and staff helped to convey relevant information.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide a suitable environment for the delivery of its services.

Inspector's evidence

The pharmacy consisted of a medium sized retail area and dispensary. It was bright, clean, well ventilated and professional in appearance. A signposted consultation room was available where services and confidential conversations could occur, this was located on one side of the retail space and front counter. The door was kept unlocked and there was no confidential information accessible from within the room. Pharmacy (P) medicines were stored behind the front counter and staff were always within the vicinity. This helped restrict their access by self-selection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy obtains medicines from reputable sources and stores them appropriately. In general, the pharmacy's services are delivered in a safe manner. But, team members do not always identify prescriptions that require extra advice or record information. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. And, they are not removing date-expired prescriptions in time. This means that medicines could be supplied unlawfully.

Inspector's evidence

The pharmacy was accessible from the street and through a wide, front door. This, along with the clear, open space inside the premises and wide aisles facilitated easy access for people with wheelchairs. There were three seats available for people waiting for prescriptions and car parking spaces available outside the premises. To assist people who were partially deaf, staff described using written communication, facing people so that they could lip read and speaking slowly. They physically assisted people who were visually impaired and spoke slowly as well as clearly for people whose first language was not English.

The team used baskets to hold prescriptions and medicines to prevent any inadvertent transfer. These were colour co-ordinated to highlight priority. A dispensing audit trail was used to identify staff involvement in dispensing processes and this was through a facility on generated labels.

Staff were aware of risks associated with valproate. The pharmacy held guidance material, a poster was on display and literature was available to provide to females at risk. When prescriptions for people in the at-risk group were identified, they were brought to the attention of the pharmacist, counselling occurred, and details were placed on people's records to verify that this had occurred. At the point of inspection, the store manager was in the process of ensuring people prescribed higher-risk medicines were identified, so that they could be counselled, and relevant parameters checked. This included asking about the International Normalised Ratio (INR) level for people prescribed warfarin. However, details were not being documented unless there was an issue identified and some prescriptions in the retrieval system were seen without any indication (such as a sticker) to enable pharmacist intervention to occur.

Prescriptions awaiting collection were stored within an alphabetical retrieval system. Fridge items and most prescriptions for CDs (Schedules 2-4) were identified with stickers or the date was highlighted. The team used clear bags to hold assembled fridge and CDs. This assisted in identifying these medicines when they were handed out. Uncollected items were removed every six to eight weeks. There were some date-expired prescriptions for CDs seen (prescriptions for tramadol dated from June 2019), that had not been removed. They were not always highlighted with stickers to identify their 28-day prescription expiry and not all staff could identify that they were CDs without this prompt. Once highlighted, they were removed from the system.

Multi-compartment compliance packs were initiated through the person's GP. Once set up, the pharmacy team ordered prescriptions on behalf of people and cross-checked details on prescriptions against individual records for people. If changes were identified, staff confirmed them with the prescriber, they documented details onto records and maintained audit trails to verify this. Descriptions of the medicines were provided and Patient Information Leaflets (PILs) were routinely supplied. Staff

did not leave the packs unsealed overnight. People prescribed warfarin who received packs were provided this medicine separately. Mid-cycle changes involved retrieving the old packs and amending them before they were re-checked and re-supplied.

The pharmacy delivered medicines to people's homes and kept records to verify this. CDs and fridge items were highlighted and checked prior to delivery. The driver brought back failed deliveries to the branch and left notes to inform people about the attempt made. They did not leave medicines unattended. Signatures from people were obtained once they were in receipt of their delivery. Licensed wholesalers such as AAH and Alliance Healthcare were used to obtain medicines and medical devices. The former was used to obtain unlicensed medicines. Staff were aware of the process involved with the European Falsified Medicines Directive (FMD). There was relevant equipment present although this was not yet functioning at the point of inspection.

The pharmacy stored its medicines in an organised manner, short-dated medicines were identified using stickers and the team date-checked medicines for expiry every month. There was a date-checking schedule being used to demonstrate the process. There were no date-expired medicines or mixed batches seen. Medicines in the fridge were stored appropriately and in general, CDs were stored under safe custody. Keys to the cabinet were maintained during the day and overnight in a manner that prevented unauthorised access. Drug alerts were received by email, stock was checked, and action taken as necessary. An audit trail was available to verify this process.

Staff used appropriate containers to hold medicines that were brought back by people for disposal and they were collected in line with the pharmacy's contractual arrangements. Sealed bins containing these medicines were stored in the staff WC due to space constraints in the dispensary, this was discussed during the inspection. People bringing back sharps to be disposed of, were referred to the local council. Returned CDs were brought to the attention of the RP, details were entered into the CD returns register, they were segregated and stored in the cabinet prior to destruction.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely.

Inspector's evidence

There were current reference sources available for staff, counting triangles, including a separate one for cytotoxic medicines and clean, crown stamped conical measures for liquid medicines. The dispensary sink used to reconstitute medicines was clean. Hot and cold running water was available with hand wash. The CD cabinet was secured in line with statutory requirements. Medicines requiring cold storage were stored at appropriate temperatures within the medical fridge.

Computer terminals were positioned in a manner that prevented unauthorised access. There were cordless phones available to enable private conversations to take place away from the retail space if required. Staff used their own individual NHS smart cards to access electronic prescriptions which were taken home overnight or stored securely. Staff could store their personal belongings in lockers and the blood pressure machine was last replaced in May 2018.

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.