

# Registered pharmacy inspection report

**Pharmacy Name:** Telephone House Pharmacy, Next to Surgery, 71 High Street, SOUTHAMPTON, SO14 2NW

**Pharmacy reference:** 1095341

**Type of pharmacy:** Community

**Date of inspection:** 14/09/2020

## Pharmacy context

This is a community pharmacy located next to a GP surgery in Southampton. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter (OTC) medicines, provides advice and delivers medicines. And it usually offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu as well as travel vaccinations. The pharmacy also provides multi-compartment compliance packs to people in their own homes if they find it difficult to manage their medicines. This inspection was undertaken during the COVID-19 pandemic.

## 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 suitably identifies and manages the risks associated with its services. This includes the risks from COVID-19. And this helps people to safely use the pharmacy's services during the pandemic. The pharmacy's team members handle their mistakes responsibly. They record them and seek to learn from them. The pharmacy protects people's private information appropriately. And the pharmacy's team members understand how to protect the welfare of vulnerable people. But the pharmacy doesn't always maintain some of its records as it should. This could mean that its team may not have enough information available if problems or queries arise in the future.

### Inspector's evidence

The pharmacy was clean, its paperwork was organised, and its workspaces were clear of clutter. The pharmacy had adapted during the COVID-19 pandemic. Its premises had been modified (see Principle 3) and only one person at a time could enter the premises. A poster was on display highlighting this at the front entrance. This was an appropriate measure to help limit the spread of infection because of the size of the retail space. A steady stream of people used the pharmacy's services during the inspection. There were no issues seen and staff dealt with queries promptly.

The team had been provided with personal protective equipment (PPE) and staff were wearing masks at the time of the inspection. Hand sanitisers were also present throughout the pharmacy for staff and people to use. The pharmacy was cleaned a few times a day and surfaces were disinfected regularly. Risk assessments for COVID-19, including occupational ones for the team had been completed. The responsible pharmacist (RP) and manager were aware of the requirement to report any cases of staff contracting COVID-19 during work. Information about coronavirus was also on display.

The pharmacy held a range of up-to-date documented standard operating procedures (SOPs). They provided the team with guidance on how to operate tasks correctly. This included SOPs for managing during the pandemic. The correct RP notice was on display and this provided people with details of the pharmacist in charge. The pharmacy team had been recording their own near miss mistakes. Discussions were held with team members to help them to learn from the error(s) and the medicines involved were highlighted and separated. There were some gaps seen in the records about the cause of the mistake or the action that had been taken in response. Recording this information more routinely was discussed at the time. The pharmacy had information displayed about its complaints procedure. According to the staff, there had been no incidents since the last inspection.

The pharmacy suitably protected people's confidential information. There was no confidential information accessible. Sensitive details on dispensed prescriptions awaiting collection could not be seen from the retail space. Confidential waste was separated before it was shredded. Staff had been trained to safeguard the welfare of vulnerable people. The RP and manager were trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE). Policy information to guide the team and contact details about the local safeguarding agencies were present.

The pharmacy's records had largely been maintained in line with statutory or best practice requirements. This included records for controlled drugs (CDs), most of the RP record, records of unlicensed medicines and emergency supplies. On randomly selecting CDs that were held, their

quantities matched the stock balances stated in the registers. The minimum and maximum temperatures of the fridge were routinely monitored. This helped to ensure that temperature sensitive medicines were appropriately stored, and records were maintained every day to verify this. The pharmacy also held appropriate professional indemnity insurance to cover the services it provided. This was through the National Pharmacy Association and was due for renewal after 31 May 2021. However, there were missing details about prescribers in the electronic private prescription register.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload appropriately. Team members have completed the required training for their roles or are enrolled onto suitable training courses. And the pharmacy provides them with resources to complete their ongoing training. This helps keep the team's knowledge and skills up to date.

### Inspector's evidence

The pharmacy's staffing profile consisted of four dispensers and the manager who was an accuracy-checking technician. A regular locum RP, the manager and one dispenser were present during the inspection. Staff had been trained through accredited routes or were enrolled onto the appropriate training for their role. Some of the team's certificates for their qualifications obtained were seen. The pharmacy was up to date with its workload. Staff felt supported and liked working at the pharmacy. Their performance was monitored informally but regular discussions were held. Team members were kept informed about updates through the manager or pharmacists and they had access to training modules through an online learning platform. This kept their skills and knowledge up to date. There were no formal targets in place to complete services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are suitable to deliver healthcare services safely and effectively. The pharmacy has introduced measures to help reduce the spread of COVID-19 inside its premises. Its team members keep the pharmacy clean. And it has a separate space where confidential conversations or services can take place.

### Inspector's evidence

The premises consisted of a retail area and a much larger dispensary that extended towards the back. An office, staff kitchenette area and facilities were located here. A signposted consultation room was available to provide services or private conversations. The entrance to this was kept locked. The room was of a suitable size for its purpose. The retail space was professional in appearance. The fixtures and fittings in the retail space were modern and the pharmacy was clean. It was also appropriately lit and suitably ventilated. Pharmacy (P) medicines were stored behind the front counter and staff were always within the vicinity to monitor this area.

The pharmacy had been adapted to help limit the spread of infection. A screen had been positioned in front of part of the medicines counter as a barrier. Staff explained that they were waiting for a bespoke screen to be installed. This would provide greater cover across the counter. A station had also been set up at the front of the retail area for people to use a hand sanitiser upon entering and exiting the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely. It has appropriate records in place. This helps it to deliver and manage its services effectively. People with different needs can easily access the pharmacy's services. The pharmacy sources, stores and manages its medicines appropriately. And its team members identify people with higher-risk medicines so that they can take their medicines correctly.

### Inspector's evidence

People could enter the pharmacy from the street through a wide front door. Clear, open space inside the retail area helped people with wheelchairs or restricted mobility to easily use the pharmacy's services. A few seats were present, and staff were observed assisting people whose first language was not English by speaking in their native tongue with them. The pharmacy's opening hours and services that it provided were listed on the front door. A selection of leaflets promoting health were on display and there was a poster providing details about coronavirus.

Staff explained that the adjacent GP surgery had remained closed since the pandemic started and people were routinely approaching them for queries instead. The pharmacy had completed some flu vaccinations for people. The RP had been appropriately trained on vaccination techniques and resuscitation in the event of an emergency. Suitable equipment was present such as a sharps bin and adrenaline in the event of a severe reaction to the vaccine. This helped to ensure that the service was provided safely. The RP explained that with the persons consent, the door to the consultation room was kept open whilst people were being vaccinated and the seats were positioned in a way so that everyone could socially distance. PPE was also worn.

A local delivery service was being provided. The pharmacy had kept records about this service. Deliveries were only being made to the local area and only with volunteers who had been used previously. Contactless deliveries were taking place due to COVID-19 and the driver ticked the person's details once they had successfully delivered their medicines to them. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

The pharmacy provided compliance packs to people. The person's GP set this up for them. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. The records were updated to reflect any changes. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were routinely supplied. Compliance packs were not left unsealed overnight. Staff were aware of the risks associated with valproates and there was literature available to provide to people at risk. Details about relevant parameters, such as blood test results for people prescribed higher-risk medicines were obtained where possible and records were kept about this.

The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section and a designated space at the back of the dispensary was used to assemble and store compliance packs. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. Once staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the

dispensing process. Team members routinely used these as an audit trail. Dispensed fridge items were stored within clear bags. This helped to easily identify the contents upon hand-out.

The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare, Sigma and Colorama to obtain medicines and medical devices. The pharmacy was not yet set up to comply with the decommissioning process under the European Falsified Medicines Directive (FMD). Medicines were stored in an organised way. CDs were stored under safe custody. The team date-checked medicines for expiry regularly and kept a schedule of when this had happened. Short-dated medicines were identified. Medicines returned for disposal, were accepted by staff and stored within designated containers. Drug alerts were received by email and actioned appropriately. Records were kept verifying this.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is clean and suitable for its purpose.

### Inspector's evidence

The pharmacy had current versions of reference sources and the necessary equipment to provide its services. This included a range of clean, standardised, conical measures, an appropriately operating fridge, a legally compliant CD cabinet and a clean sink that was used to reconstitute medicines. Hot and cold running water was available as well as hand wash. Computer terminals were positioned in a manner that prevented unauthorised access. Staff used their own NHS smart card to access electronic prescriptions. A shredder was available to dispose of confidential waste and cordless phones helped private conversations to take place if needed.

### 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.