

# Registered pharmacy inspection report

**Pharmacy Name:** Pharmacy Direct, The Weston Lane Centre, For Healthy Living, Weston Lane, SOUTHAMPTON, Hampshire, SO19 9GH

**Pharmacy reference:** 1100324

**Type of pharmacy:** Community

**Date of inspection:** 10/07/2019

## Pharmacy context

An independent pharmacy located inside a medical centre in Southampton. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance packs (MDS trays or blister packs) for those who may have difficulty managing their medicines at home and for patients in care homes. The pharmacy provides a supervised consumption service, needle exchange 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
<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

Overall, the pharmacy's working practices are safe and effective. Team members record and review their mistakes to help reduce the risk of them happening again. The pharmacy keeps most records that it needs to by law and it keeps people's information safe. The team helps to protect vulnerable people.

### Inspector's evidence

The pharmacist demonstrated how the team records near misses in a log held in the dispensary. The pharmacist explained that the team would review all the near misses and incidents at the end of each month and they would highlight any areas for improvement to prevent recurrences of incidents. The trainee technician explained that following some near misses, the team had separated items on the shelves or highlighted similar looking boxes to the team. The pharmacist explained that if they made a dispensing error, it would be highlighted to everyone in the team and it would be reported on the internal PMR system and on the NRLS website with a copy of the report retained in the pharmacy.

There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. MDS trays were prepared on a dedicated bench at the back of the pharmacy to reduce distractions. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the 31st October 2019. SOPs were in place for the dispensing tasks. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs. The pharmacist explained she was in the process of going through the SOPs to update them.

There was a complaints procedure in place and the team had a complaints folder in the dispensary where they recorded any complaints as any follow up action. They explained that they would also report them to the Superintendent. The team carried out an annual CPPQ survey and the results of the latest one were seen to be positive and displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of Pethidine 50mg tablets was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked every month by the pharmacist.

The responsible pharmacist record was completed electronically, and the correct responsible pharmacist notice was displayed in pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were seen to be completed electronically. Some specials records were complete, but some did not include the patient details or the dispensing label.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard clearly. There were cordless telephones available for use and confidential waste paper was collected in confidential waste baskets to be shredded. The team had all completed GDPR training

and had been tested about this to ensure they understood this new regulation.

The pharmacist had completed the CPPE Level 2 training programme on safeguarding vulnerable adults and children, and the team explained that they were aware of things to look out for which may suggest there is a safeguarding issue. The team were happy to refer to the pharmacist if they suspected a safeguarding incident. The pharmacy team were all Dementia Friends and had completed this learning online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team are appropriately trained for their roles. But, team members don't have formal training plans to keep their knowledge and skills up to date. This could affect how well they care for people and the advice they give. Team members work in a supportive environment where they feel able to raise concerns if needed. They feel able to use their own professional judgement.

### Inspector's evidence

During the inspection, there was one pharmacist, one trainee technician, one apprentice working towards the NVQ Level 2 qualification and one medicines counter assistant. The staff were seen to be working well together and supporting one another.

The team explained that while they did not have formal ongoing training, they would attend local training events held by the CPPE or the LPC. The apprentice explained that she would have an hour of study on a Tuesday in the branch where she would try to complete her course work and she explained that the team were all supportive of her learning and would help her if she was stuck on something.

The pharmacy team explained that they were always happy to raise anything with one another whether it was something which was causing concern or anything which they believed would improve service provision. There was a whistleblowing policy in place in the pharmacy which the team had all signed it to say they had read and understood it. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is safe and clean, and suitable for delivery of its services. Pharmacy team members use a private room for sensitive conversations with people. The pharmacy is secure when closed.

### Inspector's evidence

The pharmacy was based on the ground floor of a medical centre and included a retail area, medicine counter, consultation room, dispensary and staff bathroom. There was a shutter separating the pharmacy from the medical centre and the team explained this could only be controlled by the pharmacy which allowed them to keep the pharmacy secure and prevent unauthorised access. The ambient temperature was suitable for the storage of medicines and lighting throughout the store was appropriate for the delivery of pharmacy services. The pharmacy was professional in appearance and clean. The team explained they would clean the pharmacy between themselves every day and had a rota in place in the dispensary with different cleaning tasks on.

The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the store. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. Medicines were stored on the shelves in a suitable manner and the team explained that the shelves would be cleaned when the date checking was carried out.

The dispensary was suitably screened to allow for preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room could be locked and included seating, a laptop with the PMR system, a sink for the provision of services and locked storage.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people with different needs. The team members source, store and generally manage medicines appropriately. And they usually provide their services safely. Although they do not always record relevant safety checks when people receive higher-risk medicines. This makes it difficult for them to show that they provide the appropriate advice when they supply these medicines.

### Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy. The pharmacy had Healthy Living status and the team had a health promotion area by the waiting area which included information about national campaigns including children's oral health.

There was step free access into the pharmacy and the team explained that they would provide a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services.

The pharmacy team prepared MDS trays for domiciliary patients. However, the tray cards did not include descriptions of the medicines inside. However, the team did separate medicines which were best taken on their own such as lansoprazole and aspirin.

The team explained that they were all aware of the enhanced warnings about women in the affected age groups to be on a pregnancy prevention programme if they were on valproates and they had checked the PMR to see if they had any patients affected by this. The pharmacist explained they did not have any patients who were in the at-risk group and when they did dispense valproates, they would always provide a valproate information card in the prescription bag.

The pharmacist explained that as they were located in the same building as a medical centre, patients on warfarin would often come in with their blood test results and warfarin dosages. The pharmacist would check the INR was in a safe level and the patient was aware of their dose when handing out the prescriptions, but this information was not routinely recorded on the PMR. The pharmacist explained that they had some patients who were reluctant to provide their blood test information, and so it was not always easy to check every patient was on a safe dosage.

The team were set up to be compliant with the European Falsified Medicines Directive (FMD) but the pharmacist explained they had not decommissioned many medicines as not all of them had the required barcodes but they were planning on training everyone to start thinking about FMD every time a prescription was handed out. The pharmacy obtained medicinal stock from AAH, Alliance, Sigma and Colorama. Invoices were seen to demonstrate this. Date checking was carried out regularly and the team highlighted items due to expire with coloured stickers.

There were destruction kits available for the destruction of controlled drugs and drop bins were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. The fridges were in good working order and the stock inside

was stored in an orderly manner. The CD cabinet was appropriate for use and secured to the wall of the pharmacy. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock.

MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently received a recall for phenobarbital injections. 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 the appropriate equipment and facilities to provide its services safely. These are clean and fit for purpose.

### Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicines 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 were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service.

Doop bins were available for use and there was sufficient storage for medicines. The computers were all password protected and conversations going on inside the consultation could not be overheard.

### 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.