

# Registered pharmacy inspection report

**Pharmacy Name:** Highfield Pharmacy, 29 University Road, Highfield, SOUTHAMPTON, Hampshire, SO17 1TL

**Pharmacy reference:** 1103143

**Type of pharmacy:** Community

**Date of inspection:** 03/08/2022

## Pharmacy context

This is a community pharmacy located on a residential street near the University of Southampton. It serves its local population, which includes students, and is open six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccinations and supplies medicines in multi-compartment compliance aids for people to use while living in their own homes.

## 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's working practices are safe and effective. The pharmacy keeps the records it needs to by law, and it records its mistakes. Team members keep people's information safe, and they understand their role in helping to protect vulnerable people.

### Inspector's evidence

A near miss log was available electronically on 'Pharmsmart' (a medicines management system) and was seen to be used regularly by the team. The technician explained that the near misses were discussed with each team member when they were identified and then recorded on the near miss log. Any errors which went out to people were also recorded on Pharmsmart and discussed with the whole team to ensure everyone could learn from them. The technician explained that the team had a low error and incident rate due to their experience and care. The technician explained that they had previous incidents involving the strengths of medicines and so they separated the different strengths with other medicines to make them clearer to the staff. The technician described how the team had identified medicines which had similar packaging or similar sounding names and they informed everyone of this using a company-wide Whatsapp group. The dispenser explained that they used the Whatsapp group regularly to highlight anything which may affect the service provided by the pharmacy.

There was a workflow in the pharmacy where labelling, dispensing, checking and the preparation of multi-compartment compliance aids were all carried out at different areas of the pharmacy. Standard Operating Procedures (SOPs) were in place for the dispensing tasks which the team members had all signed to say they had read and understood them. The SOPs were reviewed regularly by the superintendent pharmacist to ensure they were up to date and relevant. Staff roles and responsibilities were described in the SOPs. 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 technician reported that the team mostly received positive feedback, but if it was negative, they would follow the complaints process and try to make any amends where necessary. The technician stated that they were due to have a customer feedback machine installed in the pharmacy so they would receive regular feedback and find out how they could improve the service. A certificate of valid public liability and professional indemnity insurance was available.

The CD register was maintained electronically, and the balance check was carried out every week. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in pharmacy. The maximum and minimum fridge temperatures were recorded electronically daily and were in the correct temperature range. The electronic private prescription records were completed appropriately. The specials records were complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to people. Confidential information was stored away from people and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential wastepaper was collected in white bags in the dispensary and then removed for destruction by an approved contractor. The pharmacist and technician had both completed the Centre for Post-graduate Pharmacy Education

(CPPE) Level 2 training programme on safeguarding vulnerable adults and children. 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 and could access the contact details for the local safeguarding authorities if and when required.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. It makes sure its team members are appropriately trained for the jobs they do. Team members support one another, and they are comfortable about providing feedback so that they can improve the quality of the pharmacy's services.

### Inspector's evidence

During the inspection, there was one regular pharmacist, one registered technician, two NVQ Level 2 dispensers and one healthcare assistant. Team members were trained using the Buttercups training programme and one of the dispensers was due to start the accuracy checking for dispensers course. The staff were seen to be working well together and supporting one another.

Team members explained that they had meetings on an ad-hoc basis to discuss anything which could be learned from incidents or highlight any safety concerns. They explained that they were regularly updated by the superintendent about new services and any changes which may affect pharmacy, usually by Whatsapp so that everyone received consistent messages.

Staff reported that they felt comfortable raising anything with the pharmacist or the superintendent and that they were supported in doing so. There were no targets in place and the team explained that they would never compromise their professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a professional environment for people to receive its services. The pharmacy is cleaned with extra care since the start of the pandemic. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

### Inspector's evidence

The pharmacy was located in a residential area near the University of Southampton. It included a retail area, medicines counter, consultation room, dispensary, room for the preparation of multi-compartment compliance aids and a staff bathroom. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. There was enough space for the staff to socially distance if required and staff had installed a Perspex screen by the medicines counter to prevent the spread of airborne viruses.

The pharmacy was clean, professional in appearance and tidy. Team members explained that they cleaned the pharmacy between themselves every day and they had also increased the frequency of cleaning since the COVID-19 outbreak and cleaned touch points more regularly. The shelves were clean, and the technician explained that they clean the shelves when they put stock away.

Conversations in the consultation room could not be overheard and the consultation room included seating, a table and computer. The consultation room was set back from the retail area and had space for health promotion leaflets. The ambient temperature was suitable for the storage of medicines and lighting throughout was appropriate for the delivery of services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and makes them accessible for people. Team members make the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing. The pharmacy team gets its medicines and medical devices from appropriate sources and stores its medicines properly.

### Inspector's evidence

Pharmacy services were detailed in posters and leaflets around the pharmacy. There was a range of leaflets available to the public about health promotion in the retail area of the pharmacy and in the consultation room. There was step-free access into the pharmacy and the team explained that they provided a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should anyone require it when waiting for services. Alcohol hand gel was available for use in the pharmacy which team members were observed using.

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 team explained that they use valproate information cards and leaflets every time they dispense valproates. The team members were aware that they should place the dispensing label away from the warning card on the valproate packs. The pharmacy also had warning cards for other high-risk medicines which the team members explained they used regularly.

The technician organised the preparation of multi-compartment compliance aids into a four-week cycle and maintained audit trails to prepare and deliver them. The labels on a sample of compliance aids were seen to have the descriptions of the medicines as well as being signed by the person who dispensed and checked the items. The technician explained that every month, each patient was supplied with the relevant Patient Information Leaflets.

The pharmacy obtained medicinal stock from licensed suppliers and invoices were seen to verify this. Date checking was completed regularly, and the team marked items due to expire. There were denaturing kits available for the destruction of controlled drugs. Dedicated bins for the disposal of waste medicines were also 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 them was stored in an orderly manner. The CD cabinet was appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team from the MHRA and they were actioned appropriately. The team kept an audit trail for the MHRA recalls. 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 equipment and facilities it needs to provide its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. 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 were available as well as pharmacy textbooks. 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. Electrical equipment appeared to be in good working order.

### 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.