

Registered pharmacy inspection report

Pharmacy Name: Adelaide Pharmacy Ltd, The Adelaide Health Centre, Western Community Hospital, William Macleod Way, SOUTHAMPTON, Hampshire, SO16 4XE

Pharmacy reference: 1104564

Type of pharmacy: Community

Date of inspection: 23/09/2020

Pharmacy context

This community pharmacy is in the same building as a modern health centre on the Western Community Hospital site in Southampton. The pharmacy dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. It also supplies some medicines in multi-compartment compliance aids (blister packs) for people who may have difficulty managing their medicines.

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

People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and generally manage risks appropriately, especially those related to the virus. They understand their role in protecting vulnerable people, and they keep people's private information safe. The pharmacy has appropriate insurance to protect people if things do go wrong. It keeps all of the records it needs to by law. But it is not always doing enough to show that it is keeping its written procedures up to date. Nor are its team members consistently recording all of their mistakes in order to learn from them.

Inspector's evidence

There were standard operating procedures (SOPs) in place to help staff understand how to complete their tasks and meet all professional standards. There were signature sheets which had been signed by all staff to indicate that they had read and understood them. Most of the SOPs were dated September 2018 and were due for review shortly. Some of the SOPs hadn't been updated to reflect the changes that may have been made in response to the coronavirus pandemic. An example being the SOP relating to hand hygiene. Upon questioning, the responsible pharmacist pointed out the accessibility of hand sanitiser solutions and explained that staff were cleaning their hands more frequently than before. Several of the controlled drug (CD) SOPs hadn't been dated or signed by the RP so he agreed to rectify this shortly. The pharmacy did not appear to have a written business continuity plan, but the RP explained that he had a number of locum pharmacists to call upon in the event of him having to self-isolate so that people would continue to receive their services.

The RP confirmed that all staff had completed an individual risk assessment and that he had completed a workplace risk assessment on the premises. The RP was reminded of the requirement to report any cases where he believed that staff may have contracted COVID-19 through the workplace. Staff were wearing face masks and the RP donned a visor during the inspection. Staff were observed to be frequently sanitising their hands and keeping their distance from each other where possible, although this was difficult in such a small space.

Some errors and near misses had been recorded to show who had been involved and any possible causes. But the only records available for inspection were dated from 25 July 2020 to 6 August 2020. Upon questioning, both the RP and the second pharmacist indicated that further records had been filed but they were unable to locate them. The RP explained that since they had installed an automated dispensing robot, their near miss rate had significantly dropped. The inspector pointed out the need to continue documenting all near misses no matter how minor, as the records would enable him to identify any trends and help people learn from their mistakes.

Those staff questioned were able to clearly explain what they do, what they were responsible for and when they might seek help. The responsible pharmacist notice was clearly displayed for people to see, although initially the incorrect notice was in place. Once pointed out, the RP changed it for the correct notice. Details of the RP on duty each day were recorded on the main pharmacy computer. Those records examined were found to be complete, and staff were able to explain what they could and could

not do in the absence of the RP.

The pharmacy carried out an annual Community Pharmacy Patient Questionnaire (CPPQ) to seek feedback from people who use its services. The most recent report available on the nhs.uk site was dated February 2019. The report was positive and areas for improvement included a wish for a private area for sensitive conversations. The pharmacy had indicated that its staff would be offering the use of the consultation room when required.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until February 2021 was on display. Private prescription records were satisfactorily maintained and records of unlicensed medicines (specials) were seen to be complete.

The controlled drug (CD) register was seen to be correctly maintained, with running balances checked at regular monthly intervals. Those records examined showed that checks had continued throughout the pandemic. Running balances of two randomly selected CDs were checked and both found to be correct. Completed prescriptions in the prescription retrieval system were out of public view in the dispensary.

Confidential waste was kept separate from general waste in a designated tray and was shredded at regular intervals by the staff onsite. There was no privacy notice available at the time of the inspection, but the RP subsequently provided evidence to show that one had since been put on display for people to see. There were safeguarding procedures in place. Both pharmacists on duty had completed level 2 safeguarding training, and the rest of the team had been briefed by the RP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely, they support one another and appear to work well together. Team members are satisfactorily trained and carry out their tasks effectively.

Inspector's evidence

There were two dispensing assistants on duty together with the RP and a second pharmacist during the inspection. This appeared to be appropriate for the workload and they were working well together. In the event of staff shortages, other part-time members of staff would come in to help if necessary.

The two dispensing assistants were in the process of completing a technician training course and were approaching completion. Staff were able to demonstrate an awareness of potential medicines of abuse and could identify patients making repeat purchases. They described how they would refer to the pharmacist if necessary. All staff were seen serving people and asking appropriate questions when responding to requests or selling medicines.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a satisfactory environment for people to receive its services. It has made sensible adjustments to help keep people safe during the pandemic. It keeps them suitably clean and secure so that people can safely use its services. But they could do more to keep the pharmacy tidy at all times.

Inspector's evidence

The pharmacy's premises were next to a medical centre located in the grounds of a local community hospital. The retail area was fairly narrow and led to a temporary counter with a Perspex protective screen attached. The temporary counter had been installed as a result of the workplace risk assessment undertaken during the COVID-19 pandemic. Its purpose was to keep people further back from those working in the pharmacy and to help reduce the spread of the virus. The dispensary was also fairly narrow as there was a large automated dispensing robot occupying most of the space along one side. There was a little more space at the end where it was easier to maintain social distancing. There were baskets of prescriptions on most working surfaces awaiting checking which gave the dispensary a cluttered untidy appearance. Although untidy, the dispensary was clean. The dispensary sink had hot and cold running water, and handwash was available.

There was a consultation room available behind the temporary counter. The RP explained that it hadn't been used at all during the pandemic and it was currently being used for additional storage. Room temperatures were appropriately maintained to keep staff comfortable and were suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, so that people with a range of needs can access them safely. The pharmacy sources, stores and generally manages its medicines safely so that the medicines it supplies should be fit for purpose. It responds adequately to drug alerts or product recalls so that people only get medicines or devices which are safe for them to take. But it doesn't always do enough to make sure that its records show what checks have been made when supplying people with high-risk medicines.

Inspector's evidence

There was step-free access into the pharmacy, and seating near the entrance for people to sit and wait. A list of pharmacy services was on display and there was a selection of health information leaflets at the front of the pharmacy counter.

Controls were seen to be in place to reduce the risk of errors when assembling prescriptions. These included the use of baskets to keep individual prescriptions separate. Prescriptions were selected by the automated dispensing robot and one of the dispensing assistants demonstrated how it worked. Prescription labels were initialled to show who had dispensed and checked them. Owings tickets were being used and the prescription was kept in the owings file until the stock arrived. The pharmacy provided substance misuse services to a small number of people. The RP confirmed that if people failed to collect their medicine for three consecutive days, he would contact the service commissioners to let them know.

The pharmacy dispensed some medicines in multicompartment compliance aids for a number of people who have difficulty managing their medicines. This service had continued uninterrupted throughout the pandemic. The RP explained how they usually assembled compliance aids on Saturdays and Sundays when the pharmacy was quieter. Those compliance aids examined were seen to include patient information leaflets (PILs) for new medicines and a description of each tablet or capsule. The RP had obtained written confirmation from people to say that they didn't want to keep receiving the same leaflets every month. The inspector reminded the RP of the need to provide them.

Completed prescriptions for CDs were highlighted and the date circled, so that staff would know that they needed to look for a bag in the CD cupboard. This also helped to ensure that they weren't inadvertently handed out after the 28-day expiry of the prescription. Fridge lines in retrieval awaiting collection were also highlighted so that staff would know that there were items to be collected from the fridge.

The RP and one of the dispensing assistants both confirmed that they were aware of the risks involved in dispensing valproates to females in the at-risk group. There were leaflets and warning cards available. Patients taking warfarin were asked if they knew their current dosage, and whether their INR levels had been recently checked. But the RP did acknowledge that they hadn't been recording those details recently.

Medicines were obtained from licensed wholesalers including AAH, Alliance, Phoenix and Colorama.

Unlicensed 'specials' were obtained from Colorama and DE Specials. Expiry dates were entered into the dispensing robot which then provided reports to show which medicines were approaching their expiry date. There was no evidence seen of other date-checking procedures but upon examination no out-of-date stock was found.

Fridge temperatures were recorded daily, and all seen to be within the 2 to 8 Celsius range. But all the recorded temperatures were identical and upon questioning the RP acknowledged that the thermometer was not being reset after each reading. He assured the inspector that he would check the instruction manual and reset the thermometer after each reading in future.

The RP described how staff would ask people returning unwanted medicines if there were any CDs or needles present. Any CDs would be passed to the pharmacist, and if there were any needles then people would be signposted to the local council. The pharmacy received drug alerts and recalls from the MHRA, copies of which were kept in a file, annotated to indicate what action had been taken, who by and when.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has suitable equipment for the range of services it provides. And it makes sure that its equipment is properly maintained. It takes sensible precautions so that people can safely use its facilities when accessing its services. It also uses its facilities and equipment appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy had the necessary resources required for the services it provided. It had suitable equipment for measuring out liquids and for counting tablets and capsules. Reference sources included the BNF and BNF for children.

There was a Perspex screen at the new temporary medicine counter to help reduce the transmission of the virus. Work surfaces were cleaned regularly, and team members were sanitising their hands at frequent intervals.

The automated dispensing robot was switched off once a week to enable its systems to reboot, and it was serviced annually. There was also a callout facility available should the machine break down.

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. NHS smartcards were seen to be used appropriately and with no sharing of passwords. 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.